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WIN

INMO
Journal of the
Irish **Nurses** and
Midwives Organisation

World of Irish Nursing & Midwifery

Latest INMO CPD education programme
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Health workers hardest hit by Covid infection
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More of your stories from the frontline
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Type 2 diabetes complications
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Pandemic fallout for rare disease community
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Nursing then and now

Nightingale's legacy on the frontline in 2020

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References. 1. Reverri EJ, et al. *Nutrients*. 2018;10(10):1346. **2.** Marriage BJ, et al. *J Pediatr Gastroenterol Nutr.* 2015;61(6):649–658. **3.** Goehring KC, et al. *J Nutr.* 2016;146(12):2559–2566. **4.** Borschel MW, et al. *Clin Pediatr* (Phila). 2013;52(10):910–917. **5.** Borschel MW, et al. *BMC Pediatr*. 2014;14:136. **6.** Sicherer SH, et al. *J Pediatr.* 2001;138:688–693. **7.** Borschel MW, et al. *SAGE Open Med.* 2014;2:2050312114551857 **8.** Abbott Nutrition. Data on File (AL32). April 2020. **9.** Borschel M. Allergy. 2014; 69(Suppl. 99):454–572. **10.** Sampson HA, et al. *J Pediatr.* 1991;118(4 Pt 1):520–525. **11.** RTI research. Abbott Elecare No.1 Dr Recommended. Final Results. 2019. **12.** Abbott. EleCare Promotional Claims Parent Survey. 2019. **13.** Abbott. Alimentum Market Research, UK 2018.

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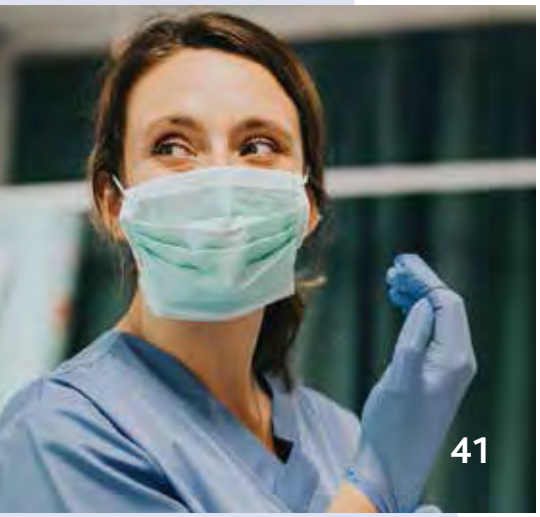

On the cover this month:
Jeanifer Dizon, theatre nurse at Beaumont Hospital, Dublin

NEWS & VIEWS

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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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

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Childcare: the remaining issue

IN EARLY March the INMO set out some key principles for how we should approach the Covid-19 crisis. Among them was the protection from infection for members and that our members should not be worse off due to the crisis. We have made substantial progress campaigning and lobbying throughout this pandemic: a change of workplace facemask policy, extra protections for pregnant workers, securing PPE, pay for students and expedited rollout of the long-overdue strike settlement.

One issue however that has yet to be satisfactorily addressed by government is childcare. We sought two things in this area. Firstly, that anyone who had to stay at home to take care of children would be fully paid and allowed to do so. Secondly, that the state provide childcare for those going to work – either directly or financially.

We succeeded in securing the first, but the second has proven difficult. There is a basic question that still needs answering: how did nurses and midwives provide for childcare during the pandemic and how are they going to do so from now on?

The INMO surveyed members on the childcare issue and received nearly 2,000 responses. Almost 70% of respondents did not have family circumstances where a partner was available to provide childcare – often because they are a single parent or their partner is another essential worker.

Since the Covid restriction began, 62% of members report using up annual leave to provide childcare. A third found some way to work from home. Half changed shifts to make it work – often at financial cost. Many respondents reported high levels of stress, anxiety and worry over the issue of childcare. Some wrote of how – despite public support for healthcare workers – they were refused childcare because of their work and presumed Covid infection risk.

This requirement to find ways and means to safely work and provide childcare, undoubtedly added to fatigue, which we know leads to an increased risk of infection.

By April 2020, the HSE had estimated a potential 8,000 healthcare workers required childcare support. The INMO on numerous occasions identified the challenge of childcare for our members to the Minister for Health, senior officials at the HSE, Department of Health, Department of Public Expenditure and Reform, and the Department of Children and Youth Affairs. The arrangements and solutions brought to the table have been poor, inadequate and have let down the nursing and midwifery professions.

While the restrictions are easing, this problem has not gone away and it must still be addressed. The solution must investigate the following options, in consultation with unions:

- Reimbursement of additional costs incurred until now
- Payment for childcare sourced by individual healthcare workers
- Limited access to preschool, crèche, childminding
- Reopening of schools to facilitate children of essential workers.

At the time of writing, the INMO is due to appear before the Oireachtas Covid Committee. Using the survey results and discussions with members, we will make our members' views clear to policymakers. It is unfair and unreasonable that nurses and midwives should personally bear the cost of childcare in this pandemic – whether in loss of pay or annual leave.

In many of the survey responses, members pointed to government applause for the work done by healthcare workers. Those members rightly pointed to the hypocrisy of that support being shown in rhetoric, but not in practice.

Given that nine out of 10 nurses and midwives are women, this is a real test of equality in the HSE workplace. The failure to address this most significant issue is a shameful reflection on the employer. The government and employer have talked the talk, but will they now walk the walk?

Phil Ní Sheaghdha
General Secretary, INMO

Irish Nurses and Midwives Organisation
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Enhanced Salary Scale

Have you applied for the Enhanced nurse/midwife salary scale?

Do it now!	The enhanced scale has higher pay at every single point of your career! All staff nurses and midwives with 1 year and 16 weeks experience (or more) can apply. You can apply to join now and it will mean higher pay from any increment date you have after 1st of March 2019. If that date has already passed – you'll get back pay! Full details are available from the INMO, with some common questions below.
What do I have to do?	1. Complete the verification form and return it to your Director of Nursing/Midwifery 2. Tick the 6 boxes, sign and date. It is important that you do this IMMEDIATELY as delaying puts at risk the monies due to you. Please ensure that you retain a copy/photo of your application. 3. You will be asked to sign the contract.
New Contract	The new scale comes with a new contract. But there are no negative consequences of signing the new contract. Below are answers to some of the common questions the INMO has received.
Will this affect my pension?	Only in a good way. There are no negative effects upon your pension as a result of signing the new contract. Your service is maintained. You remain on your present pension scheme. There is no break in service and the enhanced scale is not a promotional post. There are no negative consequences for your pension, there are only benefits, as you will be earning a higher salary and your pension will be based on this higher salary.
Do I have to serve a new probationary period?	No. If you've completed your probation as a staff nurse/midwife, you won't have to serve probation again. Section 3.3 of the new contract clearly states that "where you have already completed a probationary period with the employer, or completed 12 months temporary employment, no period of probationary employment applies to this contract of employment."
Can I be redeployed to a new location?	The present protections around redeployment still exist within the new contract so therefore there is no greater risk of redeployment than what currently exists.

If you have any queries, with regards to the contract of employment, please contact your local INMO Official.

We recommend completing the verification form and submitting it to your Director of Nursing/ Midwifery as soon as possible. A delay runs the risk of missing out on back pay, should your next incremental date come up.

Your priorities with the president

Martina Harkin-Kelly, INMO president

Public health measures must continue

THE many challenges of this year continue as we enter the next phases of the country's re-opening. Phase II of the roadmap saw an accelerated reopening of many business premises in early June. As healthcare professionals we will continue promoting hand hygiene and social distancing as priority for the population as they go back to their workplaces, and for the wearing of face coverings in public places to become the norm. We are also seeking a robust testing and tracking system and will continue to make clear the need for strict hygiene and distancing measures inside the country's hospitals over the coming months.

Cavan Hospital Midwife-Led Unit

THIS month saw the INMO and its members rally to support Cavan General Hospital's midwife-led unit – one of only two in Ireland since 2004. With reports circulating of plans to close this invaluable facility, the INMO's Midwives Section met on Saturday, June 6 and called on government to intervene. Following a strong social media campaign, a meeting was called with the Minister for Health, attended by local midwives, INMO officials, newly appointed Chief Nursing Officer Rachel Kenna and government officials. There was unanimous agreement that woman-centred services provide good health outcomes and are a necessity under the National Maternity Strategy. The Minister expressed his "unequivocal" support for the service along with his commitment to the National Maternity Strategy and assurance that Cavan's midwife-led unit will not be downgraded *(see page 12)*.

National Women's Council of Ireland AGM

AT ITS recent AGM, the National Women's Council of Ireland elected a new board chaired by Louise Lovett from Longford Women's Link, with Denise Charlton from the Immigrant Council of Ireland as deputy chair. The meeting carried motions on Stop 67, Siptu's campaign to reverse the pension age increase, early years education, gender-based violence, reproductive health-related leave, support for women and girls affected by prostitution and trafficking, and supporting sustainability of women's community development organisations to advance marginalised women's equality.

ICN, ICM and WHO triad meeting

INMO general secretary Phil Ní Sheaghdha and I attended the recent ICN/ICM/WHO triad meeting via a virtual forum hosted from Geneva. The three-day meeting was opened by director general of WHO, Dr Tedros Adhanom Ghebreyesus and covered Covid-19, policy dialogue and strategic directions. WHO chief nursing officer Elizabeth Iro chaired the proceedings for the three days. An emotive opening address was provided by HRH Princess Muna of Jordan and Walter De Caro, president of the Italian Nurses Association, gave a moving account of the toll of the pandemic in Italy where 40 nurses died of Covid-19. Many of the speakers provided valuable insights and reminded us that changing the world in the aftermath of Covid-19 would require combined efforts from all sectors of society.

At the meeting of the ICN National Nurses Associations in June, Ms Sheaghdha raised issues around economic challenges and protecting clinical nursing and midwifery employment and clinical expertise, facilitating those working in the healthcare system to secure places in undergraduate nursing programmes, protection for nurses and midwives working during the pandemic from ill-health, mental health issues post pandemic and the prioritisation of vaccines.

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

Quote of the month

"To lose patience is to lose the battle"
– Mahatma Gandhi

Report from the Executive Council

THE Executive Council has now convened its normal format with monthly meetings, which were recommenced on June 8 and 9, 2020.

The meeting was opened with acknowledgement of the passing of our colleague Siobhan O'Brien, PHN Cork. Heartfelt sympathies were expressed to Siobhan's family, friends and colleagues. Sympathies were also extended to the family of our ICTU colleague Eileen Sweeney, who will be sadly missed. The families of both of these exceptional women remain in our thoughts, as do all those who have lost loved ones during this extraordinarily difficult time.

Childcare provision

The ongoing issue of adequate childcare provision was being raised directly by the INMO at an Oireachtas committee during the last week of June. A huge thank you is extended to all those who participated in our recent childcare survey, which will underpin much of our advocacy over the coming weeks.

The next meeting of the Executive Council has been scheduled for July 6 and 7, 2020.

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

Need for urgent action on Covid-19 infection rates in healthcare workers

URGENT policy change is required following the publication of Covid-19 infection rate figures, the INMO has said.

To combat the high rate of infection among healthcare workers, the INMO is calling for three policy changes:

- Amend regulations to class Covid-19 as a personal injury under health and safety legislation
- Facilitate healthcare workers who come into unprotected close contact with Covid-19 to self-isolate for 14 days, without exemptions
- All healthcare workers – not just those working in nursing homes or clusters – be provided with regular Covid-19 testing.

As of May 30, one in every three cases of Covid-19 in the country were healthcare workers.

Overall, the HPSC figures up to the end of May show that healthcare workers make up a third of all Covid-19 positive cases in Ireland. Nurses make up one-third of those – the largest single group of workers infected.

As of May 30, seven healthcare workers had died from the virus, 1,515 (19%) had recovered and 4,823 were still ill (60%), and 20% of cases had an unknown status.

Dissatisfied with the level of detail available, the union has repeatedly called for the regular publication of detailed statistics on healthcare worker infection, to better identify how the virus is being transmitted, and to take steps to eliminate the risk of infection.

Following a meeting with the Minister for Health in early June, the union received a commitment that they would be published weekly.

INMO general secretary Phil Ní Sheaghdha said: "One in three Covid-19 cases are healthcare workers. One in 10 are nurses. And these figures show that the vast majority of these have caught the virus at work.

"This figure cannot simply be accepted as normal. We need to tighten procedures and test more to ensure that frontline staff don't get the virus they are fighting. This isn't just about PPE, it's about policy too.

"The government should classify this as what it is – a workplace-acquired personal injury. This would not only reflect reality, but ensure that the full range of health and safety rules would be rolled out to protect frontline workers."

Disease acquired in the workplace should be dealt with under the Safety, Health and Welfare at Work Act, writes **Dave Hughes**

Covid-19 acquired at work not recorded by HSA

THE INMO has called for independent scrutiny of the infection rate statistics for healthcare workers in Ireland, which are the highest recorded of all the developed nations. While occupational injuries and death at work are reportable to the Health and Safety Authority, by dint of a strange omission in regulation, disease acquired in the workplace is not.

The functions ascribed to the Health and Safety Authority (HSA) by the Safety, Health and Welfare at Work Act 2005 are set out at section 34(1). They include, at paragraph (a), "To promote, encourage and foster the prevention of accidents, dangerous occurrences and personal injury at work in accordance with the relevant statutory provisions"

The term "accident" is defined by section 2 of the Act, which states that "accident" means an accident arising out of or in the course of employment which, in the case of a person carrying out work, results in personal injury. The term "personal injury" is defined by the same section as: "personal injury" includes (a) any injury, disease, disability, occupational illness or any impairment of physical or mental condition, or (b) any death, that is attributable to work.

The combined effect of these definitions is that a disease, contracted at work, constitutes an "accident" for the purposes of the Act. In that context, one would expect that the HSA is obliged to promote, encourage and foster the prevention of Covid-19 in the workplace.

However, regulations subsequently made under section 58 of the Act which impose an obligation on employers to report accidents and dangerous occurrences define the term 'personal injury' as not including "any disease, occupational illness or any impairment of mental condition".

The effect of this is that the 8,130 confirmed cases and seven deaths (as at June 13, 2020) from Covid-19 in healthcare workers are not recorded with the HSA and not subject to scrutiny from the point of view of Worker Safety, Health and Welfare.

The INMO and the ICTU have called on government to amend this major omission from regulation.

As nurses and midwives make up 33% of the healthcare workers who have been infected by Covid-19 to date, it is vitally important that the provisions of the Safety, Health and Welfare at Work Act are utilised. The key missing element is worker involvement as provided for in the Act, which must be fully supported by the employer.

Nurses and midwives must insist that lead Covid-19 representatives are elected in each workplace under the protocol for all workplaces, and rights and entitlements conveyed by the Safety, Health and Welfare of Work Act 2005.

– Dave Hughes, INMO deputy general secretary

INMO calls for a range of childcare supports for frontline workers

MOST nurses and midwives with childcare needs are using up annual leave to care for their children, an INMO survey has found.

The survey also found that a substantial minority (22%) were using paid childminders of some sort, with the majority paying over €100 a week above the usual amount so that they could attend work.

The survey results were due to be presented to the Oireachtas Special Committee on Covid-19 Response as we went to press.

Over 1,800 INMO members with childcare needs responded to the union's survey, which found:

- 62% have taken annual leave to care for children
- 22% are using paid childminders while at work
- 10% are using grandparents to care for children
- 69% did not have a partner available to provide childcare – often because they are a single parent, or their partner is another essential worker.

When asked what form they would like childcare assistance to take in the coming months, the most popular solution among respondents was to allow parents to source their own childcare and be reimbursed by the employer.

The INMO is calling for the Oireachtas committee to recommend a range of measures, including:

- Reimbursement of any additional childcare costs incurred during Covid-19
- Compensation for annual leave used to care for children
- A scheme to pay healthcare workers for any childcare they source themselves
- Priority access for nurses and midwives in access to preschools, crèches, and childminding
- Reopening of schools to facilitate children of essential workers.

The INMO's presentation to the Oireachtas also set out its concerns on international recruitment, while also detailing the many representations it made to government on the childcare issue.

INMO general secretary Phil Ní Sheaghdha said: "There has rightly been applause and praise for frontline healthcare workers over the past three months. Yet when the applause dies down, many will be left out of pocket and without any leave. Our members say they feel abandoned.

"We have long sought a solution to the childcare problem facing our members. They want to do their jobs, while also knowing that their children are being looked after. This is not an unreasonable demand.

"Nobody doubts that childcare in a pandemic is a difficult issue, but so far that difficulty has landed on those who are taking the greatest risks during the pandemic.

"One in 10 Covid-19 cases in this country are nurses. We must support them better."

INMO president Martina Harkin-Kelly said: "Our nursing and midwifery members feel let down as parents. There has been an abject failure to provide adequate childcare support. Our members want to do their jobs as professionals without impediment."

"The INMO Executive Council's view is that this remains a critical issue for our members. A solution must be found quickly to ensure continuity of safe patient care."

In solidarity

THE INMO extends its solidarity to all those taking part in LGBTQ+ Pride at the time of going to print. We also extend our best wishes to Travellers nationwide taking part in the Traveller Pride Awards and Festival in July and to all of those involved in organising or supporting the Black Lives Matter protests and campaigns worldwide. These events will be held online or with strict social distancing this year due to Covid-19.

INMO general secretary Phil Ní Sheaghdha said: "Discrimination and racism are always unacceptable. Nursing and midwifery are proudly diverse and international professions. We stand together against discrimination, racism, and inequality.

Rachel Kenna confirmed as new Chief Nurse at Department of Health

RACHEL Kenna was appointed chief nursing officer (CNO) at the Department of Health last month, following the retirement of Síobhan O'Halloran from the role.

INMO general secretary Phil Ní Sheaghdha, on behalf of Executive Council, members and staff, extended heartfelt congratulations to Ms Kenna, who previously served as deputy CNO.

Focusing on nursing and midwifery policy, she sat on the Expert Group on Nursing and Midwifery and worked on the formation of the Framework for Safe Nurse Staffing and Skill Mix.

The INMO looks forward to working with her to strengthen the roles of nurses and midwives in the Irish health service. Ms Ní Sheaghdha said: "The current high risks for nurses and midwives posed by Covid-19 will be one of the most extreme we have faced; it is our view that working together with the Department of Health and particularly the Office of the CNO, will be of benefit to the professions as we face this extraordinary challenge."

Newly-appointed Chief Nurse at the Department of Health Rachel Kenna

Ms Kenna was previously director of nursing at Our Lady's Children's Hospital, Crumlin, where she worked since 2001. Having trained as a paediatric nurse in the UK, she later undertook a Bachelor of Science in healthcare management at UCD and an MSc in child protection and welfare at TCD.

Tony Fitzpatrick, INMO director of industrial relations, reports on

Further roll out of Framework for Safe

THE INMO engaged with the newly appointed chief nurse at the Department of Health, Rachel Kenna, with regards to the continued roll out of the Framework for Safe Nurse Staffing and Skill Mix.

Phase I: Medical and surgical settings

Implementation of the Framework in medical and surgical settings has commenced in St James's Hospital and Beaumont Hospital in Dublin, and in Galway University Hospital.

The next three model 4 hospitals involved are University Hospital Limerick, Cork University Hospital and Mater University Hospital, where the Framework is due to roll out in July.

Involving the Office of the Nursing and Midwifery Services Director (ONMSD), local implementation groups will be established in each of these model 4 hospitals to assist with the implementation of the Framework. A national steering committee to oversee the implementation is due to be convened shortly.

Phase II: Emergency departments

Phase II of the Framework for Safe Staffing and Skill Mix in emergency departments is now at an advanced stage with pilots completed and research ongoing with regards to Cork University Hospital, Mater University Hospital, South Tipperary General Hospital and Ennis Local Injury Unit. A national steering committee for this phase is expected to be convened in July to consider a presentation from the research partners UCC.

Phase III: Community nursing and older persons

Phase III of the Framework on Safe Staffing and Skill Mix for community nursing and older persons will also commence shortly. The research partners UCC, led by Prof Jonathan Drennan, have completed the background research on this, looking at the models of care, and have presented a report to the chief nurse.

It is expected that a committee will be convened in July/August to commence the process in this sector. The INMO has long advocated the need for an accelerated implementation in this sector. However, understandably engagement has been affected by the focus on older persons services during the Covid-19 pandemic. Further to discussions with the chief nurse, engagement will recommence in July 2020.

Bed capacity

The INMO stresses that all additional bed capacity must be staffed in compliance with the principles of the Framework on Safe Staffing and Skill Mix. The INMO has engaged with the HSE's Acute Hospitals Division and community services on current plans to significantly increase the bed capacity in the health sector.

The HSE is developing a proposal to go to the Department of Health to increase bed capacity across a number of areas, including acute hospital beds, critical care beds, assessment beds, Covid-19 rehabilitation beds and step-down beds.

This HSE bed capacity submission is expected to go to the Department of Health in July. At a meeting with the Acute Hospital Division and Corporate Employee Relations Services in late May, the INMO clearly outlined that any additional bed capacity must be agreed with the union via appropriate engagement and consultation. Furthermore, there needs to be agreement on the appropriate staffing to ensure that if these beds are opened, it is in a safe manner.

The INMO requested engagement with the Acute Hospitals Division on HSE plans for 1,351 intermediate/Covid-19 rehabilitation beds, and the impact of infection prevention and control guidelines around Covid-19 on acute hospital bed capacity. The union outlined that the objective of the engagement was to agree at a national level, several principles on the opening of intermediate/Covid-19 rehabilitation beds that then could be used at local level. Issues include:

- Admission criteria and patient profile for intermediate Covid-19 rehabilitation beds
- Governance arrangements for medicine and nursing
- Management structures, including nurse management structures
- Staffing and skill mix in compliance with the Framework, which is Department of Health policy, with the provision of appropriate supports, including allied health professionals, support staff and clerical support.

The HSE outlined that normal acute capacity is about 11,000 beds and €60 million was provided in response to the pandemic to increase bed capacity for a six-month period. That additional capacity was of four types: surge potential, scale-up intensive care, private sector beds and intermediate care.

The definite sites to proceed in the short-term include:

- Citywest with 300 beds which would be rehab step down beds. Discussions are ongoing on the use of this facility
- Ireland East is trying to establish rehabilitation beds and is looking at a number of sites, including: the National Rehabilitation Hospital with a potential 15-20 beds; St Mary's Hospital, Phoenix Park with a potential 95 beds; Our Lady's Hospital, Navan, with 24 beds; and St Mary's Hospital, Mullingar, with 40-70 beds. In addition, Ireland East is looking at establishing a director of rehabilitation, with specific specialist rehab consultants overseeing governance
- In the UL Hospitals Group area, the University of Limerick arena has potential for 164 beds; Croom has a potential 24 beds, which could open in August; and 24 beds should be restored and further beds opened in UL by the end of the year. This will help to address the long-running bed capacity problem in UHL.

Separate, to the intermediate care beds, the HSE is examining the potential for 1,500-2,000 additional beds within the acute hospital system. With regards to acute beds, it is planned to increase bed capacity in the following services, excluding private bed capacity: 40 additional beds in South Tipperary General Hospital, 610 beds in Limerick, 72 beds in the Dunmore Wing, Waterford and 20 beds in Our Lady of Lourdes, Drogheda.

A separate submission is being prepared on intensive care beds.

The INMO sought staffing plans for all of these services. The model of care and the HSE agreed to share this with the unions.

It was agreed that, based on national engagements and National Joint Council

national IR issues in the context of Covid-19

Staffing and Skill Mix announced

meetings, there is a clear commitment to appropriate engagement and consultation with the unions, particularly as these are not Covid-19 beds, normal engagement and consultation should take place. The HSE committed that the same position would be outlined clearly to Citywest; Ireland East Hospital Group and ULHG to allow local engagement to take place.

The HSE said it hoped to have decisions made by the end of July, with submissions then going to the Department of Health to be considered in an expedited fashion.

Management also advised that Prof Martin Corimacan was working with HSE Estates with regards to outlining the appropriate bed capacity in the various facilities, in consideration of the Infection Prevention and Control guidelines for Covid-19 and social distancing. An indicative figure had been provided by Dublin Midlands of a reduction of 600 beds, however, this has yet to be validated.

The parties accepted that there has been appropriate engagement and consultation with regards to the staffing and opening of these beds, particularly in the short term regarding Limerick, Citywest and Ireland East.

The HSE will provide all documentation with regards to intermediate care including the model care and any staffing proposals.

Fortnightly meetings will take place to discuss progress with regards to proposals around intermediate care and acute bed capacity. The matter will remain on the agenda at NJC bi-weekly meetings.

We expect further engagement on this matter with the HSE in the coming weeks.

Department of Health policy

Separately, the INMO has met with the chief nurse Rachel Kenna, with regards to agreeing principles on staffing the additional bed capacity that is due to come on stream. It is important to note that the Framework on Safe Staffing and Skill Mix is government policy and therefore, the principles of the Framework should be utilised to assess the staffing requirements for the additional bed capacity.

These principles include:

- A requirement to ensure safe and quality care to patients
- Appropriate CNM2 supervisory capacity as set out in the Framework
- Skill mix is defined by patient need to ensure the care requirements for patients are met. In the acute medical/surgical area this is 80:20. Phase II of the Framework is testing a different skill mix and the enhanced care model based on the Framework is different again. The principle applied should be the nursing hours per patient day requirement
- As per the Framework, there is a requirement that the staffing requirements be reviewed on a six-monthly basis, using patient outcomes to inform any changes required
- If the patient profile for the additional bed capacity changes, there is a need to reassess the staffing requirements sooner than six months – this also includes the principle that clinical judgment applies.

The INMO will be engaging at local level with various employers with regards to any plans to open up additional bed capacity.

Members are advised that if there is any additional bed capacity or reconfiguration of services coming on stream in their workplace, it is important that they seek the advice of the INMO in order to ensure that safe and appropriate staffing is in place to meet the demands, particularly as we head into the winter months.

Progress on payment of strike settlement for midwives

PROGRESS continues with regards to the implementation of the strike settlement as it affects midwives.

At this point, all 19 maternity units are paying the location allowance and have increased the location and qualification allowance by 20%. This applies retrospectively to March 1, 2019 and all midwives should check their payslip to ensure they are receiving the correct allowances.

Furthermore, midwives have had the opportunity to apply for the enhanced practice salary scale, which provides a significant increase in salary for staff midwives. It is vitally important that midwives ensure that they applied and have been placed on the correct salary scale. Any midwives who have not yet applied for the enhanced practice salary scale should do so immediately.

If you have any questions with regards to the assimilation process on to the higher salary scale, please contact the information office, Tel: 01 6640619/6640610, or your local INMO official.

• *See also Cavan MLU under threat, page 12*

Threat to midwife-led unit dismissed

INMO welcomes Minister's "unequivocal" commitment to Cavan MLU

THE INMO has welcomed support from Minister for Health Simon Harris for Cavan's midwife-led unit (MLU), which had been threatened with closure or downgrading.

The union had previously been assured by RCSI Hospital Group management that full consultation would take place before any decisions on the future of the service were made. Despite this, it appeared last month that plans to downgrade the service were advancing.

At an INMO midwifery section meeting early last month, midwives called on government to intervene to ensure the promotion of midwife-led units as set out in the National Maternity Strategy, and to preserve the status of the unit in Cavan.

The Minister gave his "unequivocal" commitment to the unit when the INMO raised the issue with him directly at a meeting last month. Mr Harris confirmed his and the Department of Health's commitment to Cavan MLU and that it will not be downgraded. He also emphasised his commitment to the National Maternity Strategy.

The high-level meeting was attended by local INMO midwife members including Maeve Gaynor, Executive Council member, INMO staff, Minister Harris, Rachel Kenna (chief nurse), Killian McGrane (programme director of the Women and Infants Health Programme), Angela Dunn (national lead midwife of the Women and Infants Health Programme), a number of officials from the Department of Health and Heather Humphreys, local TD and Minister for Business, Enterprise and Innovation.

The INMO will now be clarifying the unit's future with the RCSI Hospital Group, in line with this commitment.

The Cavan MLU is one of only two in the country, with more planned as part of the National Maternity Strategy.

INMO general secretary Phil Ní Sheaghdha said: "This is a service which should not merely be allowed to continue, but to thrive. We look forward to building on the great work done at Cavan MLU to fully implement the National Maternity Strategy."

INMO IRO David Miskell, said: "INMO midwife members welcome the Minister's support for midwives in Cavan MLU. The voice of frontline midwives has been heard. This is a service that provides skilled care, centred on the needs of women throughout pregnancy, during labour and in the postnatal period. Following the Minister's clear support, we will be raising matters with the RCSI Hospital Group, to provide certainty to our members."

The INMO also called on all local public representatives to oppose any move to downgrade the MLU, as it would remove a key service for women of the region.

Earlier this year the INMO called for the long-delayed implementation of the National Maternity Strategy which recommends the expansion of midwife-led units.

The two midwife-led units in Cavan and Drogheda were introduced in 2004 when a controlled trial (the MidU study) found that midwife-led care:

- Was at least as safe as consultant-led care
- Required less medical intervention
- Had higher satisfaction rates from women
- Was more cost-effective.

A further retrospective cohort study conducted in 2017 showed that midwife-led care is a safe option that could be offered to a large proportion of healthy pregnant women.

Mr Miskell said: "There is a very clear strategy for the maternity service, but the HSE hasn't properly implemented it. "The expansion of midwife-led care is an integral part of the National Maternity Strategy. Downgrading the service would fly in the face of national policy."

A petition to save the MLU by student midwife, Laura Henry, had reached almost 11,500 signatures at time of going to press.

INMO seeks clarity on plans for Cottage Hospital, Drogheda

THE INMO has sought clarity from the RCSI Hospitals Group on the current position with the Cottage Hospital in Drogheda, a care of the older person facility that provides respite and long-stay care.

The Cottage Hospital has been closed since April 10, 2020 and is due to reopen in the coming weeks under the governance of the RCSI Group, providing different services to previously.

Karen Clarke, INMO IR executive, said: "It is vital that the principles for the Framework on Safe Staffing and Skill mix are applied in advance of reopening the facility and that there is clarity on the exact nature of the services that are to be provided."

In addition, confirmation has been sought that staff who were temporarily redeployed as a result of the Covid-19 pandemic will be returning to their roles in the Cottage Hospital.

Ms Clarke is also seeking clarity from CHO8 management on the implications for the loss of capacity within Louth Older Persons Services.

Management deficits in CH01 older person services

The INMO has renewed calls on management of CHO1 to address deficits in the management structure within older persons services in Cavan and Monaghan.

This dispute is currently before the Workplace Relations Commission. Despite engagement over a considerable period of time, deficits exist within the management structure for older persons services in the area.

David Miskell, INMO IRO for the North East, said: "It is vital that the correct structures are in place to ensure that an effective service is provided. The Covid-19 pandemic has amplified the current deficits in the management structure.

"Much of management's argument to date has been the issue of the recruitment embargo or 'employment control' mechanisms and the fact that it was not possible to get sanction for posts.

"As the HSE has said that there are no such barriers in existence, then now is the time to address these issues definitively."

Work-to-rule set to begin at Mater Private over pay row

INMO members working at the Mater Private Hospital, Dublin are set to commence industrial action in a row with the hospital over lack of progress on claims for parity with nurses working in the public health sector.

The INMO served claims on the Mater Private Hospital late last year but the hospital has consistently refused to engage with the union. Traditionally there has been a link between the pay in private hospitals with the salary scales in the HSE. The Mater Private Hospital has used this in the recent past to achieve pay cuts and other adjustments that were in the employer's interest during the last economic crisis.

However, now that the Enhanced Nurse Practice Scale and the Medical and Surgical Allowances have been paid in the public sector, as agreed following the national INMO strike last year, the private hospital has dragged its feet on implementation and has refused to engage with the INMO on this matter.

Albert Murphy, INMO ADIR: *"The Labour Court has confirmed on several occasions that the link on pay should be maintained"*

In February 2020, INMO members working in the Mater Private voted by over 99% in a secret ballot in favour of a work to rule and lunchtime protests. However, due to the Covid-19 pandemic, the INMO members took the decision to postpone the action. Members are now set to commence action from the beginning of July 2020 in pursuit of these claims.

Staff in the Mater Private stand to lose substantial sums of money in respect of non-payment of the enhanced practice scale and the medical and surgical allowances. In addition they are seriously concerned that long-term staff will leave the hospital if they do not get parity with staff nurse grades in the public sector. INMO members are determined not to let this happen. The INMO served notice of industrial action on the employer recently.

Speaking to *WIN*, Albert Murphy, assistant director of industrial relations, said: "The Mater Private has always been quick to impose cuts in line with the public sector but has dragged its heels in relation to discussions on the implementation of the pay deal.

"The Labour Court has confirmed on several occasions that the link on pay should be maintained. If not implemented, some members would stand to lose up to €5,000 per annum.

"It is entirely regrettable that the Mater Private Hospital continues to snub its nose at its hard working staff."

Concerns at overcrowding in Mullingar

INMO members working in the emergency department (ED) of Midlands Regional Hospital, Mullingar expressed serious concerns at recent overcrowding in the department,

Figures from the INMO trolley/ward watch figures showed incidences of up to 17 admitted patients waiting on trolleys in the ED in the early part of June 2020.

The situation was exacerbated by the fact that 14 beds were withdrawn from general use due to the Covid-19 pandemic.

However, following representation from the INMO the hospital agreed to reconfigure these beds and 23 beds have now been restored to general use.

INMO members in the ED expressed concerns at the overcrowding as social distancing was not possible with the high numbers of trolleys in the department.

– Albert Murphy, assistant director of IR

June brings progress on strike settlement in CUH

THE month of June saw the belated payment of the medical and surgical allowance for members across Cork University Hospital.

Following delays, the INMO had pushed for the earliest payment date with a payment date secured in May for the June payroll.

The hold-up was initially caused by a delay in the correct areas being allocated the allowance. This resulted in the INMO engaging extensively with local management and the South/Southwest Hospital Group to ensure that all relevant areas had the allowance applied under HSE HR Circular 21/2020.

Arrears for the allowance are to follow in upcoming payrolls for members. The payment has been welcomed by all parties, particularly by members, notwithstanding the initial struggle with delayed implementation as set out above.

Enhanced practice contracts were issued to almost 900 applicants through May and June in CUH, with over 95% uptake for those eligible in CUH applying.

Meanwhile, members are reminded that it is vitally important to continue to regularly check their payslips when issued.

Members need to ensure that they start to receive their new allowances, increased allowances and the increase in basic pay due to the enhanced contract.

Members can view their pay entitlements on the INMO website at: **https://www.inmo.ie/Salary_Information**. Members with any questions in relation to pay should first contact their own local salary department. Thereafter, please contact the INMO information office with any further problems at: Tel: 01 6640610/19; or email: catherine.hopkins@inmo.ie, karen.mccann@inmo.ie.

Some members in the HSE South region have experienced underpayment of premium allowances in recent years. The INMO is planning to roll out local information clinics for members on this issue in the near future, once the social distancing restrictions have eased.

– Liam Conway, INMO IRO

INMO Professional

Conferences 2020

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 and should the dates or the format in which the national conference is delivered, we appreciate your understanding.

For information contact
Jean Carroll
Section Development Officer
jean.carroll@inmo.ie
www.inmoprofessional.ie

Nursing now Ireland

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

RNID Section

Tuesday,
15 September 2020

Online Interactive Webinar

All Ireland Annual Midwifery Conference

Thursday,
5 November 2020

Online Interactive Webinar

Telephone Triage Nurses Section

Tuesday,
13 October 2020

Online Interactive Webinar

Public Health Nurse Section

Saturday,
28 November 2020

The Richmond
Education and Event Centre,
Dublin

Operating Department Nurses Section

Date to be confirmed

Venue to be confirmed

Occupational Health Nurses Section

Date to be confirmed

Venue to be confirmed

All 2020 graduates will be offered permanent contracts

THE HSE and the Department of Health has confirmed that all nursing and midwifery graduates in 2020 will receive an offer of permanent employment within the public health service.

Each year the INMO pursues the claim that all graduating nurses and midwives should receive permanent contracts of employment with the Minister for Health, the Department of Health and the HSE. This is an important recruitment and retention mechanism which ensures that nursing and midwifery graduates remain within the Irish healthcare system.

The union has welcomed that the permanent contracts for all graduating nurses and midwives has been confirmed and the HSE issued a memorandum on May 25, 2020 to that effect.

The INMO highlighted that some issues arose last year with the employment of staff within the intellectual disability sector and on the western seaboard. These matters are being raised with the HSE and it is hoped that they should not recur this year.

All staff should be offered permanent full time employment unless they wish to have reduced hours. If you have any queries regarding this, please contact INMO student/new graduate Officer, Catherine O'Connor (Tel: 01 6640684), the information office or your local IRO.

– Tony Fitzpatrick, director of industrial relations

Deficits highlighted in Beaumont Centre of Nurse Education

THE INMO has sought a meeting with management in Beaumont Hospital to discuss ongoing deficits within the Centre of Nurse Education.

Beaumont Hospital is one of 19 designated Centres of Nurse/Midwifery Education nationally, and provides an extensive range of education and continuing professional development programmes at undergraduate, graduate, postgraduate and specialist levels.

INMO IRO David Miskell said: "In the past number of years there has been an increase in education activity in the Centre for Nurse Education at Beaumont.

"It is vital that it is adequately staffed and that those who are providing this excellent service are paid at the appropriate grade.

"Continuing personal and professional development is central to the development and advancement of the professions of nursing and midwifery. It is imperative that our members working in the education area have the correct resources to carry out their essential work."

Interim care facility UL

A interim care facility was opened in the grounds of the University of Limerick without agreement with the INMO. Mixed data from management on the governance and patient profile caused the INMO to raise the matter at national level as the model of care was not in compliance with the principles set out in the Framework on Safe Staffing and Skill Mix. The INMO has referred the dispute to the WRC.

– Mary Fogarty, assistant director of IR

Expenses claim for staff redeployed to UHL

A CLAIM for travel and subsistence expenses has been lodged with management for all nurses who redeployed to University Hospital Limerick from external hospitals in recent months.

Management had initially agreed to compensate staff for these expenses but subsequently withdrew payments.

"This is unacceptable given the commitments to the service from INMO members, and the additional daily expenses incurred due to changed shift patterns to include longer days at work and night duty," said INMO assistant director of IR, Mary Fogarty.

At the time of going to press, a response from management was outstanding.

Members are urged to contact their local INMO industrial relations officer with any issues that cannot be resolved in their workplace.

World news

Nurses and midwives in action around the world

Australia
- Nurses raise their voice over pay freezes

Brazil
- Legislative Chamber receives complaints over lack of PPE and patients hospitalised in hospital corridors
- Research shows only 56% of nurses receive enough PPE to change and only 11% have adequate work shoes

Canada
- 'Devalued and disposable': Nurses angry, demoralized by pay cap on heels of pandemic
- Nurses demand promised pandemic pay
- Calgary programme expands to train more foreign nurses as Covid-19 pandemic continues

Italy
- NURSIND takes to streets for every nurse killed by the coronavirus

New Zealand
- Paint it red – GPs urged to back nurses' Seeing Red Day tomorrow

Spain
- SATSE study indicates that 32% of nurses have had symptoms of COVID-19

Sri Lanka
- Nurses in the South on strike over non-payment of overtime

UK
- Student nurses see paid placements terminated early

US
- Few N95 masks, reused gowns: Dire PPE shortages reveal Covid-19's racial divide
- Nurses renew calls to stop cleaning, reusing N95 masks
- Why the pandemic has energised hospital unions

INMO Professional

Celebrating the Past, Present and Future of Public Health and Community Nursing in the International Year of the Nurse and Midwife

Saturday, 28 November 2020

The Richmond Education and Event Centre, North Brunswick Street, Dublin 7

Topics will include, amongst others:

- **Nursing and Midwifery Response to the Covid-19 Pandemic**
- **Perinatal Mental Health**
- **Caring for People in Direct Provision**
- **Working with Marginalised Groups**
- **Concurrent workshops:**
  1. **Wound Care**
  2. **Breast Feeding**
  3. **Mindfulness (Self Care)**
  4. **Childrens Nursing Strategy**
- **Panel Discussion on the Future of Public Health and Community Nursing in Ireland**

INMO Irish Nurses and Midwives Organisation Working Together

Nursing now Ireland

NURSES A VOICE TO LEAD NURSING THE WORLD TO HEALTH

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

To book a place please contact the INMO
Tel: **01 6640641/18 or visit www.inmoprofessional.ie**

Section update

Care of the Older Person Section

THE INMO hosted its first webinar on Covid-19 in the care of the older person setting in May.

More than 500 people participated on the day, with each session averaging 300 viewers. There were 589 participants overall.

All of the presentations are now available to view at **www.inmoprofessional.ie**, including talks by Annette Kennedy, president, ICN; Prof Amanda Phelan, TCD; Deirdre Lang, national lead in older person services, HSE; Prof Brendan McCormack, Queen Margaret University Edinburgh; Anne O'Connor, CNS in infection control; Norma Sheehan, director of nursing, St Joseph's Centre, Dublin; Eithne Ní Dhomnhaill, nursing consultant; Prof Ciaran O'Boyle, RCSI and Edward Mathews, director of professional and regulatory services, INMO.

Since being published online, more than 2,400 people have viewed INMO Professional online resources, all of which are available through the website.

SECTIONS IN FOCUS: Nurses in special schools

FURTHER to the school nurses article in the June issue of *WIN*, a new INMO networking group has been established to support nurses working in special schools.

These nurses support the needs of children and young people with physical disabilities and additional complex medical needs. This support is essential to enable such children to attend school.

While many areas overlap between the RNID Section and the School Nurses Section, the need for the establishment of the Special Schools Networking Group was well received and is building momentum nationally.

School nursing is a career path that is growing in Ireland and around the world. The role of the nurse within special schools is challenging but rewarding.

Nursing in special schools is a unique and varied specialty – from management of school vaccination clinics and hearing/vision clinics to managing and treating epileptic seizures, administering enteral nutritional feeds, nebulising and carrying out airway clearance programmes to maintain a child's 'well status'.

Many nurses working in special schools do so in isolated posts and without clinical support.

INMO Special Schools Networking Group

The Special Schools Networking Group was founded in May 2020 and currently has 20 members working in special schools around Ireland. The group hopes this number will increase and result in the development of a large network of support for nurses working in special schools.

The group plans to meet four times per year and aims to collaborate with both the RNID Section and the School Nurses Section.

Education

One of the group's aims is to assist in meeting the CPD requirements and educational needs of nurses working in special schools, with the support of the INMO.

The group has a webinar planned, entitled 'Children with complex care needs and Covid-19 – what we know now'. The webinar will be delivered by Dr Joanne Balfe from CHI Tallaght and LauraLynn Children's Hospice.

Covid-19

The unprecedented climate of the Covid-19 pandemic has seen the closure of all schools around the country. The Special Schools Networking Group would like to acknowledge the challenge this poses to the families of children with complex needs.

The challenge for school nurses will be managing a safe return to school for pupils and staff. All school nurses look forward to being back at school in September and seeing the staff and children return to a 'new normal'.

For the foreseeable future the Special Schools Networking Group will continue to meet online to support nurses nationally in facilitating a safe return to school.

The group is delighted to welcome new members. If you are a school nurse working in a special school caring for children with complex needs and would like to join the group, email mkennedy@stgabriels.ie

– Michelle Kennedy, chairperson, Special Schools Networking Group

Nursing then, nursing now

Kevin McKenna, Catherine Clune Mulvaney and Catherine O'Neill reflect on the life and times of nursing pioneer Florence Nightingale

INTERNATIONAL Nurses Day on May 12 marked a special occasion for nurses across the globe, a day to take a moment to reflect on our work and the contribution we make to the lives of our patients, clients and their families. This year's International Nurses Day was especially meaningful as this is the World Health Organization's designated International Year of the Nurse and the Midwife, and the date marks the 200th anniversary of Florence Nightingale's birthday.

This notable event also has a special relevance this year in an Ireland where the epidemiological concepts of 'reproduction factor' and 'flattening the curve' have become features of everyday conversation, and the ominously awaited daily update of new cases and 'mortality rates' have become a pre-dinner staple in most Irish households.

Notwithstanding our precarious circumstances, we commemorate International Nurses Day in these unprecedented times with a tribute to Florence Nightingale, the founder of modern nursing,[1] and hope that readers enjoy some reflections from her *Notes on Nursing,*[2] which have particular resonance in the context of our current emergency.

Remarkably, Florence Nightingale's *Notes on Nursing* has many parallels with Covid-19 and its management today. Her book, which was published in 1859, was considered a sensation at that time, selling 15,000 copies within the first month. This was the same year that Louis Pasteur published his paper proposing that micro-organisms might be the cause of many diseases affecting humans and animals, another idea that was considered revolutionary in 1859.[3]

Origins

Florence Nightingale was born in Italy and was named after the city of her birth, Florence.[4] She noted that "we must not forget what, in ordinary language, is called 'infection' – a thing of which people are generally so afraid that they frequently follow the very practice in regard to it which they ought to avoid".[2]

Ms Nightingale described experiencing a "calling" at the age of 16 to pursue a life devoted to reducing human suffering. Despite resistance from her family, Nightingale, aged 34, led a party of 38 women at the request of the UK government to assist in caring for the casualties of the Crimean war, arriving in Scutari, Turkey on November 5, 1854.[4]

An overwhelmed system

Regular reporting to the public at home was made possible by the man considered to be the world's first modern war correspondent, journalist William H Russell of *The Times*. The public was well informed that on arrival, Ms Nightingale and her colleagues found ill-prepared facilities lacking in basic essential equipment, with a distressing mortality rate wherein the number succumbing to infection was 10 times greater than the number succumbing to injuries sustained in battle.[4]

Five days after their arrival in Scutari, the precipitous arrival of a large number of casualties from two concurrent battles completely overwhelmed the hospital facilities, with Ms Nightingale describing the scene as a "kingdom of hell".[4]

In response to Ms Nightingale's pleas, at least in part through the media, the UK government designed and built a prefabricated hospital, which was shipped and constructed as a civilian hospital in the Dardanelles. The hospital had a death rate that was less than one-tenth of the death rate at the hospital in Scutari.[4] In addition, Ms Nightingale's implementation of hygiene practices, a key component of which was handwashing, reduced the death rate from 42% to 2% in the hospital.

Procuring essential equipment

In response to serious scarcities, Ms Nightingale was noted to have become adept at securing essential equipment, at one stage writing to a friend that "I am a kind of general dealer".[3]

Flattening the curve

Ms Nightingale was a pioneer in visually presenting statistical data, and developed innovative schematic designs that enhanced those which previously existed. She utilised these schematics as a medium to effectively communicate complex data regarding both the extent of disease and

the effectiveness of interventions. Her pioneering work in making epidemiological data easily accessible simplified the updating of key agencies, including the UK parliament, and facilitated compelling arguments for action.[4]

Ethical care

Notably, Ms Nightingale opened a report to the UK government with a cautionary note that "it may seem a strange principle to enunciate as the very first requirement in a hospital, that it should do the sick no harm".[2]

In a letter to a friend about her *Notes on Nursing*, Nightingale confided that "no word is written for the sake of writing, but only forced out of me by much experience in human suffering".[5] Perhaps this is understandable from ancillary records that report it was a rule of Nightingale's practice that no patient was left to die alone, and by the winter of 1855 Ms Nightingale herself had attended 2,000 deaths.[3]

Ms Nightingale's dedication did not go unnoticed, and her enduring iconic representation in the public consciousness as the 'Lady with the Lamp' originated from a report in *The Times* which described her "without any exaggeration" as a "ministering angel who when all others have retired for the night and silence and darkness have settled down upon those miles of prostrate sick, may be observed alone, with a little lamp in her hand, making her solitary rounds".[4] The image later became immortalised in HW Longfellow's 1857 poem *Santa Filomena (see above).*

Notes from one of her colleagues later described accompanying Ms Nightingale on her rounds: "As we slowly passed along the silence was profound… a dim light burned here and there, Ms Nightingale carried her lantern which she would set down before she bent over any of her patients. I much admired her manner to the men – it was so gentle and kind."[3]

Despite her epidemiological, scientific and scholarly genius, Ms Nightingale's notes continue to inspire us to preserve the humanistic and artistic dimensions of our practice, and remind us of the emotional burden of authentic practice. Few would doubt that this wisdom remains contemporary.

Within contemporary Irish nursing and midwifery, Nightingale's inspiration is enshrined within our declared core values of compassion, care and commitment.[5] Interestingly, the position paper that declared these values as the core of Irish nursing and midwifery proposed that these would become the "benchmark against which the professional practice of nurses and midwives could be assessed".

Few would have anticipated that in raising this challenge to Irish nurses in 2016, within five years our nurses would find themselves literally and figuratively on the frontline of an unimaginable pandemic, and would manifest these core values with a dedication that did not go unnoticed, just as Florence Nightingale's dedication did not go unnoticed more than 150 years ago.

Despite this year's International Nurses Day and our commemoration of Florence Nightingale's 200th birthday falling during sadder circumstances than any of us could have imagined, we can take comfort in our commitment to preserving a long and proud legacy of humanistic care. The 'lamp' is truly in safe hands.

Kevin McKenna is a lecturer at the Department of Nursing, Midwifery and Early Years, Dundalk Institute of Technology; Catherine Clune Mulvaney is operations and education manager and Catherine O'Neill is director of the MSc nursing programme, both at the Faculty of Nursing and Midwifery, RCSI

Santa Filomena

The wounded from the battle-plain
In dreary hospitals of pain,
The cheerless corridors,
The cold and stony floors.
Lo! in that house of misery
A lady with a lamp I see
Pass through the glimmering of gloom
And flit from room to room.
And slow, as in a dream of bliss,
The speechless sufferer turns to kiss
Her shadow, as it falls
Upon the darkening walls.

– ww Longfellow (1807-1882)

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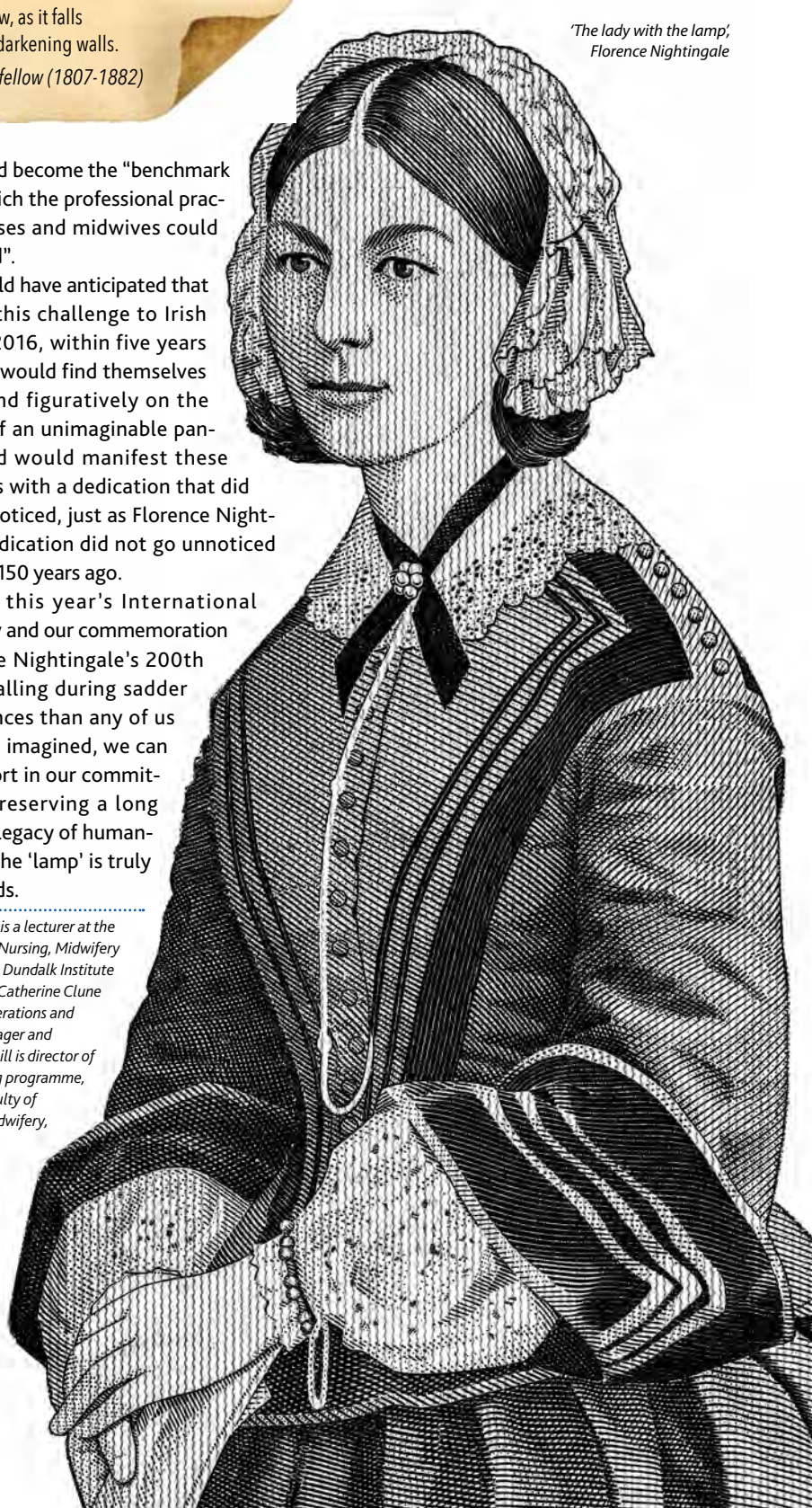

'The lady with the lamp', Florence Nightingale

INMO members continue t

Lisa Moyles reports from the frontline, where nurses and midwives are leading the fight against Covid-19

'I've learned to take each day one step at a time'

Eric Lawsin, CNM2, emergency department, Connolly Hospital

"PATIENCE, resilience, confidence and teamwork are attributes I've seen coming to the fore now. I was so scared initially but I had to find extra strength to go on with my shifts. As a clinical nurse manager and shift leader, I am responsible for supporting and leading my team.

"I've been an emergency department nurse for over 20 years and the pandemic has brought new challenges. For example, when delivering sad news, you're wearing a face mask so your emotions and facial expression can't be seen. Compassion and empathy are so hard to convey between the face mask and social distancing. The atmosphere at work feels more emotional and I think that's because many of my colleagues are from all over the world and they're missing their families and they are worried for them, but they have to carry on with their nursing duties.

"My parents are back home in the Philippines and they are very worried for me. I know they are keeping me in their thoughts and prayers and that means everything. I reassure them about the safety measures I've taken at work and at home to keep myself and my family safe. I talk to them a lot and make sure we video chat, so seeing me well and healthy helps them.

"My daughter is doing a pre-nursing course, so she understands what I'm going through. She said to me: 'I want to be called a hero like you'. I told her that nursing is full of sacrifices, especially in a pandemic.

"I call it a good day when I get through a 12-hour shift and all my colleagues are

content, happy and safe; patients are looked after and are admitted to beds on the wards.

"I have learned to take each day one step at a time and that has calmed the overwhelming feeling, as well as knowing that I have a great team to work with every day".

'The stress takes a toll and there's a lot of worry'

Maria Hernandez, staff nurse, care of the elderly, St Columcille's Hospital, Dublin

"SINCE the Covid-19 outbreak I've realised how resilient I am. But if I was to go back to pre-Covid-19 times, the one piece of advice I would give myself is to be psychologically prepared. The stress takes a toll and there's a lot of worry. Even when self-isolating, I was at home worrying about my colleagues who were left without their usual team.

"Initially the biggest challenge we faced was procuring face masks and PPE until the national guideline was set. As an INMO rep, many staff members raised concerns with me, especially staff from the Covid-19 ward. I would offer support and advice where possible and mostly advised people to inform themselves, practise the WHO guidelines and trust their own nursing capabilities.

"Nurses and midwives feeling safe at work is extremely important. Supporting staff, getting issues resolved and seeing my colleagues less anxious keeps me going in all of this. I have an excellent working relationship with my colleagues, and they are my motivation.

"My family worry about me, especially when I had to self-isolate. As a frontline worker, they know I'm at risk and that's distressing for them. They contact me every day asking: 'How are you, how are you feeling?' I have to smile as it's so sweet and I reassure them that I'm taking all the necessary safety measures.

"As my family are in the Philippines, I try to video call them as often as possible. After all, seeing is believing so when they see me fit and healthy it makes such a difference.

"Sometimes at the end of my shift I go home feeling worried for some of my patients, wondering if they'll develop symptoms. Other times I feel so grateful that my shift is over and that everyone is safe and well.

"It's a mix of feelings but as the weeks go on, I'm learning to leave my work at work, even though it's a hard thing to do when caring is at the heart of what you do."

o show the courage to care

'Our nursing roles will not be the same as before'

Marie Wade, acting CNM2, non-Covid-19 medical emergency department, Our Lady's Hospital Navan

"IN AN event like a pandemic you don't have a preview, so you need to be able to adapt and you need to able to function outside your comfort zone. My most valuable nursing skill over the past few months has been the ability to advocate for both staff and patients to ensure all decisions are made with staff input. This has ensured the highest possible level of patient care.

"There was a lot of guidance and support from the INMO when there were concerns over PPE. We were getting so much information at hospital level so getting advice from another source was extremely useful. There are certain questions you don't want to ask in work that you can contact the INMO about, so I definitely feel supported.

"I'm concerned about overcrowding returning, particularly with the social distancing guidelines that are currently in place. Before Covid-19, the emergency department door didn't close and patients arrived and waited. But when you have a distancing capacity it's very difficult to control an emergency department environment. We're starting to see this already as people are returning and other services are starting to open. The numbers are increasing and it won't be long until waiting rooms are reaching capacity.

"I think things will have to change after this crisis. Healthcare is evolving all the time and I think this pandemic is ultimately going to reshape the future of our health system. We should return to a more stable, better-functioning healthcare environment. I don't know when that will be, but I know our nursing roles will not be the same as they were before."

'I love being a nurse and I feel extremely proud'

Linju Kizhakkeyil Skaria, staff nurse, St Vincent's University Hospital, Dublin

"OUR hospital is now Covid-free but for three months I was working on a Covid-19 ward and it was a very strange and difficult time.

"I've been a nurse for eight years and I haven't encountered a situation as stressful as this. At the start I used to go home thinking about coming into work the following day, but slowly that settled and I got myself into a routine and felt more confident in the measures I was taking to protect myself and my family. The infection control team in our hospital have been incredible, and they have given us confidence in our work practices. Our manager takes very good care of ensuring we get the necessary supports and breaks. My team shares the workload, and no one person is physically or mentally drained.

"If I was to go back to when this started, I would remind myself not to be so tense. Initially, I didn't want to stay with my family as I feared for my young daughter, but I took the time to educate myself and figure out my clean routine so that I would be more comfortable and confident about going home. Now I'm proud that I didn't give in to the panic.

"My family respect what I do, and they know I'm a professional and that I protect myself. Most of my family are back home in India and they are concerned for me. They call me every day but they don't always reach me between back-to-back shifts and the time difference. That is hard for them and sometimes they worry more because of it.

"The biggest challenge for me was working on a Covid-19 ward where there were two areas: one for query cases and one for positive cases. It was very hard when patients on the query side were told they were being moved to the positive side. The look of fear in their eyes was so hard to see and then they couldn't even see our faces properly, so it was harder for us to help them deal with the fear and anxiety.

"Before I just felt like a nurse, but since Covid-19 I've really realised my value as a frontline worker and contributor. Being described as a 'hero' was a moment of pride for me. There's such satisfaction in knowing you're appreciated, and it keeps you going. Even at the end of a day a word of thanks from the patients and their family members has such a positive impact. I've also learned what a positive person I am and that has given me the strength and energy I need to keep going.

"I love being a nurse and I feel extremely proud. I give my full heart and dedication to my work and I have complete satisfaction at the end of my working day".

'The routine way of doing this has had to change'

Mary Gorman, assistant director of midwifery, Our Lady of Lourdes Hospital, Drogheda

"THE pace of change is the one thing that I've found challenging. Huge changes have been implemented very quickly and we've tried to introduce them safely while maintaining quality care in maternity services.

"We've introduced virtual working where possible and most of the patient history-taking is now done over the phone. We've also sped up the opening of our maternity day unit so fewer women have to come in as inpatients. We're in the process of setting up early transfer home to give postnatal women additional support in the community. We are also providing antenatal education by videos on our Facebook page, so we are continuing to educate and support women via social media.

"What drives me to keeping going is trying to give the best experience possible, to women, to their babies and to their families. I'm also driven by the fantastic staff here on the unit. We have had challenges in relation to staffing in the unit and staff have been fantastic. They have been redeployed, they have changed shifts, worked extra shifts and supported their colleagues. This period has brought people together and there's a real sense of camaraderie.

"At the end of the day I feel exhausted, but I do feel positive that things are improving. I see a lot of positives in maternity and in the different approaches we've taken in line with the maternity strategy and Sláintecare.

"I changed role to assistant director of midwifery in the middle of the crisis and I've learned that you have to think on your feet and in a different way.

"This is not like anything we've seen before, so you have to think differently and the routine way of doing things has had to change. I have a different outlook now and we've found more innovative ways of doing

things and I'm inspired by that every day.

"If I was to go back to February, I still couldn't imagine the scale of what came. We were preparing for it, but it was still a huge shock. The one thing that has been central to all of this is people and how fantastic they've been, whether in the hospital or in the community, people have really worked hard to keep the infection rates low. When people work together the collective power is incredible."

'My love of the job is what keeps me going'

Patricia Greville, director of nursing, St Joseph's Nursing Unit and Beauford House Community Health Unit, Meath

"DURING this period I've learned how resilient I am. Initially I went into panic mode, but I found that with the support of a great team we tackled it head on. I realise how valuable communication is and it's important to motivate everyone to work together. We've managed really well so far.

"As a director of nursing managing two care centres, I've learned how important it is to encourage staff – it keeps us motivated. Acknowledging hard work is so important. Both centres are currently Covid-19-free and I am so proud of that. To get this far is a testament to us all.

"If I could go back to February and redo anything it would be the PPE training and education around infection control. Although I'm proud of how prepared we were and are, I'd like to have been a little more ahead of that. All staff have the mandatory training, but refreshers are always beneficial.

"Staff panicking and the fear of getting Covid-19 are major challenges. We always err on the side of caution with staff and residents, and take the necessary steps to ensure safety is our main priority. Trying to keep staff and the atmosphere in both centres calm is so important; otherwise you have chaos.

"My love of the job is what keeps me going. The residents are part of my family and I have a love for the ageing population. I love their wealth of knowledge, stories and humour. I'm also responsible for them and I am responsible for staff too. Everybody comes to me. I'm proud to work with a great team and I consider them all friends. We keep each other going and that's the way a team works.

My family worry for me and my own children ask: 'Mam, should you be going into work?' I am responsible for my own health and I know what I have to do to keep safe at work. They see that I've got this far without anything happening to me so that's reassuring for them. People have also started to accept Covid-19 and it's becoming a part of life.

"The generosity of the public and the HSE has been amazing. We've got new tablets and smartphones for both centres. It's been brilliant because we are now able to make calls and keep residents in touch with their families. They are not feeling lonely or isolated because of that contact. We were also able to invest in a few stereo systems so residents don't have to listen to all the negative news. The staff put on CDs and the atmosphere is upbeat and positive and it reflects in the residents.

"Apart from feeling exhausted at the end of the day, I feel joyous. I say to myself and my team: 'There's another day done, and we are Covid-free'. That's a huge achievement and I say the same when we get to end of every week. It takes every one of us to do this. It's the hard work put in by everyone, from the receptionist to admin, stores, catering and cleaning. If we didn't have all teams pulling their weight it just wouldn't work. It's a credit to us all."

'I keep reminding staff of how far we've come'

Helen Farrelly, CNM1, St Michael's House, Dublin

"OVER the past few months I've learned that I'm able to cope with very stressful situations in a productive way. Pre-Covid-19 I was a CNM1 of a large day service. In my 18 years working at St Michael's House I've always worked in day services, but once the pandemic hit I was placed on a redeployment team for two weeks and was then asked to be a CNM1 in a residential house.

"Going into an environment that I had never worked in before with a brand-new bunch of people and residents with complex medical needs was a major challenge at first.

"Initially I feared how things would pan out, but I should have trusted myself more. If I was to go back to February and tell myself one thing it would be: 'You'll get through this and you'll manage it to a really high standard'.

"Supporting family members and reassuring them was difficult, especially during the time when we had two confirmed positive cases.

"Understandably family members found it a distressing time, but myself and the team worked hard to reassure them that we had an incredible infection control team working very hard to give advice and guidance in order to keep residents and staff safe. In fact, I keep reminding staff about how far we've come since March when we had two cases. We have none currently and we're doing a great job.

"My family and friends know I protect myself at work and follow all the procedures. My 19-year-old daughter is a fantastic support. I came home one day and she had ordered me a brand-new pair of Nike runners with a little note saying: 'Just a small present for all the hard work you've been doing over the past few weeks'. That gave me such a boost.

"I still have another team from my day service that I try to link in with once a week – I can't just forget about them. People can't wait to be reunited with their

own teams. It has been a very unsettling time.

"Getting to the end of the day and looking forward to going home and winding down is what keeps me going. I've learned over the years to mind myself, as nursing can often be very stressful. I'm really conscious of my own self-care, particularly when working with the stresses of Covid-19."

'We have to care for ourselves in order to care for others'

Roisín Lynch, staff nurse, outpatients department, Cavan General Hospital

"THINGS are moving slower than usual, and there's also concern among people who need to be seen urgently but are too afraid to come in for appointments. We are doing our best to encourage people and reassure them that the hospital is safe, and that our infection control practice is excellent.

"For outpatient appointments we are asking patients to wait in their cars, and we phone them when we're ready to see them and carry out temperature checks on arrival.

"As part of my degree programme when I was training, we rotated between three hospitals and I got great exposure to different environments. That's been really valuable during this period, because it gave me such a broad view of nursing. It also taught me how to adapt quickly, which has really stood to me, and I was very lucky to have a six-week stint in ICU learning about critical care.

"As an INMO representative and branch secretary, it's so important for my colleagues that I'm informed and up to date. I'm their link to the union and hopefully a source of answers when they have concerns.

"However, my INMO industrial relations officer has always been on hand to give support and advice, and that has been hugely reassuring for me. If I don't have the answer it's great that I can rely on someone who does.

"Communication between patients, staff and family members is so difficult, but we've been able to use Facetime to contact family members, which has been wonderful. You immediately see the positive impact on patients. It's reassuring for people at home and it makes the patients happier.

"We did one video call between an older patient and her husband, who had never spent a night apart before. That one was very emotional.

"We have had mindfulness and de-stressing classes available at our hospital since the start of Covid-19 and many staff are finding it beneficial. Encouraging self-care for oneself and others is integral in managing stress during this period. We have to care for ourselves in order to care for others."

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Mental health information and advice...

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Jigsaw, registered charity in Ireland.
Registered charity number 20064846. Charity revenue number CHY 17439.

INMO EDUCATION PROGRAMMES

INMO Professional

Continuing professional development for nurses and midwives

INMO cancels/ postpones training due to Covid-19 – latest updates

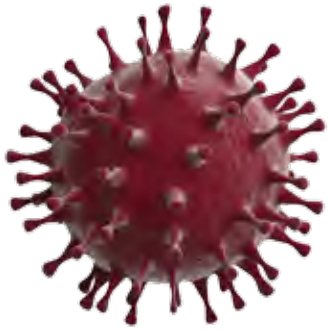
Training Delivery and Evaluation – *now rescheduled*

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

Two training modules due to commence in September are now rescheduled.
All participants who were due to commence these modules have been contacted and offered a full refund or alternative dates commencing March 2021. We hope to have more dates available shortly, if you would like your name to be put on a waiting list for the next available programme please email marian.godley@inmo.ie and we will notify you as soon as they come available.

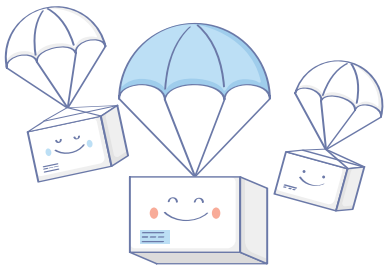
Programmes Cancelled or postponed

Please note:



All courses, events and study days up to the end of August are now cancelled or postponed to a later date. However, we will continue to monitor developments and provide regular updates on our website. If a date has to be cancelled, staff will make contact with everyone booked on the event by email to advise them of alternative arrangements. If you need to contact us please email: education@inmo.ie or call 01 6640641/18

On-site Education



In these unprecedented times we would like to let you know that INMO Professional is here to support you. If you would like to discuss or provisionally book any on-site training please call Marian Godley, course co-ordinator at Tel: 01 6640642 or email marian.godley@inmo.ie

Our on-site programmes feature the same high-quality content you have come to expect from us. We will continue to monitor the ongoing situation and we very much hope that we can return to classroom training soon which of course is subject to public health advice.

Steve Pitman
Head of Education and Professional Development

THE current reduction in Covid-19 cases offers some respite for nurses and midwives to regroup, reflect and prepare. Nurses and midwives are adept at reflecting on practice, which allows us to take account of the experience of the past few months and prepare for the future. One of the fundamental aspects of reflection is learning and, from this insight, to take action to adapt and change. This will ensure we are ready for the potential second surge.

Professional

The NMBI has been working on a new self-service online system for registration (formerly referred to as the 'Nightingale System'). The launch of this system is scheduled for September 2020. It is important to note that this new system will be the portal for payment of the annual retention fee for 2021, and there will be a requirement for each nurse to update their details. Advance notification will be sent to each nurse/midwife with information guides for using the system.

In June the NMBI carried out a public consultation on proposed amendments to the nurses and midwives rules (closing July 5, 2020). Public consultation on the Code of Professional Conduct and Ethics is expected to take place over the summer. Note the INMO responds to all NMBI public consultations on behalf of its members. Further information is available at **www.nmbi.ie**

Education and training courses

INMO Professional education and training courses continue to be curtailed due to the Covid-19 crisis. We will recommence courses based on public health advice and the lifting of restrictions. It is anticipated that courses will become available in the autumn, subject to social distancing requirements.

To assist members, we have developed several short videos relating to wellness and wellbeing in the care of the older person setting. The recordings from presentations made at the recent care of the older person webinar are available online at **www.inmoprofessional.ie**

Webinars

Other resources are currently being developed and will be available on the INMO Professional website. Several webinars have also been scheduled, including the recent Pride 2020 celebration. The INMO and LGBT Ireland webinar focused on the experience of members of the LGBT+ community in healthcare. The two key areas covered were the care of older LGBT+ people and the experience of prenatal and postnatal care. The webinar was a demonstration of the INMO's commitment to supporting and standing in solidarity with its LGBT+ members and the broader community.

Other webinars planned include an examination of the impact of Covid-19 on black, Asian and minority ethnic (BAME) nurses, midwives and others (this event was due to take place on July 1 but has been postponed to a later date in July, pending the availability of the speaker), and an exploration of the psychological effects of the pandemic on nurses and midwives. Information about these webinars will be available at **www.inmo.ie** and on INMO social media channels.

Planning is also underway to host INMO Section conferences online in the autumn. The INMO RNID Section conference will be delivered as a three-hour webinar on September 15, 2020. In addition, the All Ireland Midwifery Conference in November will also be held online. Further information about courses and conferences are available on *page 14* and at **www.inmoprofessional.ie**

INMO sections have seen a significant increase in activity and participation over the past few months. All section meetings are now hosted online, enabling greater access from across the country.

If you are interested in attending and becoming active in one of the INMO sections, please contact section development officer Jean Carroll at jean.caroll@inmo.ie

RCM resources available to INMO members

Don't forget to sign up for free access to the full range of updated RCM professional development resources. If you are a midwife, or a public health nurse, practice nurse or student nurse, and would like to register for free access to the RCM online resources, please visit **www.inmoprofessional.com/RCMAccess**

On-site education

INMO Professional offers an extensive range of on-site quality programmes facilitated by expert practitioners. If you are interested in booking continuing professional development courses for your organisation, please contact course co-ordinator Marian Godley by email: marian.godley@inmo.ie or 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

Education Programmes

All programmes have Category 1 approval from the Nursing and Midwifery Board of Ireland (NMBI) with Continuing Education Units (CEUs).

Venue: INMO Professional,
The Richmond Education and Event Centre,
North Brunswick Street, DO7 TH76
Dublin 7
Tel: 01 664 0618
Email: education@inmo.ie

Check out our new online support resources by logging on to www.inmoprofessional.ie

Date	Programme	Fee	CEUs
Sep 9	**Wound Care Management**	**€90 members; €145 non-members**	**5**
	This programme will allow participants to ensure professional competency in the area of wound care as per the NMBI Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which states that nurses must work within their competence. Furthermore, it will provide participants with the knowledge to ensure that their practice is founded in the latest research and guidance.		
Sep 10	**Introduction to Leadership for Nurses and Midwives**	**€90 members; €145 non-members**	**5.5**
	The aim of this course is to introduce participants to leadership concepts, approaches and skills that can be applied to their managerial and leadership practice. At the end of the course participants should be able to identify and understand key leadership concepts, approaches, understand the role of leadership within the healthcare setting, appreciate the relationship between leadership and management, link leadership concepts with their clinical and managerial practice and reflect on their own preferred leadership approach.		
Sep 15	**Best Practice in Medication Management**	**€90 members; €145 non-members**	**5**
	This programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. It will cover topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. It will explore relevant policy and legislation and will present scenarios in order to illustrate the various principles. Participants will have the opportunity to update their knowledge in line with NMBI and HIQA requirements for medication management.		
Sep 15	**Intravenous Administration of Drugs**	**€90 members; €145 non-members**	**5**
	This course educates participants on how to administer drugs by the intravenous route. It will promote awareness of accountability in undertaking this role. The task of undertaking drug calculations will be outlined and demonstrated. Principles of aseptic technique, giving the patient information on the procedure, gaining consent, and complications that may arise before, during and after the procedure will also be explored. While this course will provide the necessary knowledge and skills to undertake intravenous administration of drugs, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on intravenous administration of drugs in their place of work. Students are required of have undertaken a course in the management of anaphylaxis.		
Sep 16	**Introduction to Change Management for Nurses and Midwives**	**€90 members; €145 non-members**	**5**
	Upon completion of this programme participants should be able to identify and understand key change management approaches, understand the nature and process of change within the healthcare setting, appreciate the importance of managing stakeholders as part of the change process and apply change concepts with their clinical and managerial practice and reflect on their previous experience of change.		
Sep 16	**Competency-based Interview Skills**	**€90 members; €145 non-members**	**6**
	This programme is designed to assist participants to prepare for a competency-based interview, based on the premise that past experience can predict future behaviour. This is an increasingly common style of interviewing 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 and dealt with previous workplace situations. The programme will provide an overview of CV development and outline the steps in the interview process. Role play will be used to ensure that participants are able to communicate their knowledge and experiences effectively for any future interviews.		

Date	Programme	Fee	CEUs
Sep 17	**Delegation and Clinical Supervision**	**€90 members; €145 non-members**	**5**
	This programme is aimed at all nurses, midwives and clinical nurse and midwife managers who work with healthcare 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.		
Sep 22	**Strategies for Managing Conflict**	**€90 members; €145 non-members**	**6**
	This programme presents a practical approach for dealing with conflict. Using group work, self-evaluation and case-study based discussion, it will demonstrate the knowledge, skills and confidence needed to intervene at an early stage to resolve conflict situations before they escalate. Real and perceived differences between people can spiral out of control. Conflict is not necessarily destructive; managing conflict effectively may result in positive outcomes such as new ideas and the development of positive communication, active listening and problem-solving skills.		
Sep 23 & 24	**Management in Practice** *(two-day workshop)*	**€230 members; €350 non-members**	**11**
	This programme is a comprehensive and participative workshop developed to improve effectiveness in managing people and processes. The programme is focused on the changing role of management, as well as coaching, motivating and developing participants. It will stimulate participants' thinking and guide them through a review and assessment of how to put managerial skills into practice. Respected well-trained managers boost morale, and improved morale boosts staff retention. The programme will guide nurses and midwives in how best to encourage colleagues to realise their potential so that standards, competency, skills and exceptional care is provided at all times.		
Sep 29	**Mindfulness and Meditation in Holistic Nursing and Midwifery Care**	**€90 members; €145 non-members**	**5.5**
	This programme aims to harness the nurse or midwife's ability to provide holistic care with compassion and to bring positive change in the lives of their patients. Participants will learn techniques for incorporating mindfulness and meditation into their work and daily routine, which will facilitate them to promote stress management and relaxation in their patients. Topics explored during this programme include: the role of mindfulness in holistic care, self-awareness, compassion, holistic communication and the power of stillness of mind.		
Sep 30	**Diabetes management for healthcare professionals**	**€90 members; €145 non-members**	**5**
	The increased prevalence of diabetes presents significant challenges for healthcare planners and providers in terms of resource allocation and appropriately skilled staff. This course aims to prepare nurses/midwives with the theoretical knowledge and clinical skills required to facilitate diabetes care consistent with best practice recommendations and meet care participant expectations.		
Oct 6	**Introduction to Clinical Audit**	**€90 members; €145 non-members**	**5.5**
	This programme equips participants with the necessary skills to implement clinical audit in their practice and enable them to deliver evidence of improved performance for safer and better care. 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. A detailed overview will be given on the characteristics of quality as well as how best to measure and monitor quality in the workplace. There will be a specific emphasis on continuous quality and safety improvement in healthcare.		
Oct 13	**Management Skills for Clinical Nurse Managers and Staff Nurses**	**€90 members; €145 non-members**	**6**
	This programme outlines the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. Clinical managers perform both managerial and leadership functions in order to provide effective healthcare delivery to patients. The programme will explore both management and leadership functions and how these are applied in practice to promote quality and safety of care. Key topics covered include: management principles and competencies, team building, delegation and clinical supervision. Participants will gain effective management competencies that can be applied in the workplace to promote quality and safety in healthcare delivery		
Oct 13	**Epilepsy – its Presentation and Management**	**€90 members; €145 non-members**	**6**
	This education programme will educate participants on the presentation and management of people with epilepsy. The course will cover topics such as awareness of the nurse/midwife's accountability, understanding of epilepsy, patient safety, pharmaceutical and non-pharmaceutical interventions, lifestyle changes and specific issues for women with epilepsy and people with epilepsy and intellectual disability. Epilepsy is a chronic disease that affects 1% of the population and can be associated with significant physical and psychosocial sequelae. 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. This course will provide a foundation on which to build increasing knowledge of epilepsy and care of the patient.		

Date	Programme	Fee	CEUs
Oct 14	**Academic Writing and Research Appraisal Simplified**	**€90 members; €145 non-members**	**5.5**
	This programme will introduce participants to skills that are essential when completing academic studies. It will explore evidence-based practice, which provides nurses and midwives with a method to use critically appraised and scientifically proven evidence, thus ensuring that practice is based on the most up-to-date appraised evidence. An overview will be provided on information resources, such as journals and databases. Guidance will be provided on methods for critically appraising both qualitative and quantitative studies. Skills for incorporating analysis and critique in written assignments will also be illustrated and various referencing styles will be presented and demonstrated.		
Oct 15	**Incident Reporting and Investigation in Residential Care Facilities for Older People**	**€90 members; €145 non-members**	**6.5**
	This programme enables participants to implement an effective system of incident reporting and investigation. Participants will be shown how to complete accurate incident reports and investigations using tools such as the 5 Whys and Root Cause Analysis. The programme will also cover how to analyse incidents on a scheduled basis as part of a continuous improvement approach. Professional and legal requirements for incident reporting and investigation based on regulations and best practice guidance will be outlined in detail.		
Oct 19	**Caring for Patients with Renal Impairment**	**€90 members; €145 non-members**	**7**
	This programme focuses on developing competency in the assessment and management of patients with impaired renal function. The course will assist nurses in implementing evidence-based practice while caring for these patients. Common causes of acute kidney injury and chronic renal failure are sepsis, diabetes and hypertension, all of which are prevalent in the acute, older person and community patient populations.		
Oct 21	**Decision Making and the Use of Restrictive Practice in Residential Care Settings for Older People**	**€90 members; €145 non-members**	**6**
	This programme outlines the requirements of the national policy, national standards and professional requirements for the use of restraint in residential care settings for older people. Against this backdrop, the workshop outlines the decision-making process for consideration of the use of restraint as a therapeutic intervention for individual residents. Older people have the right to live as independently as possible without unnecessary restriction. Nurses often struggle to balance residents' rights to autonomy and liberty with the need to ensure the health and safety of their residents. This study day encourages participants to take a positive and proactive approach in reducing and eliminating the use of restrictive practices in their residential care facility. It also explores the use of alternatives and encourages participants to take a person centred rather than blanket approach to the use of appropriate alternatives.		
Oct 22	**Nursing and Midwifery Documentation**	**€90 members; €145 non-members**	**5**
	This programme will explore a wide range of topics pertinent to documentation, such as accountability and duty of care, and will offer guidance on best practice in documentation. The programme will illustrate the importance of documentation as a basis for assessment, planning and evaluation of care, and its role as credible evidence in the event of legal proceedings. There will also be a practical session where participants will be given the opportunity to apply what they have learned by working through some examples.		
Oct 22	**Pressure Ulcer Prevention and Management**	**€90 members; €145 non-members**	**5.5**
	This programme broadens participants' knowledge and understanding of pressure ulcer assessment and management, and ensures professional competency in pressure ulcer care. Topics covered include assessment and classification of pressure ulcers, causes and pathophysiology of pressure ulcers, nursing management and dressing selection. The programme will provide participants with an opportunity for continuing professional development to ensure that their practice is founded on the latest research and guidance.		
Oct 23	**Management of Adult Patients with Tracheostomy**	**€90 members; €145 non-members**	**6**
	Participants will be given the necessary knowledge, skills and confidence to assess, manage and evaluate the nursing care of a patient with tracheostomy, including the indications, advantages and disadvantages of tracheostomies. An overview will be given on both surgical tracheostomy and percutaneous dilatational tracheostomy, as well as types of tracheostomy tubes. Topics also covered include tube security, tube changing, suction therapy, humidification, wound care, swallowing, decannulation and management of complications and emergency care.		
Nov 4	**Understanding and Managing Burnout**	**€90 members; €145 non-members**	**5**
	This new programme is designed especially for nurses and midwives to explore the nature of burnout and work engagement. Maslach (2011) argues that the prevention of burnout can be achieved by focusing on engagement, organisational assessment and the early detection of burnout. The key focus of the programme will be on the causes, definitions, measurement and interventions that can help create a more positive, fulfilling and engaging workplace. It also aims to introduce participants to the key concepts related to burnout and work engagement and for participants to develop an understanding of approaches to promoting engagement and creating a more fulfilling workplace. The aim of this workshop is to introduce nurses and midwives to key concepts related to burnout and work engagement and for participants to also develop an understanding of approaches to promoting engagement and creating a more fulfilling workplace.		

Education programmes coming to our Cork office

Date	Programme	Fee	CEUs
Oct 6	**Wound Care Management**	**€90 members; €145 non-members**	**5**
	This programme will allow participants to ensure professional competency in the area of wound care as per the NMBI Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which states that nurses must work within their competence. Furthermore, it will provide participants with the knowledge to ensure that their practice is founded in the latest research and guidance.		
Oct 7	**Phlebotomy**	**€90 members; €145 non-members**	**4**
	This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover: sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining their consent. While this course will provide the necessary skills to undertake phlebotomy, it will be necessary for each participant to ensure they abide by their workplace policy on phlebotomy and hold an up-to-date hand hygiene training certificate (within the last two years).		
Oct 20	**Management Skills for Clinical Nurse Managers and Staff Nurses**	**€90 members; €145 non-members**	**6**
	This programme outlines the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. Clinical managers perform both managerial and leadership functions in order to provide effective healthcare delivery to patients. The programme will explore both management and leadership functions and how these are applied in practice so as to promote quality and safety of care. Key topics covered include: management principles and competencies, team building, delegation and clinical supervision. Participants will gain effective management competencies that can be applied in the workplace to promote quality and safety in healthcare delivery.		
Nov 3	**Best Practice in Medication Management**	**€90 members; €145 non-members**	**5**
	This programme supports participants in providing safe, evidence-based practice in medication management. It will cover topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. It will also explore relevant policy and legislation and will present scenarios in order to illustrate the various principles. Participants will have the opportunity to update their knowledge in line with the most up-to-date NMBI and HIQA requirements for medication management.		

Contact us

Do you want to know more about any of our programmes listed above?
Please get in touch by email: education@inmo.ie or Tel: 01 6640618
All programmes can be booked online at: **www.inmoprofessional.ie**

Online resources

You can also view our online Covid-19 advice and support videos, including: Covid-19 in the care of the older person, debriefing and wellbeing, mindfulness during Covid-19, checklist for Covid-19, HIQA inspections in care of the older person setting and yoga, breathing and relaxation exercises

Checklist for Covid-19 HIQA Inspections

Online resources for members in a care of the older person setting

The Health Information and Quality Authority (HIQA) recently published the Regulatory Assessment Framework of the preparedness of designated centres for older people for a Covid-19 outbreak. INMO Professional has developed three videos which we hope will be of benefit to members. They provide an overview of the proposed inspection process, suggested documentary evidence to have ready for inspectors as well as key elements of contingency planning. These videos can be viewed at **www.inmoprofessional.ie** INMO Professional remains committed in doing everything we can to support you through this difficult time and we wish you well. If you have any queries, do not hesitate to contact us at education@inmo.ie

INMO Professional Cornmarket

Retirement Planning Webinar

Wednesday, 2 September 2020

(please note 8 July is now fully booked)

Online from10am - 11.15am

Unfortunately due to COVID-19 and the need for social distancing all retirement seminars have been cancelled. INMO Professional in partnership with Cornmarket Financial Services have developed an online webinar to help support members planning for retirement.

Places must be booked in advance to join this webinar. Following registration you will then receive instructions on how to join so you can save the date and time in your diary and join us on the day. These sessions will briefly cover the following:

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

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

BOOKING YOUR PLACE IS ESSENTIAL

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

Book online at www.inmoprofessional.ie or Call 01 6640618/41.

FREE for INMO members; €20 for non members.

Focus on recent literature

This month the library team brings you a selection of articles and reports covering a broad range of topics, including stroke care, heart surgery, communication and catheter care

Covid-19 articles

Patient Isolation

- Denton A et al. A guide to patient isolation and transmission based precautions. *Nursing Times* 2020. 116 (5): 28-30

Ethnicity

- Public Health England (2020) Disparities in the risk and outcomes of Covid-19
- Singh I et al. Time for a culture change: understanding and reducing risk, morbidity and mortality from Covid-19 in those of black and minority ethnicity. *British Journal of Hospital Medicine* 2020. doi.org/10.12968/hmed.2020.0241

Student nurses

- Swift A et al. Covid-19 and student nurses: A view from England. *Journal of Clinical Nursing* 2020. doi.org/10.1111/jocn.15298

Nurses' experience

- Fernandez R. Implications for Covid-19: a systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic. *International Journal of Nursing Studies* 2020. doi.org/10.1016/j.ijnurstu.2020.103637

Recent Irish literature

ANP

- Kerr L et al. The journey from nurse to advanced nurse practitioner: applying concepts of role transitioning. *British Journal of Nursing* 2020 29(10): 561-565

Heart surgery

- Kiely N et al. Epicardial pacing wires after cardiac surgery: an Irish cross-sectional study. *British Journal of Nursing* 2020. 29(8): 476-480

Midwifery

- Cowman T et al. Back to the future: midwives' experiences of undertaking a return to midwifery practice programme. *British Journal of Midwifery* 2020. 28(4): 234-241

International literature

Nursing workforce

- Wills J et al. The health of the nursing workforce. A survey of National Nurse Associations. *International Nursing Review* 2020. doi.org/10.1111/inr.12586

Communication

- Healthcare Teams: General Principles of Communication – Joanna Briggs Institute Evidence Summary PICO Question: What is the best available evidence regarding the general principles of communication in healthcare teams?

Catheter care

- Long-term Catheter: Management and Care Joanna Briggs Institute Evidence Summary - PICO Question: What is the best available evidence regarding the care and management of long-term urinary catheters?

End-of-life care

- End-of-Life Care: Nursing Assessment. Joanna Briggs Institute Evidence Summary - PICO Question: What is the best available evidence regarding nursing assessment (specifically of common symptoms including dyspnea, pain, anxiety, agitation and airway secretions) of adult patients receiving end-of-life care in an acute hospital setting

Continuing professional development (CPD) articles

Aseptic technique

- Denton A, et al. Principles of asepsis 1: the rationale for using aseptic technique. *Nursing Times* 2020. 116 (5): 40-42

Stroke

- Clare SC. Role of the nurse in acute stroke care. *Nursing Standard* 2020. 35 (4): 75-82

Leadership

- Collins E, et al. Applying transformational leadership in nursing practice. *Nursing Standard* 2019. doi: 10.7748/ns.2019.e11408

Child health

- Davies K et al. Biological basis of child health 1: understanding the cell and genetics. *Nursing Children and Young People* 2020. doi: 10.7748/ncyp.2020.e1047
- Crawford D et al. Biological basis of child health 2: introduction to fertilisation, prenatal development and birth. *Nursing Children and Young People* 2020. doi: 10.7748/ncyp.2020.e1247

Sexual health and ageing

- White I, et al. Sexual health and well-being in later life. *Nursing Older People* 2020. doi: 10.7748/nop.2020.e1227

Primary care

- Reynolds S. How to support nursing students to develop community care planning skills. *Primary Health Care* 2020. doi: 10.7748/phc.2020.e1601

Library assistance

The library is open to members with research and search queries. If any member requires assistance, please contact library@inmo.ie or Tel: 01 6640614/625. The library can provide remote training if required. Open Monday-Thursday, 8.30am-5pm and Friday, 8.30am-4.30pm.

Getting the most from your library: Advanced Library Searching Techniques

Next course dates: Thursday, August 13, 2020

Venue: The Richmond Education and Event Centre, North Brunswick Street, Dublin 7

Fee: €90 INMO members; €145 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.

Spotlight on: Ailish Byrne

'Respect and dignity for the ID service user is so important'

AILISH Byrne is a senior staff nurse in the Muiriosa Foundation in Co Laois, which is a respite service for people with intellectual disabilities. She is the chairperson of the INMO ID Nurses Section and a long-term advocate for the profession. She told *WIN* that ID nurses are quite unique in that they the only professionals educated specifically in the field of intellectual disability. The Registered Nurse in Intellectual Disability (RNID) programme is available in the UK and Ireland, but Ailish would love to see it taken up by other countries.

"It's really important that people with intellectual disabilities have access to ID services throughout their lives. That's not always the case but I hope that it will become a reality. As an ID nurse, you are working with a group of people who are marginalised. We must work that bit harder for their rights and their healthcare needs. I'd love to see ID nursing across the world. Respect and dignity for the individual is so important," she said.

As a teenager Ailish decided she wanted to be a nurse. She had some experience in a local hospital as a care assistant while she was in school. Watching the nurses intrigued her and she had an innate desire to assist people in need. After Ailish applied to train as a nurse the director of nursing at Moore Abbey, a clever and progressive woman called Sr Carmel, suggested she try intellectual disability nursing.

That year, 1988, the pre-nursing year had been dropped so Ailish was able to go straight into her training at Moore Abbey. She loved it, but a few years later in 1995 she decided to undertake post-graduate training in general nursing. Ms Byrne explains why she decided to take a break from the ID sector.

"ID nursing had lost its focus. The service provision was moving away from the medical model to the social model and I felt a bit lost. I decided to try something different and did general nursing for a few years in Tralee (now Kerry General Hospital).

"As ID nurses' our unrivalled ability to communicate with patients was noticed while we were studying general nursing. We had developed excellent communication skills from dealing with non-verbal patients and patients with complex needs. Working as a general nurse rounded me as a professional," she said.

Ms Byrne went back to ID nursing after she got married. At this point she had already become active with the INMO with the support of her colleague Mary McCormack who she worked with in University Hospital Waterford.

When Ms Byrne moved back into the ID sector she felt it needed greater representation. She built up a relationship with the INMO industrial relations officer in her area and took part in rep training. She started to attend her local Port Laois Branch meetings and found them very welcoming, but she was sometimes the only ID nurse there.

Another local activist, a palliative care nurse called May Murphy, took her under her wing and encouraged her to use the union structures to represent her sector and her colleagues. She then got involved with the INMO's ID Section and eventually became its chairperson.

Ms Byrne recently contracted Covid-19 and told *WIN* about the benefits of being in the INMO during such a difficult time.

"Being involved in the Section is a great place to learn and to pursue issues. When I became chairperson, I developed strong relationships with the committee members. We all confer with each other. We gave each other huge support in the lead up to the Covid-19 pandemic. When I had Covid-19, the Section and the union were so good to me. It was a time in my career that I was never so glad to be in a union. I was able to highlight issues, such as the lack of contact tracing in the community, through the INMO."

Ms Byrne also stressed the importance of having the INMO's voice at the table during policy formation and negotiation. She is proud to represent the ID sector on the Executive Council. She believes that ensuring there are more nurses in leadership roles is key to transforming health. As nurses make up a huge part of the work force, she feels there is an evident need for more nurse leaders within that work force.

Ailish Byrne: "For nursing to be effective we have to be empowered to lead."

"Covid-19 has really shown the world what nurses can do. The teams within nursing put their shoulders to the wheel. Nurses need equal footing with other healthcare professionals if we are to take on leadership roles. Our knowledge Must be brought to the table; we are a crucial link in the healthcare chain.

"For nursing to be effective we have to be empowered to lead. This means greater investment and a sustainable service. We are a predominantly female workforce which has us on the back foot in terms of having a voice at the policy table. We are looked upon as the 'doers' and 'carers'. The knowledge underpinning our practice, combined with first-hand patient experience, is the key ingredient and should play a crucial role in health policy .

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***

INMO Professional

RCM i-learn

THE ROYAL COLLEGE OF MIDWIVES

Peripartum pelvic floor muscle exercises

RCM i-learn has recently updated its module on supporting women in their pelvic floor health before, during and after pregnancy

PROBLEMS associated with the pelvic floor are extremely common. Women who undertake pelvic floor muscle exercises throughout life often prevent or reduce the severity of these problems. Sometimes, however, women will need referral to specialist physiotherapists working in obstetrics and gynaecology and pelvic health.

A strong, healthy pelvic floor is responsible for maintaining bladder and bowel continence, supporting the pelvic organs, assisting in pelvic joint stability and improving sexual function.

Peripartum pelvic floor muscle exercise (PFME)

This module has been developed to support midwives in delivering pelvic floor muscle exercises more confidently to women during pregnancy and after childbirth. The overall aims of this module are to bring you up to date with all the evidence, to highlight the central role that midwives play in preventing continence problems, and to emphasise the pathways available to women with significant continence problems.

Specifically, the module aims to enhance understanding of pelvic floor care during the peripartum period to help prevent incontinence and pelvic organ prolapse and increase knowledge and skills to teach PFME. This is set out in four sections. The first provides an introduction and background, followed by a refresher of anatomy, physiology and function. The final two sections look specifically at the antenatal and postnatal period. This module will take approximately an hour and a half to complete.

Key points

There are a number of risk factors that increase the risk of pelvic floor injury:

- Pregnancy
- Assisted delivery, particularly forceps
- ≥ 4kg baby weight
- Increasing multiparity
- Extended second stage of labour
- Previous pelvic floor trauma due to childbirth or a history of sexual assault
- Obesity/excess weight gain in pregnancy
- Chronic constipation due to repeated straining to empty the bowels.

Antenatal period

This section of the module enables participants to think about how they would like to incorporate pelvic floor muscle exercise awareness and exercises into individual care plans. The objectives are:

- To increase knowledge as to how a programme of PFME can be effective in pregnancy
- To understand a variety of approaches for incorporating support to women who may have problems with their pelvic floor muscles
- To develop your own strategy for teaching PFME.

Postnatal period

This section builds on the suggestions and recommendations in the antenatal section, offering participants the opportunity to consider how they will support women's pelvic floor health postnatally.

There is also guidance as to when one should refer to specialist physiotherapists for pelvic floor assessment and treatment.

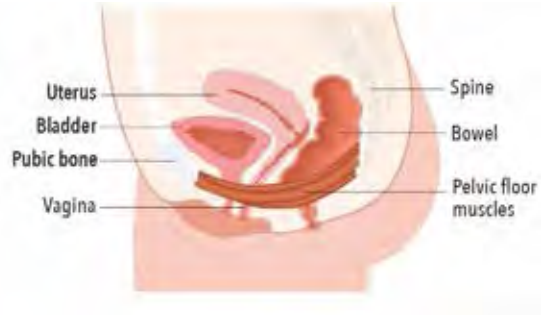
Following childbirth, women who have had urinary incontinence beforehand may continue to have it. Some women develop urinary incontinence, faecal incontinence or a prolapse. Any of these symptoms can be devastating and it is important that women realise they are not a 'normal' consequence of childbirth and that they should seek help.

The objectives here are:

- To increase knowledge of the common problems of the pelvic floor that follow pregnancy and childbirth
- To understand how a programme of PFME can be effective in the postnatal period
- To be able to identify appropriate referral pathways.

PFME programme and advice

The aim of a programme of PFME is to reduce the likelihood of problems in the short term. PFME training helps to counteract and protect against the increased pressure and weight on the pelvic floor, as well as helping to compensate for the changes caused by hormones and pregnancy. PFMEs are effective because trained muscle is less prone to injury and easier to retrain if weakened.



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

Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

Query from member

I am working in the public health service and I am currently on maternity leave so receiving my full salary. I would like to avail of paid parental leave. Will I receive my normal salary while on this leave?

Reply

The Parent's Leave and Benefit Act 2019 came into operation with effect from November 1, 2019. It provides that employees who are 'relevant parents' are entitled to two weeks of leave from work for the purposes of enabling them to provide, or assist in the provision of, care to a child within 12 months of the child's birth.

The Act also provides for the payment of parent's benefit from the Department of Employment Affairs and Social Protection to employees who have made the requisite PRSI contributions and satisfy the eligibility criteria for payment. Parent's benefit is €245 a week for two weeks and unlike other forms of leave, such as maternity leave, your employer is not obliged to top up your salary during this leave.

Query from member

I am currently isolating having tested positive for Covid-19 and I am in receipt of special leave with pay. The public holiday in June occurred during my leave; am I entitled to this public holiday in lieu?

Reply

According to circular 034/2020, employees are not entitled to days in lieu of any public/bank holidays that occur while in receipt of special leave with pay for Covid-19.

Query from member

I was advised to self-isolate due to experiencing symptoms of Covid-19 and was in receipt of special leave with pay for Covid-19. I have subsequently been diagnosed as negative for the illness but do not feel well enough to return to work. How long can I receive the special leave with pay?

Reply

If an employee who is self-isolating due to Covid-19 symptoms receives a positive test result, the special leave with pay for Covid-19 will continue to apply, and the period for which special leave may be granted in these circumstances is not limited to 14 days. If the employee receives a negative result, the special leave will cease to apply from that date and if the employee is unfit to return to work due to a non-Covid-19 illness, the normal sick leave scheme and rules will apply for the remainder of the absence.

Know your rights and entitlements

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

Contact Information Officers Catherine Hopkins and Karen McCann at
Tel: 01 664 0610/19
Email: catherine.hopkins@inmo.ie, karen.mccann@inmo.ie
Mon to Thur 8.30am-5pm; Fri 8.30am-4.30pm

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

Quality & Safety

A column by Maureen Flynn

Using the principles of Schwartz Rounds in Team Time sessions

IN THIS month's column we share information on Team Time. Many health service providers in Ireland have introduced Schwartz Rounds and many others are interested in doing so. The HSE National QI Team supports, in collaboration with the Point of Care Foundation, 25 health service providers across Ireland in providing Schwartz Rounds.

Schwartz Rounds

Schwartz Rounds are a structured process for staff to share the emotional impact of their work and focuses on sharing personal stories. The round is open to anyone from any part of an organisation to attend and normally is held at lunch time (or breakfast) in a large meeting room. Regrettably rounds have largely been postponed during COVID-19 because of physical distancing, virtual working and service demands. The need for this valued staff support space is still there. In response to this, the Point of Care Foundation is offering an alternative online approach based on the principles of Schwartz Rounds called 'Team Time'.

Team Time

Team Time is a 30 to 45-minute reflective practice session, open to services who have experience in running Schwartz Rounds. The session is online. It provides a forum for people from a team to discuss the emotional and personal impact of their work, creating mutual support. Team Time aims to offer a reflective space, with a view to:

- Strengthen teams
- Address feelings of isolation and provide a sense of support to counter the current rising pressures
- Help team members to be more compassionate to themselves and each other
- Acknowledge and normalise individuals' feelings
- Potentially reduce individual levels of stress and anxiety.

It is important to note that Team Time is not a replacement for Schwartz Rounds, it has been developed as a response to the unprecedented pressures that have been brought by the COVID-19 crisis.

Table: Team Time versus Swartz Rounds

How is Team Time ***similar*** to Schwartz Rounds?	How is Team Time ***different*** to Schwartz Rounds?
• It brings together multidisciplinary team members from a pathway of care, eg. diabetes • It focuses on the participants emotional and personal impact work • Contains the core features of Schwartz Rounds • It is confidential • Participants can give feedback and thoughts on what they have heard from the storytellers • The session is bounded, and starts and ends on time	• You are not in the room with the other participants as it is online, so you don't see the audience • The audience is limited in size (30 participant's maximum, minimum of eight participants) • The participants are drawn from a specific pathway/ area of a health and social care site, not from across the organisation • Individuals are part of the same team or a clinical/ non-clinical pathway. Fewer storytellers and a shorter timeframe • It focuses on current experiences, not past events

Team Time sessions

Team Time includes two storytellers, two facilitators, an administrator and up to 30 participants. The storytellers will speak for three to four minutes about a recent event, their feelings and the emotional impact that it has had on them. Participants are then given an opportunity to contribute, by asking the administrator for speaking privileges through the chat box. As the whole session is done in a remote manner, participants are known to each other by being from a broad team or pathway of care, so support can be provided afterwards if needed.

Get involved

If your organisation is one that normally runs Schwartz Rounds you could contact a member of the Schwartz Rounds steering group to explore if it might be possible to now introduce Team Time sessions within your area.

If Schwartz Rounds are not yet up and running you might like to contact your manager, to explore if this might be possible. The good news is that the HSE National QI Team are providing support and advice to any service interested in starting Schwartz Rounds and would be delighted to hear from you.

More information

If you would like further information on Schwartz Rounds or Team Time session in Ireland, please contact me at email: maureena.flynn@hse.ie or on our website at: **https://bit.ly/HSESchwartzRounds**

Julian Groves from the Point of Care Foundation has written a blog post on Team Time – you can read it at: **https://bit.ly/2pointofcareCovid**. For more information on Schwartz Rounds and Team Time training sessions you can go to: **www.pointofcarefoundation.org.uk** or email: info@pointofcarefoundation.org.uk

Additional supports

If you are looking for additional support, a dedicated phone line for all healthcare workers is available. It has been set up to give staff and managers information and advice during the coronavirus outbreak. You can contact them at Tel: 1850420420.

Other supports being provided by the HSE include: Guidance for staff on minding your mental health during the Coronavirus outbreak. Free online stress control classes provided by HSE Health and Wellbeing Workplace Health and Wellbeing Unit which includes the Employee Assistance Scheme.

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

Acknowledgements: Thank you to the Schwartz Round community in Ireland and in particular services introducing Team Time Sessions and the Pont of Care Foundation for sharing their experiences

Overcoming bullying in the workplace

All employees, including student interns and new graduates are entitled to respect in the workplace, writes **Catherine O'Connor**

WORKPLACE bullying can occur in many areas and for many reasons. The negative effects of workplace bullying are well-known. They include reduced confidence and performance, lower morale, an increase in stress-related illnesses and absenteeism. It is important for students and new graduates to understand what workplace bullying is, how to recognise it and how to address it if they experience it during their careers.

Policies and legislation

As both internship students and new graduates are employees, it is important to be aware that there are several codes of practice that aim to prevent and address bullying in workplaces. The HSE's Dignity at Work Policy (2009) is based on these and applies to employees working in the public sector. While supernumerary students are not employees, they are still entitled to be treated with dignity and respect while on clinical placement.

Bullying

The Dignity at Work Policy defines workplace bullying as being "repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual's right to dignity at work".

A key part of this definition is that for inappropriate behaviour to be considered bullying, it must be repeated. This means that while an isolated incident of inappropriate behaviour may be an affront to an individual's dignity at work, it is not considered to be bullying if it is a once-off incident. That said, an isolated incident should be addressed at the time. Bullying behaviour is regularly repeated over a period of time and can be carried out by someone in a position of authority, of a lower grade, or of the same grade as the recipient. It may also have a damaging impact on employees who are not directly subjected to the inappropriate behaviour, but who witness it.

Some examples of workplace bullying include – but are not limited to – verbal abuse/insults, showing hostility, eg. through persistent unfriendly contact or exclusion, or humiliation, such as by continually and inappropriately finding fault in an individual's work to belittle the individual rather than attempting to improve performance. It is also worth bearing in mind that fair and constructive criticism of an employee's performance/attendance, or reasonable and essential discipline would not constitute bullying.

What to do

As it can be an upsetting experience, if you think you are being bullied it is important that you seek support from people you trust, such as your friends and family. If you feel you need extra support, remember that INMO members have access to a 24-hour counselling helpline service.

Employees in the public sector also have access to the employee assistance and counselling service. There is also a support contact person appointed in each workplace whose details are available from the HR Department. They can provide information on the policy but cannot act as an advocate or representative for the employee. If you are a student, remember that your college has supports such as link lecturers and student counselling services. There are also supports in clinical placement sites, such as your CPC, preceptor, or line manager.

It is important to try to assess the situation objectively. This can be difficult to do as you may feel angry, upset, or hurt by what is happening, but it is important to establish if there are other factors involved before taking action. Are there other reasons that the behaviour may be upsetting you, such as experiencing increased stress in your personal life? Is there a personality 'clash'? Is the criticism warranted due to work-related performance, or is it unfounded and targeted towards you repeatedly?

As either a student or a new graduate, you can contact me, and I will explain how the policy works in greater detail and advise you as to what your options are in your particular situation. Alleging that someone is bullying you in the workplace is a serious complaint so it is within your interest to keep a written record of the dates, times, and events. This allows you to clearly outline if there is a pattern of repeated inappropriate behaviour which undermines your dignity at work.

It is possible that the person who is behaving inappropriately is not aware of the effects of their behaviour therefore the first step in the policy is to approach the individual directly to have an informal discussion to make them aware and to state that you wish them to stop engaging in this behaviour. If you feel unable to do this, you can request that your manager approaches the person on your behalf.

If the behaviour was intentional and it is not possible to reach a resolution at the local level following an informal discussion, you should contact your INMO industrial relations officer for further advice and representation if required. Further steps to reach a resolution can include mediation or a formal investigation.

All employees are entitled to be treated with dignity and respect. Employers have a responsibility to provide a safe work environment for employees and to deal with any allegations of bullying in an appropriate manner. Addressing workplace bullying at an earlier stage can help prevent the workplace from becoming a toxic environment, and instead promote a culture of mutual respect.

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

Clinically indicated catheter replacement

Peripheral vascular catheters should be replaced only when clinically indicated, not at predetermined intervals, writes **Toney Thomas**

PERIPHERAL vascular catheterisation (PVC), also known as cannulation, is one of the most common invasive clinical procedures undertaken in modern healthcare. Vascular catheterisation involves the aseptic placement of a catheter into a blood vessel, usually into the veins. The common indications for peripheral catheters include intravascular access to administer medications, fluid and electrolyte therapy, as well as for aiding diagnostic procedures.

More than 8,250 cannulations were avoided in one year at a level 4 acute hospital by implementing clinically indicated replacement of PVCs.[1] The cost of cannulation is estimated at €15 per procedure, and this simple evidence-based intervention could save the hospital €123,750 per annum. Nationally, with 1.7 million inpatient and day case discharges, with a conservative estimate of 25% of patients requiring PVC in the delivery of healthcare, and 55% vascular catheter replacement avoidance, implementation of clinically indicated replacement countrywide would equate to an annual saving of €3.5 million for the HSE.[1]

How common is PVC?

A patient's healthcare requirements determine the need for a PVC. In emergency care it is common practice for a PVC to be placed in acutely unwell patients. A recent prevalence survey in Ireland reported that 49% of patients in acute hospitals had a PVC.[1]

What are the risks?

The use of intravascular catheters in patients is associated with a risk of local and systemic infection, with catheter-associated blood stream infection (BSI) being one of the most significant risks. Healthcare workers and patients are also prone to injury from sharps and there is potential for blood-borne virus infection.

The bacterium commonly implicated in vascular catheter-associated BSI is *Staphylococci*, a group of bacteria normally present on the skin. Hospital-acquired *S. aureus* BSI is a national key performance indicator (KPI) for acute hospitals in Ireland. This KPI and other targets for patient safety have placed a renewed focus on optimal management of intravascular devices.

Prevention of catheter-associated BSI

Implement three well-established principles in clinical practice:

- Asepsis on catheter placement and access
- Frequent assessment
- Removal of the device when no longer required.

These principles form the basis of preventing catheter-associated BSI.[1]

Asepsis

PVC must only be performed by competent healthcare workers, and hand and skin asepsis must be practised. Hands must be cleaned using alcohol-based hand cleansing agents or with soap and water. The skin insertion site must be disinfected using alcoholic chlorhexidine 2% (preferred agent in adults). Before accessing the catheter or needle-free access devices such as bungs, hands must be disinfected (hand hygiene moment two), in addition to disinfection of device ports by scrubbing the hub for at least 15 seconds with alcoholic chlorhexidine 2%.

Care bundles

For standardisation of PVC care, visual infusion phlebitis (VIP) score[2] and care bundles are tools that should be routinely employed. The VIP score assigned to a patient necessitates the type of action required, eg. a score of ≥ 2 necessitates removal of the PVC *(see Table)*.

A bundle is a structured way of improving care processes and patient outcomes; it is generally a set of three to five straightforward, evidence-based practices that when performed collectively and reliably have been proven to improve outcomes.[3]

Historically, routine replacement of PVCs was recommended by the US Centers for Disease Control guidelines[4] every 72 to 96 hours. However, a 2010 Cochrane review[5] found no evidence to support routine PVC replacement at 72 to 96 hours and suggested clinically indicated replacement over routine replacement, which was reaffirmed in an updated Cochrane review in 2014.[6] However, practices vary between healthcare providers.

Who places PVCs in patients?

In Ireland, the 2013 Haddington Road Agreement paved the way for the sharing of certain tasks between nursing staff and other medical professionals. PVC and venepuncture were identified as tasks nurses could be trained to perform, allowing them to expand their scope of practice. Nurses who are certified as competent undertake insertion of PVCs. Insertion of a PVC is perceived as a simple and short procedure. However, it is estimated that it takes 20 minutes on average to safely place a peripherally-inserted catheter.[7]

Implementing clinically indicated replacement of PVCs in Ireland

The Cochrane review[5] and evidence-based infection control (epic3) guidelines[8] incorporated in the Irish National Guidelines on prevention of intravascular catheter-related infection,[9] have encouraged healthcare providers to consider shifting from routine replacement of peripheral catheters to clinically indicated replacement.

There are four clinical practice components that form the PVC care bundle that we employ at our hospital:

- That the device is in use, ie. continued need for the cannula
- Absence of inflammation or extravasation
- Dressing is intact
- Disconnected administration set is capped.

The completion of care bundle documentation is a necessary quality component. The practice of hand hygiene as outlined by the World Health Organization's *Five Moments for Hand Hygiene*[10] is promoted as an essential aspect of patient safety and is not included in the care bundle document as a separate item.

Clinically indicated replacement of PVCs was implemented in a level 4 acute

Table: Visual infusion phlebitis (VIP) score

IV site appears healthy	0	No signs of phlebitis • Observe cannula
One of the following signs evident: • Slight pain IV site • Slight redness near IV site	1	Possible first signs of phlebitis • Observe cannula • Check within an hour
Two of the following signs evident: • Pain along the path of the cannula • Erythema • Induration	2	Early stage of phlebitis • Resite cannula
All of the following signs evident: • Pain along the path of the cannula • Erythema • Induration	3	Medium stage of phlebitis: • Resite cannula • Consider treatment
All of the following signs evident: • Pain along the path of the cannula • Erythema • Induration • Palpable venous cord • Pus	4	Advanced stage of phlebitis or the start of thrombophlebitis: • Inform medical team • Assess if blood cultures need to be taken • Resite cannula • Initiate treatment • Complete incident form
All of the following signs evident and extensive: • Pain along the path of the cannula • Erythema • Induration • Palpable venous cord • Pus • Pyrexia • Tissue damage	5	Advanced stage of thrombophlebitis • Inform medical team • Assess if blood cultures need to be taken • Resite cannula • Initiate treatment • Complete incident form

hospital in Dublin in May 2018. The fundamental change was that peripheral catheters were now replaced on clinical indication rather than at 72 hours, provided there was a clinical need and the PVC insertion site was healthy. Clinically indicated replacement is facilitated by assessment at least twice daily and 12 hours apart (ie. at each nursing shift) and documented. In addition the PVC must be assessed on each use for patency and blockage, and to check if the patient is experiencing pain.

The PVC insertion, VIP score assessment and care bundle were all incorporated into a single document for ease of documentation. Focused education sessions and nursing practice co-ordinators assisted in the training of catheter insertion site assessment, VIP scoring and documentation.

Outcome of the intervention

A baseline point prevalence audit was completed before the facility-wide introduction of clinically-indicated PVC replacement, which was followed by a point prevalence audit six months after the intervention using consistent methodology. The care bundle compliance is measured as all or nothing. If all of the care bundle elements are in order it is classified as compliant, or non-compliant if these elements are not in order.

In a post-intervention audit of patients 57.2% (n = 322) had a PVC. In the clinically indicated replacement period the care bundle compliance was almost 100% in comparison to pre-intervention.

During a single episode of inpatient stay, more than one catheter insertion was documented in 149 patients. Overall 495 PVCs were used for 322 patients during the current episode of admission. The duration of PVC in use varied, ranging from one to 15 days. The average device utilisation rate was 3.07 line days per device, based on a cumulative 1,523 line days for 495 PVCs.

Impact on catheter-associated BSI

One year after the introduction of clinically indicated replacement of PVCs, the hospital-acquired *S. aureus* rate of BSI was reduced to 1.166/10,000 bed days used, a noteworthy reduction of 0.16. This reduction is encouraging as it is reflective of the optimal care of vascular access devices during insertion, as well as during after-care.

While hand antisepsis is essential, early intervention by removal of catheter due to pain, redness, phlebitis at insertion site and other clinical indications minimise the potential for catheter-associated BSI. This provides further evidence for the use of clinically indicated replacement of PVCs over routine replacement.

Implications for practice

Following the introduction of clinically indicated replacement of PVCs, we observed that most catheters (85.45%; n = 423) were used for up to five days. In comparison, during the routine replacement phase 83% (n = 203) of PVCs were replaced at 72 hours. By extending the duration of PVC use beyond 72 hours we avoided a significant number of unnecessary cannulations. If we continued with catheter replacement at 72 hours, 728 (100%) PVCs should have been placed on patients we assessed. However, we found only 327 (45%) PVCs were used. Clinically indicated replacement of PVCs facilitated safe and continued use of peripheral catheters that were assessed as healthy, which in turn avoided 401 (55%) cannulations.

By avoiding insertion of a significant proportion of peripheral cannulae, we improved patient comfort by preventing pain associated with skin prick and lowered the risk of infection. In addition, minimising the use of sharps meant that we also reduced the risk of injury to healthcare workers from avoidable exposure to sharps. Our clinical experience provides further proof that replacement of PVCs must be guided by clinical indication rather than replacement at a certain time.

A word of caution

In the absence of frequent and correct assessment of the need for PVC, the catheter insertion site and actions to remove or replace, clinically indicated replacement of PVCs may not yield the desired benefits.

Toney Thomas is assistant director of infection prevention and control at Beaumont Hospital, Dublin

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Wearing your medical mask safely

Medical masks have become a standard precaution measure in healthcare settings. **Shaini Paul Mathew** details how best to use them

WITH the arrival of Covid-19, the Health Protection Surveillance Centre updated its guidance in accordance with the National Public Health Emergency Team (NPHET), which stated that all healthcare workers should wear surgical masks:

- When providing care to patients within two-metre distance, irrespective of Covid-19 situation of the person
- For all encounters with other healthcare professionals when a two-metre distance cannot be maintained.[1]

Therefore, wearing masks has now become the norm in healthcare settings.

Covid-19 is transmitted through contaminated droplets. It is important to understand more about small and large droplets. Large droplets drop to the ground before they evaporate, causing local transmission. However, very small droplets, also known as aerosols, remain suspended in the air for longer periods resulting in airborne transmission.[2]

Types of masks

Surgical masks are loose fitting, widely used disposable masks that protect the wearer's nose and mouth from contact with droplets that may contain micro-organisms.

Respiratory masks provide more protection than a surgical mask by filtering both large and small particles when a person inhales. Respiratory masks such as FFP2/FFP3 protects the wearer from inhaling aerosols that may contain micro-organisms. These masks should be used for aerosol-generating procedures.

Safe use of medical masks

Safe use of masks not only protects healthcare workers but also patients who are being cared for.

- Place mask on face covering nose and mouth and ensure proper fit
- Avoid touching front of mask once placed. Clean hands if there has been any instance of touching the front of mask
- Remove appropriately by breaking ties or removing lace from behind
- After disposing of mask clean hands using soap and water or alcohol hand rub.

Remember:

- Do not wear face masks dangling around neck or covering only the mouth. Pulling masks up and down increases contamination risk, hence increases staff exposure to microbes
- Change mask once damp or if contaminated with bodily fluids or if damaged
- Remove mask when answering phone calls or clean phone after use
- Do not reuse single-use masks.

Masks can be effective only if used in combination with good hand hygiene. Other personal protective equipment (PPE) will be required based on the transmission-based precautions required during routine care.

Tips for healthcare workers

Extended use of face masks in healthcare settings has its own implications for staff. When used for longer periods, face masks trap heat, causing greater humidity and increasing skin fragility. Respiratory masks are usually associated with pressure areas on the face. While there has been little research on the issue, prolonged use of face masks can cause exhaustion and in some cases headaches, ear pain and dry mouth.[3]

During a work shift

- Take regular facemask free time
- Walk in open, ventilated space during break time
- Drink fluids regularly (set a reminder)
- Perform breathing exercises
- Wash face twice a day and use moisturiser.[4]

Together we can protect us and our patients by safe mask use.

Shaini Paul Mathew is an infection prevention and control nurse specialist at Tallaght University Hospital, Dublin

Source material

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INVOKANA*® (canagliflozin) 100 mg & 300 mg film-coated tablets. PRESCRIBING INFORMATION. Republic of Ireland Please refer to Summary of Product Characteristics (SmPC) before prescribing. INDICATIONS:** 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, or in addition to other medicinal products for the treatment of diabetes. **DOSAGE & ADMINISTRATION: Adults:** recommended starting dose: 100 mg once daily. In patients tolerating this dose and with eGFR ≥ 60 mL/min/1.73 m^2 needing tighter glycaemic control, dose can be increased to 300 mg once daily. For oral use, swallow whole. Caution increasing dose in patients ≥ 75 years old, with known cardiovascular disease or for whom initial canagliflozin-induced diuresis is a risk. Correct volume depletion prior to initiation. When add-on, consider lower dose of insulin or insulin secretagogue to reduce risk of hypoglycaemia. **Children:** no data available. **Elderly:** consider renal function and risk of volume depletion. **Renal impairment:** not to be initiated with eGFR < 60 mL/min/1.73 m^2. If eGFR falls below this value during treatment, adjust or maintain dose at 100 mg once daily. Discontinue if eGFR persistently < 45 mL/min/1.73 m^2. Not for use in end stage renal disease or patients on dialysis. **Hepatic impairment:** mild or moderate; no dose adjustment. Severe; not studied, not recommended. **CONTRAINDICATIONS:** Hypersensitivity to active substance or any excipient. **SPECIAL WARNINGS & PRECAUTIONS:** Not for use in type 1 diabetes. **Renal impairment:** eGFR < 60 mL/min/1.73 m^2: higher incidence of adverse reactions associated with volume depletion particularly with 300 mg dose; more events of elevated potassium; greater increases in serum creatinine and blood urea nitrogen (BUN); limit dose to 100 mg once daily and discontinue when eGFR < 45 mL/min/1.73 m^2. Not studied in severe renal impairment. Monitor renal function prior to initiation and at least annually. **Volume depletion:** caution in patients for whom a canagliflozin-induced drop in blood pressure is a risk (e.g. known cardiovascular disease, eGFR < 60 mL/min/1.73 m^2, anti-hypertensive therapy with history of hypotension, on diuretics or elderly). Not recommended with loop diuretics or in volume depleted patients. Monitor volume status and serum electrolytes. **Diabetic ketoacidosis (DKA):** rare DKA cases reported, including life-threatening and fatal. Presentation may be atypical (blood glucose <14mmol/l). Consider DKA in event of non-specific symptoms. If DKA is suspected or diagnosed, discontinue ***Invokana treatment immediately. Interrupt treatment in patients who are undergoing major surgical procedures or have acute serious medical illnesses. Monitoring of (preferably blood) ketone levels is recommended in these patients. Consider risk factors for development of DKA before initiating ***Invokana*** treatment. **Elevated haematocrit:** careful monitoring if already elevated. **Genital mycotic infections:** risk in male and female patients, particularly in those with a history of GMI. **Lower limb amputation:** Consider risk factors before initiating. Monitor patients with a higher risk of amputation events. Counsel on routine preventative foot care and adequate hydration. Consider discontinuing ***Invokana*** when events preceding amputation occur (e.g. lower-extremity skin ulcer, infection, osteomyelitis or gangrene). **Urine laboratory assessment:** glucose in urine due to mechanism of action. **Lactose intolerance:** do not use in patients with galactose intolerance, total lactase deficiency or glucose-galactose malabsorption. **Necrotising fasciitis of the perineum (Fournier's gangrene):** post-marketing cases reported with SGLT2 inhibitors. Rare but serious, patients should seek medical attention if experiencing symptoms including pain, tenderness, erythema, genital/perineal swelling, fever, malaise. If Fournier's gangrene suspected, ***Invokana*** should be discontinued, and prompt treatment instituted. **INTERACTIONS: Diuretics:** may increase risk of dehydration and hypotension. **Insulin and insulin secretagogues:** risk of hypoglycaemia; consider lower dose of insulin or insulin secretagogue. **Effects of other medicines on *Invokana*:** Enzyme inducers (e.g. St. John's wort, rifampicin, barbiturates, phenytoin, carbamazepine, ritonavir, efavirenz) may decrease exposure of canagliflozin; monitor glycaemic control. Consider dose increase to 300 mg if administered with UGT enzyme inducer. Cholestyramine may reduce canagliflozin exposure; take canagliflozin at least 1 hour before or 4-6 hours after a bile acid sequestrant. **Effects of *Invokana* on other medicines:** Monitor patients on digoxin, other cardiac glycosides, dabigatran. Inhibition of Breast Cancer Resistance Protein cannot be excluded; possible increased exposure of drugs transported by BCRP (e.g. rosuvastatin and some anti-cancer agents). **PREGNANCY:** No human data. Not recommended. **LACTATION:** Unknown if excreted in human milk. Should not be used during breast-feeding. **SIDE EFFECTS: Very common (≥1/10):** hypoglycaemia in combination with insulin or sulphonylurea, vulvovaginal candidiasis. **Common (≥1/100 to <1/10):** constipation, thirst, nausea, polyuria or pollakiuria, urinary tract infection (including pyelonephritis and urosepsis), balanitis or balanoposthitis, dyslipidemia, haematocrit increased. **Uncommon (<1/100) but potentially serious:** anaphylactic reaction, diabetic ketoacidosis, syncope, hypotension, orthostatic hypotension, urticaria, angioedema, necrotising fasciitis of the perineum (Fournier's gangrene) (frequency not known), bone fracture, renal failure (mainly in the context of volume depletion), lower limb amputations (mainly of the toe and midfoot, incidence rate of 0.63 per 100 subject-years, vs 0.34 for placebo). **Refer to SmPC for details and other side effects. LEGAL CATEGORY:** POM. **PACK SIZES & MARKETING AUTHORISATION NUMBER(S): *Invokana* 100 mg film-coated tablets:** 30 tablets; EU/1/13/884/002. ***Invokana* 300 mg film-coated tablets:** 30 tablets; EU/1/13/884/006. **MARKETING AUTHORISATION HOLDER:** Janssen-Cilag International NV, Turnhoutseweg 30, B-2340 Beerse, Belgium. ® INVOKANA is a registered trade mark of Janssen-Cilag International NV and is used under licence. © 2017 Napp Pharmaceuticals Limited. **FURTHER INFORMATION IS AVAILABLE FROM:** Mundipharma Pharmaceuticals Limited, Millbank House, Arkle Road, Sandyford, Dublin 18. For medical information enquiries, please contact medicalinformation@mundipharma.ie **IRE/INV-19401 Date of Preparation** November 2019

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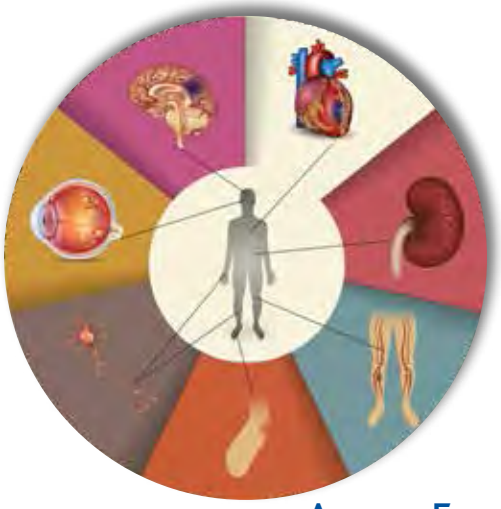

Type 2 diabetes care: room for improvement

A new European report highlights the need to focus more on preventing cardiovascular and renal complications. **Max Ryan** reports

MORE needs to be done to prevent the progression of chronic kidney disease (CKD) in people with type 2 diabetes, according to a recently published report outlining the challenges faced in the management of type 2 diabetes and its associated renal and cardiovascular complications.

Launched in May by a steering committee comprising experts in diabetes, nephrology and primary care from across Europe, *A new era in diabetes care* addresses five main areas in the management of type 2 diabetes, CKD and cardiovascular disease (CVD):

- Education on CKD and its signs
- Effective testing and interpretation of clinical indicators of CKD
- Understanding of the treatment model
- Use of shared decision-making to create an appropriate care plan for people with type 2 diabetes
- Regular monitoring and review of key performance indicators (KPIs) and treatment outcomes.

Education

The report says healthcare professionals should have a strong understanding of the impact of CKD on health outcomes in people with type 2 diabetes, especially the resultant heightened risk of CVD.

The report also calls for greater awareness of the importance of annual screening for CKD in type 2 diabetes patients, as per European Society of Cardiology (ESC) and International Diabetes Federation (IDF) guidelines.

The authors state that practitioners should be familiar with estimated glomerular filtration rate (eGFR) and urine albumin creatinine ratio (UACR) as indicators for renal dysfunction, and that they should know how to respond in the event of a decline in eGFR or an increase in UACR, ie. referral to secondary care.

Owing to the numerous guidelines available on the management of CKD in people with type 2 diabetes, deciding on the 'best' evidence-based approach can often be a difficult process according to the report, which says the lack of a structured approach in many regions has led to the quality of care being overly dependent on the individual clinician's knowledge of this complex area. The authors identify primary care as a particular problem area in this regard.

The report also points to a dearth of relevant continuing education in the area of type 2 diabetes and CKD therapy, identifying widely used healthcare teaching techniques as being "too passive to be effective". Instead the authors recommend real-world case studies be used, coupled with interactive guided experiences to enhance participants' technical skills as well as their ability to assess a patient's vital signs.

Effective testing

Despite the latest ESC and IDF guidelines both recommending annual CKD screening for people with type 1 and type 2 diabetes, the report says this guidance is often overlooked and even offset by a general lack of understanding of what screening results indicate.

Not only does it recommend all type 2 diabetes patients be screened annually for CKD by assessing estimated eGFR and UACR, the report says that UACR should be used instead of the 24-hour urine sample for better accuracy, and that normal albuminuria results should be logged in electronic health records to aid in the flagging of abnormal samples, thus facilitating more appropriate and timely prescribing.

Treatment model

To increase clinicians' understanding of current clinical evidence and the practical implications of the ESC and IDF guidelines, the report proposes the use of short debriefing sessions to review real-life cases and share examples of best practice.

The authors offer guidance in this section on the prescription of SGLT2 inhibitors and GLP-1RAs, namely that previous concerns over side effects have been outweighed by the renal and cardiovascular benefits of this drug class.

The report also addresses certain treatment considerations for people with type 2 diabetes and Covid-19 symptoms, stating that SGLT2 inhibitors and metformin should be discontinued in such patients in order to reduce the risk of metformin-associated lactic acidosis and SGLT2i-associated hyperglycaemic diabetic ketoacidosis, and therefore reduce the risk of these patients experiencing a severe course of the virus.

Shared decision-making

The report states that any decisions that impact the patient's treatment options should be discussed with the patient first, including factors such as HbA1c level, blood pressure, kidney function, medications etc. Targets should be mutually agreed and should be focused on moving the scope of treatment beyond only lowering HbA1c to exploring medications that also improve renal and CVD outcomes.

Monitor and review

At an individual level, conducting a regular review (every three to six months) of a patient's care plan is the best way to ensure their goals are being met, according to the report, making sure to assess for progression of CKD and decline in renal function.

On a wider scale, the report says that KPIs – such as number of patients with declining eGFR or number of people with increasing creatinine levels – can be used to evaluate CKD progression in patients by comparison with national trends.

Further reading

The report, which includes examples of best practice initiatives and information on managing people with type 2 diabetes in the Covid-19 context, is available in full at **bit.ly/2ML8x8L**

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Prescribing Information: Please read the Summary of Product Characteristics (SPC) before prescribing. **Presentation:** Prolonged-release tablet, containing mirabegron 25mg/50mg. **Indication:** Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome. **Posology and method of administration:** The recommended dose is 50 mg once daily. A lower dose of 25mg is recommended for specific patient populations (renal and hepatic impairment) as well as in specific patient populations in combination with strong CYP3A inhibitors such as itraconazole, ketoconazole, ritonavir and clarithromycin. Renal impairment: *End stage renal disease* (GFR < 15 mL/min/1.73 m2 or patients requiring haemodialysis): Not recommended. *Severe renal impairment* (GFR 15 to 29 mL/min/1.73 m2): Reduce dose to 25 mg. *Severe renal impairment and concomitant strong CYP3A inhibitors:* Not recommended. *Moderate renal impairment* (GFR 30 to 59 mL/min/1.73 m2): 50 mg. *Moderate renal impairment and concomitant strong CYP3A inhibitors:* Reduce dose to 25 mg. *Mild renal impairment* (GFR 60 to 89 mL/min/1.73 m2): 50 mg. *Mild renal impairment and concomitant strong CYP3A inhibitors:* Reduce dose to 25 mg. Hepatic impairment: *Severe hepatic impairment* (Child-Pugh Class C): Not recommended. *Moderate hepatic impairment* (Child-Pugh B): Reduce dose to 25 mg. *Moderate hepatic impairment and concomitant strong CYP3A inhibitors:* Not recommended. *Mild hepatic impairment* (Child-Pugh A): 50 mg. *Mild hepatic impairment and concomitant strong CYP3A inhibitors:* Reduce dose to 25 mg. The tablet is to be taken once daily, with liquids, swallowed whole and is not to be chewed, divided, or crushed. It may be taken with or without food **Contraindications:** Hypersensitivity to the active substance or to any of the excipients (see the SPC for a list of excipients). Severe uncontrolled hypertension defined as systolic blood pressure ≥180 mm Hg and/or diastolic blood pressure ≥110 mm Hg. **Special warnings and precautions for use:** Renal impairment: Betmiga has not been studied in patients with end stage renal disease (GFR < 15 mL/min/1.73 m2 or patients requiring haemodialysis) and, therefore, it is not recommended for use in this patient population. Data are limited in patients with severe renal impairment (GFR 15 to 29 mL/min/1.73 m2); based on a pharmacokinetic study a dose reduction to 25 mg is recommended in this population. This medicinal product is not recommended for use in patients with severe renal impairment (GFR 15 to 29 mL/min/1.73 m2) concomitantly receiving strong CYP3A inhibitors. Hepatic impairment: Betmiga has not been studied in patients with severe hepatic impairment (Child-Pugh Class C) and, therefore, it is not recommended for use in this patient population. This medicinal product is not recommended for use in patients with moderate hepatic impairment (Child-Pugh B) concomitantly receiving strong CYP3A inhibitors. Hypertension: Mirabegron can increase blood pressure. Blood pressure should be measured at baseline and periodically during treatment with mirabegron, especially in hypertensive patients. Data are limited in patients with stage 2 hypertension (systolic blood pressure ≥ 160 mm Hg or diastolic blood pressure ≥ 100 mm Hg). Patients with congenital or acquired QT prolongation: Betmiga, at therapeutic doses, has not demonstrated clinically relevant QT prolongation in clinical studies. However, since patients with a known history of QT prolongation or patients who are taking medicinal products known to prolong the QT interval were not included in these studies, the effects of mirabegron in these patients is unknown. Caution should be exercised when administering mirabegron in these patients. Patients with bladder outlet obstruction and patients taking antimuscarinic medicinal products for OAB: Urinary retention in patients with bladder outlet obstruction (BOO) and in patients taking antimuscarinic medicinal products for the treatment of OAB has been reported in postmarketing experience in patients taking mirabegron. A controlled clinical safety study in patients with BOO did not demonstrate increased urinary retention in patients treated with Betmiga; however, Betmiga should be administered with caution to patients with clinically significant BOO. Betmiga should also be administered with caution to patients taking antimuscarinic medicinal products for the treatment of OAB. **Interactions:** *Pharmacokinetic interactions:* Mirabegron is a substrate for CYP3A4, CYP2D6, butyrylcholinesterase, uridine diphospho-glucuronosyltransferases (UGT), the efflux transporter P-glycoprotein (P-gp) and the influx organic cation transporters (OCT) OCT1, OCT2, and OCT3. *Pharmacokinetic interactions involving the potential for other medicinal products to affect mirabegron exposures:* Increases in mirabegron exposure due to drug-drug interactions may be associated with increases in pulse rate. *Strong CYP3A inhibitors* See Posology and administration above for dose adjustments recommended during concomitant use of strong CYP3A inhibitors in patients with renal or hepatic impairment. Mirabegron exposure (AUC) was increased 1.8-fold in the presence of the strong inhibitor of CYP3A/P-gp ketoconazole. *CYP2D6 inhibitors:* No dose adjustment is needed for mirabegron when administered with CYP2D6 inhibitors (or in patients who are CYP2D6 poor metabolisers). Inducers: Inducers of CYP3A (such as rifampicin) or P-gp may decrease the plasma concentrations of mirabegron. No dose adjustment of mirabegron is required as this effect is not expected to be clinically relevant. *Pharmacokinetic interactions involving the potential for mirabegron to affect exposures to other medicinal products: Inhibition of CYP2D6:* Moderate and time dependent inhibition of CYP2D6 by mirabegron may result in clinically relevant drug interactions. CYP2D6 activity recovers within 15 days after discontinuation of mirabegron. Caution is advised if mirabegron is co-administered with medicinal products metabolized by CYP2D6 with a narrow therapeutic index such as thioridazine, Type 1C antiarrhythmics (e.g.flecainide, propafenone) and tricyclic antidepressants (e.g., imipramine, desipramine). Caution is also advised if mirabegron is co-administered with CYP2D6 substrates that are individually dose titrated. *Inhibition of P-gp:* Mirabegron is a weak inhibitor of P-gp. For patients who are initiating a combination of Betmiga and digoxin, the lowest dose for digoxin should be prescribed initially. Serum digoxin concentrations should be monitored and used for titration of the digoxin dose to obtain the desired clinical effect. The potential for inhibition of P-gp by mirabegron should be considered when Betmiga is combined with sensitive P-gp substrates e.g. dabigatran. **Fertility, pregnancy and lactation:** The effect of mirabegron on human fertility has not been established. Betmiga is not recommended during pregnancy and in women of child-bearing potential not using contraception. Mirabegron should not be administered during breast feeding. Refer to SPC for full guidance. **Driving and use of machines:** Betmiga has no or negligible influence on the ability to drive and use machines. **Undesirable effects:** Summary of the Safety Profile: the safety of Betmiga was evaluated in 8433 patients with OAB, of which 5648 received at least one dose of mirabegron in the phase 2/3 clinical program, and 622 patients received Betmiga for at least 1 year (365 days). In the three 12-week phase 3 double blind, placebo controlled studies, 88% of the patients completed treatment with this medicinal product, and 4% of the patients discontinued due to adverse events. Most adverse reactions were mild to moderate in severity. The most common adverse reactions reported for patients treated with Betmiga 50 mg during the three 12-week phase 3 double blind, placebo controlled studies are tachycardia and urinary tract infections. The frequency of tachycardia was 1.2% in patients receiving Betmiga 50 mg. Tachycardia led to discontinuation in 0.1% patients receiving Betmiga 50 mg. The frequency of urinary tract infections was 2.9% in patients receiving Betmiga 50 mg. Urinary tract infections led to discontinuation in none of the patients receiving Betmiga 50 mg. Serious adverse reactions included atrial fibrillation (0.2%). Adverse reactions observed during the 1-year (long term) active controlled (muscarinic antagonist) study were similar in type and severity to those observed in the three 12-week phase 3 double blind, placebo controlled studies. The following adverse reactions were observed with mirabegron in the three 12-week phase 3 double blind, placebo controlled studies. The frequency of adverse reactions is defined as follows: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000); not known (cannot be established from the available data) Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. The adverse events are grouped by MedDRA system organ class. Infections and infestations: *Common:* urinary tract infection *Uncommon:* vaginal infection, cystitis Psychiatric disorders: *Not known:* Insomnia*, confusional state* Nervous system disorders: *Common:* headache* dizziness* Eye disorders: *Rare:* eyelid oedema Cardiac disorders: *Common:* tachycardia *Uncommon:* palpitation, atrial fibrillation Vascular disorders: *Very rare:* Hypertensive crisis* Gastrointestinal disorders: *Common:* nausea*, constipation*, diarrhoea* *Uncommon:* dyspepsia, gastritis *Rare:* lip oedema Skin and subcutaneous tissue disorders: *Uncommon:* urticaria, rash, rash macular, rash papular, pruritus *Rare:* leukocytoclastic vasculitis, purpura, angioedema* Musculoskeletal and connective tissue disorders: *Uncommon:* joint swelling Renal and urinary disorders: *Rare:* urinary retention* Reproductive system and breast disorders: *Uncommon:* vulvovaginal pruritus Investigations *Uncommon:* blood pressure increased, GGT increased, AST increased, ALT increased *(*observed during post-marketing experience).* **Reporting of suspected adverse reactions:** see below. **Legal category:** POM (S1B) **Marketing Authorisation number: EU/1/12/809/003** - 25mg **EU/1/12/809/010** - 50mg. **Marketing Authorisation holder:** Astellas Pharma Europe B.V. Sylviusweg 62, 2333 BE Leiden, The Netherlands. **Further information is available from:** Astellas Pharma Co., Ltd, 5 Waterside, Citywest Business Campus, Dublin 24. Phone: +3531 467 1555. Summary of Product Characteristics with full prescribing information available upon request. **Job number:** BET_2019_0002_IE **Date of preparation of API:** 27 May 2019.

Reporting of suspected adverse reactions:
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via:

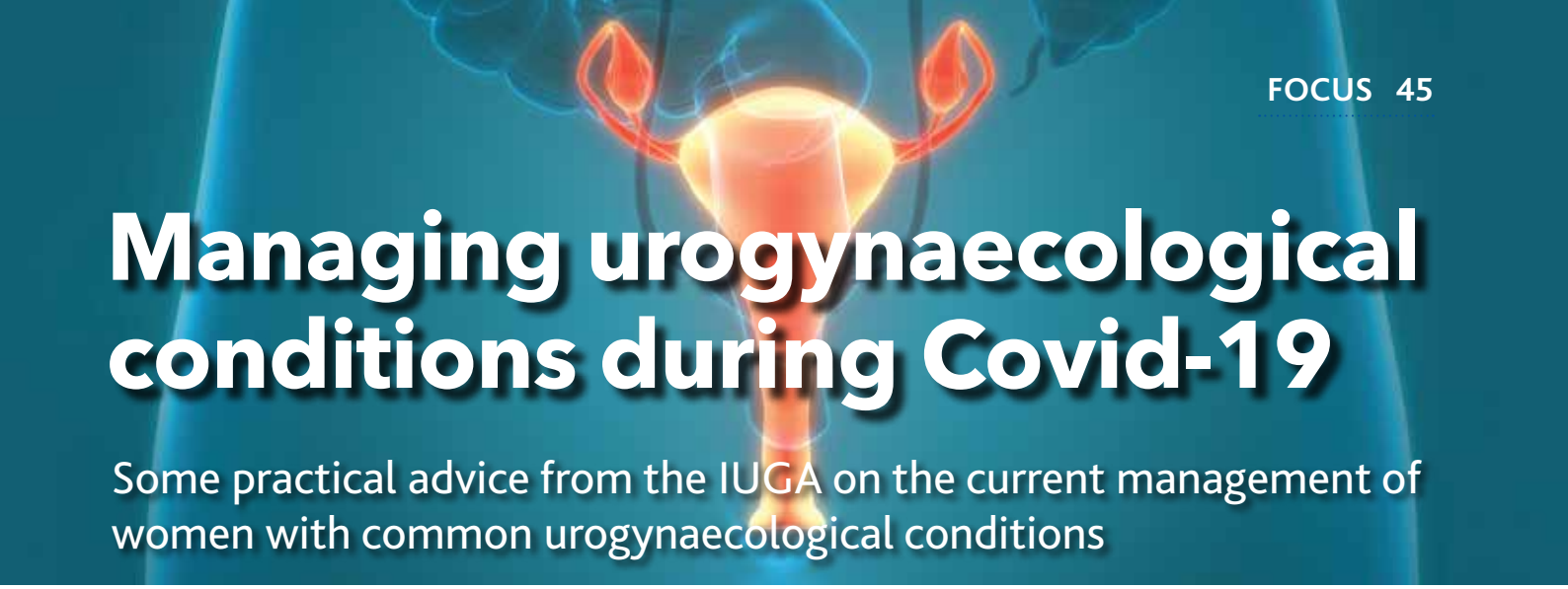
HPRA Pharmacovigilance
Earlsfort Terrace, IRL - Dublin 2
Tel: +353 1 6764971
Fax: +353 1 6762517
Website: www.hpra.ie
E-mail: medsafety@hpra.ie.

Astellas Pharma Co. Ltd
Tel: + 353 1 467 1555
E-mail: Irishdrugsafety@astellas.com

Date of preparation: June 2019

References: 1. Freeman R, et al. Current Medical Research and Opinion 2017. https://doi.org/10.1080/03007995.2017.1419170.

Approval code: BET_2019_0004_IE



Managing urogynaecological conditions during Covid-19

Some practical advice from the IUGA on the current management of women with common urogynaecological conditions

THE International Urogynecological Association (IUGA) has issued guidance on the management of women with common urogynaecological conditions during the Covid-19 pandemic, while services are reduced. During the pandemic healthcare professionals may need to depart from their usual practice and apply their professional judgement to make the best use of the resources available. The aim of the IUGA guidance is to reduce the risk of person-to-person transmission of Covid-19 in urogynaecology patients and to make the best use of very limited human interactions and physical resources.

In all cases, patients should initially be managed by remote communication. If possible, obtain the history using a structured general history questionnaire with validated condition-specific questionnaires returned via secure email access or Electronic Personal Assessment Questionnaires such as EPAQ-Pelvic Floor.

Non-computer literate patients can be asked questions over the phone or sent the documents in the post with a return addressed stamped envelope. Explain that in keeping with current practice, conservative management will be offered first and that further investigations and surgical management, where appropriate, will take place after services return to normal. Maintain an electronic/paper copy of the remote assessment for future reference.

Urinary incontinence – assessment

As well as obtaining the history remotely, as above, a bladder diary could be sent to the patient before a consultation. A relevant clinical history should be taken to elucidate the type and severity of the symptoms. Categorise the woman's urinary incontinence as stress urinary incontinence (SUI), mixed urinary incontinence or urgency urinary incontinence/over active bladder (OAB). Start initial treatment on this basis.

In mixed urinary incontinence, direct treatment towards the predominant symptom. Exclude symptoms of urinary tract infection (if suspected, follow UTI guidance below). Women should be referred to secondary care for further management in presence of: visible haematuria; persistent bladder or urethral pain; suspected fistula; previous continence surgery with pain or recurrent UTI; or urinary retention/voiding difficulty.

Non-surgical management of urinary incontinence

Lifestyle interventions[1]

Recommend a trial of caffeine reduction to women with OAB. Consider advising women with urinary incontinence or OAB and a high or low fluid intake to modify their fluid intake. Advise women with urinary incontinence or OAB who have a BMI > 30 to lose weight. Advise them to try to limit calorie intake and take daily exercise during the Covid-19 period.

Physical therapy

Perform a physiotherapy assessment to find out whether and to what extent physiotherapy is feasible. Pelvic floor muscle training of at least three months' duration should be offered as first-line treatment to women with stress or mixed urinary incontinence. In the current climate where face to face consultations are not possible, other possibilities need to be considered including a telephone or video consultation, use of specific apps (eg. Squeezy app), instructional videos and information leaflets. Remote telephone follow-up is recommended on a monthly basis. Validated questionnaires and a bladder diary may be used.

Behavioural therapies

Offer bladder training lasting for a minimum of six weeks as first-line treatment to women with urgency or mixed urinary incontinence. In the current climate where face-to-face consultations are not possible, other possibilities need to be considered (as above). Remote telephone follow-up is recommended on a monthly basis. Validated questionnaires and a bladder diary may be used. If women do not achieve satisfactory benefit from bladder training and pelvic floor programmes, the combination of an OAB medicine with bladder training should be considered.

Medicines for OAB

Before starting treatment with a medicine for OAB, explain to the woman: the likelihood of the medicine being successful; the common adverse effects associated with the medicine; that some adverse effects of anticholinergic medicines, such as dry mouth and constipation, may indicate that the medicine is starting to have an effect; that she may not see substantial benefits until she has been taking the medicine for at least four weeks and that her symptoms may continue to improve over time; and that the long-term effects of anticholinergic medicines for OAB on cognitive function are uncertain.

Intravaginal oestrogens may be offered to treat OAB symptoms in postmenopausal women with vaginal atrophy.

Follow-up with remote/virtual consultation four weeks after starting a new medicine for OAB. If the woman is satisfied with the treatment and if improvement is optimal, continue treatment. If there is no or suboptimal improvement, or intolerable adverse effects, the dose should be changed or an alternative medicine tried.

A review should be offered before four weeks if the adverse events of a medicine for OAB are intolerable. The IUGA recommends offering a further virtual review if medication stops working after an initial successful four-week review. Also offer a review to women who remain on long-term treatment every 12 months, or every six months if they are aged over 75. This can be accomplished with telemedicine.

Women who have tried taking medicine for OAB, but for whom it has not been successful or tolerated, should be referred for consideration for further treatment. Explain that this may be delayed.

If the need arises to visit hospital for

respiratory symptoms suggestive of Covid-19, patients should be advised to carry a copy of their prescription, as antimuscarinics, particularly solifenacin, have a side effect of prolongation of QT syndrome on electrocardiogram that may be detrimental with concurrent use of medications for potential treatment of Covid-19.

Absorbent containment products and toileting aids

Many women use containment products and toileting aids as a coping/management strategy for bladder and bowel symptoms. There are many products available and women can be referred to **www.continenceproductadvisor.org** for information and an online assessment about aids and devices that may be helpful to manage symptoms while awaiting further review. Consider incontinence pessaries or over-the-counter devices to control stress urine incontinence (SUI) with exercise.

For those who are cocooning, home delivery services from supermarkets or pharmacies should be able to deliver pads and many companies have online or telephone ordering service for customers to order directly for home delivery. Advice should be given on skin care and basic vulvar health and hygiene.

Follow up

Women who had surgery prior to the crisis may have had outpatient appointments cancelled or postponed. Follow-up appointments can be carried out remotely. A randomised trial has shown that post-operative phone visits are not inferior to in-person visits in terms of patient satisfaction, complications and adverse events.[2] If a reason to see patient is identified, an in-person appointment may be the only option, with the recommended PPE.

Urinary tract infection

Acute urinary tract infection

Women with UTI symptoms should initially be managed by remote communication (as above). A relevant clinical history should be taken to elucidate the type and severity of the symptoms (burning micturition, urgency, frequency). If diagnosis is unclear, a urine sample may be left at the clinic for urinalysis and, if positive, a sample may be sent for culture and sensitivity. Women should be referred to secondary care for further management if they have visible haematuria. Advise the woman on self-care measures.[3,4] Simple analgesia such as paracetamol (or if preferred and suitable, ibuprofen) can be used for pain relief. Consider the need for antibiotics depending on the severity of symptoms, risk of complications, and previous urine culture results and antibiotic use.

In cases of severe voiding difficulty, a bladder scan will need to be done to check for residual urine and possible intermittent self-catheterisation and an in-person appointment may be unavoidable.

Recurrent lower UTIs

Women can be provided with conservative advice regarding: bladder retraining; toileting techniques such as sitting to void, feet flat on the floor, elbows leaning on thighs and relaxing; hygiene advice; double voiding techniques, ie. when the patient has finished voiding, they count to 120, slightly lean forward and pass urine again, or stand up move around a bit and sit down again.

Avoid long intervals between passing urine. Drink at least 1-1.5 litres of fluid per day (preferably water; avoid those containing caffeine). Avoid using any feminine hygiene sprays and scented douches. Emptying bladder after sexual intercourse, as sexual relations can often trigger UTIs. After a bowel movement, clean the area around the anus gently, wiping from front to back and never repeating with the same tissue. Soft, white, non-scented tissue is recommended. Some patients find that drinking cranberry juice or taking cranberry tablets regularly can reduce the numbers of infections they get. Cranberry juice should be taken with caution if patient is on warfarin tablets. Initial management should be based on culture and sensitivity results. All women will benefit from behavioural advice and may wish to consider the use of cranberry tablets, D-mannose or probiotics.

If infections are recurrent, consideration may be given to providing self-start antibiotic therapy, long-term prophylactic therapy or continuous low-dose rotating antibiotics until further investigations can be safely arranged. Vaginal oestrogen therapy should be considered in postmenopausal women as a prophylactic measure assuming there are no contraindications. Methenamine hippurate may also be considered as prophylaxis in both pre and postmenopausal women. Advise patients of symptoms of ascending urinary tract infection and the potential need for earlier assessment due to possibility of acute pyelonephritis. Immunoprophylactic therapy with bacterial lysate OM-89 may be considered, if available.[4,5]

Prolapse – assessment

Women with prolapse should initially be managed by remote communication (as above). A relevant clinical history should be taken to elucidate severity of the symptoms. Reassure the patient that prolapse is not dangerous and not cancerous. If prolapse is mild, patient should be advised to perform pelvic floor muscle training. If there is a large bulge affecting bladder and bowel emptying and/or in presence of ulceration, a face-to-face appointment is required.

Management of pessaries

Those with existing pessaries will need virtual consultations. If they have bleeding or pain, they will need to be seen in person. An alternative strategy would be to send out a letter to say they cannot be seen at present but to contact the department immediately if they develop symptoms such as bleeding or they may wish to self-remove. A recent randomised study[6] showed that in women who receive office-based pessary care and are using a ring, Gellhorn or incontinence dish pessary, routine follow-up every 24 weeks is non-inferior to every 12 weeks based on the incidence of vaginal epithelial abnormalities. Although the most popular practice is to change the pessaries every six months, it would be reasonable to delay it for up to a further three months and review.

Follow-up of post-surgical case

Some women may have had surgery prior to the crisis and may have had their person to person appointments cancelled or postponed. Follow-up appointments can be carried out virtually using telephone or video conferencing. If a reason to see patient is identified, a face-to-face appointment may be the only option.

The full IUGA document, *Guidance for the management of urogynecological conditions during the Coronavirus (Covid-19) pandemic,* is available on **www.iuga.org**

– Tara Horan

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6 Propst K et al. Timing of Office-Based Pessary Care: A Randomized Controlled Trial. Obstet Gynecol 2020; 135(1):100-105

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References: **1.** Dupont C et al. Br J Nutr 2012; 107:325–338. **2.** Lothe L et al. Pediatrics 1989; 83:262–266. **3.** Baldassarre ME et al. J Pediatr 2010; 156:397–401. **4.** Nermes M et al. Clin Exp Allergy 2011; 41:370–377. **5.** Canani RB et al. J Pediatr 2013; 163:771–777. **6.** Canani RB et al. J Allergy Clin Immunol 2017; 139:1906–1913.

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Research by Rare Diseases Ireland highlights the detrimental impact of the Covid-19 pandemic on the rare disease community

Maintaining services for people with rare diseases

RARE Diseases Ireland has called on government to ensure the provision of healthcare services for people with rare diseases. Almost three-quarters of respondents (73%) to a Rare Diseases Ireland research report among the rare disease community are concerned that their condition, or that of their loved ones, may deteriorate due to the impact of the Covid-19 pandemic on their treatment and care.

More than half (53%) have had scheduled medical appointments cancelled, while a quarter (26%) indicated that they have encountered difficulty accessing medicines and medical supplies. Against this backdrop, it is not surprising that almost two-thirds (62%) believe that Covid-19 is having a negative impact on their mental health.

Report

The report, *Living with a Rare Disease in Ireland during the Covid-19 Pandemic*, has highlighted how the pandemic is hindering access to routine treatment and care for people with rare diseases, and is having a detrimental effect on their health and wellbeing.

The research provides a snapshot into life today for people with rare diseases, with responses from 176 people living with a rare condition, their family members and their carers, from across the island of Ireland. It was undertaken by Rare Diseases Ireland, the national alliance for rare disease voluntary groups, in the two-week period leading up to May 6.

Key research highlights

Impact on rare diseases

Almost three-quarters (73%) of respondents indicated that they were concerned about their own or their loved one's rare disease. They are concerned about how the condition is deteriorating without access to the usual healthcare, and how an already complex health situation may be negatively impacted if infected with Covid-19. In such circumstances, they are worried how the rare condition may be perceived if ICU care is required. Three in five respondents (62%) believe that Covid-19 is having a negative impact on their mental health.

Medical appointment cancellations

More than half of respondents (53%) said that scheduled medical appointments had been cancelled. These included hospital appointments, such as diagnostic/monitoring procedures, surgical procedures and inpatient/outpatient therapies, as well as the cancellation of appointments for physiotherapy, occupational therapy, and speech and language therapy.

Accessing medicines

One in four respondents (26%) noted that there were difficulties accessing medicines and medical supplies needed for their condition.

Delaying seeking medical help

Three in 10 respondents (31%) have avoided seeking care for complications related to their condition because of concerns over exposure to Covid-19 and confusion over the availability of the usual hospital consultant to provide care.

"Since Covid-19 arrived in Ireland, we have witnessed huge restrictions on hospitals for everything except Covid-19 and emergency care. The fact that rare disease care is routinely provided by hospital-based consultants within the hospital setting, has had particularly negative consequences for the care of rare disease patients during this pandemic," said Vicky McGrath, chief executive officer of Rare Diseases Ireland.

"Many respondents have expressed frustration and disappointment with the lack of communication from their healthcare providers. They have been left to cope for themselves and are struggling to know how best to manage. For those who previously accessed private healthcare, they are now unsure as to who is managing their care, and are concerned that they will go to the bottom of public waiting lists.

"More than half of those who responded to our research study indicated that scheduled medical appointments have been cancelled and I have no doubt that the experiences relayed are reflective of the wider rare disease community. It is extremely worrying for people and the cancellation of such a large number of appointments will inevitably lead to spiralling waiting lists and extensive delays.

"Many people with rare conditions spend years pursuing a diagnosis in the hope of therapeutic relief, so it is particularly frustrating when we hear of empty hospital beds and under-utilised resources. In our collective efforts to combat one disease, Covid-19, it is important that other diseases are not left behind.

"Steps taken by the health authorities in our hospitals and community healthcare facilities at the outset of this pandemic were widely accepted and understood by the rare disease community. However, we are now calling for all hospital and community healthcare services to be reopened for all patients in a safe manner. In addition, urgent measures need to be put in place to ensure that such severe service curtailments do not have to be applied in the event of any possible future resurgence of the virus, and that treatment and care for rare diseases can co-exist alongside that for Covid-19," she added.

Around 5% of the population in Ireland is estimated to have a rare disease, or approximately 300,000 people. At least 4% of children born in Ireland in the year 2000 were diagnosed with a rare disease by the age of 17.

For more information, see **www.rdi.ie**

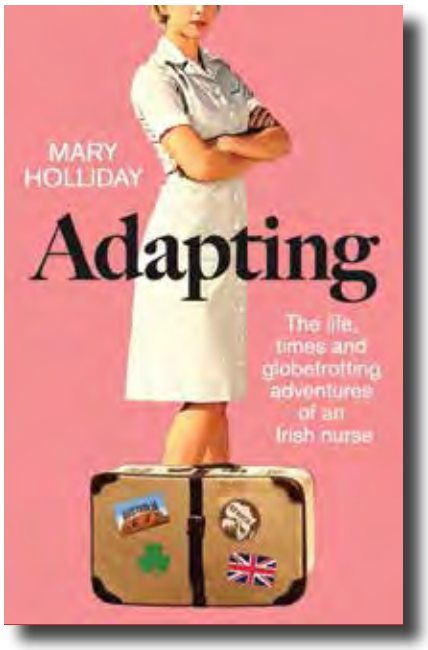
Memoir of a globetrotting nurse

ADAPTING: The life, times and globetrotting adventures of an Irish nurse is Mary Holliday's first book. Born in an Irish border county in the staunchly Catholic church-controlled Ireland of the mid-20th century, Mary Holliday recognised early on that her homeplace held no future for her.

She felt that her 'best' prospects at home would be to find an approved husband, followed by decades of baby making and domestic drudgery, or to emigrate to the US, like so many young Irish had done before her. Then a third option appeared, Mary decided to follow her aunt Alice's footsteps and become a nurse. So she left Ireland to train as nurse in the UK.

Mary very much saw nurse training as an escape from a 'priest ridden' existence as she had no desire to live her life under the "overwhelming weight of the Catholic church", but in one of her reflections she described how she very much missed home and initially suffered terribly with loneliness.

As a newly qualified nurse, Mary's career took her far and wide and included stints in Kenya, South Africa and Australia.



Adapting is made up of a series of reflections in the form of short stories – each in their own chapter. Mary Holliday's writing style is captivating, drawing the reader in with her description and humour. Most reflections are offered from the point of view of the third person as the author looks back with an eagle-eyed view on her past.

Following a stint in South Africa during the time of apartheid, where she had married and had a son and subsequently divorced, Mary moved to Australia, where she settled into a safer and more stable existence in Melbourne. Here she discovered that nurses had far less autonomy than she had been used to and was worried that she had traded her professional potential for security.

Australia itself presented quite a culture shock for Mary and her son, and both took time to adjust to the different attitude and expectations of the people.

Always entertaining, the stories take you through Mary's career and across continents. From an accidental night swim in the company of crocodiles to catching Malaria, to treating a woman with a post-partum inverted uterus on a train in Zambia, the intrepid nurse's adventures make for compelling reading.

– Alison Moore

Adapting by Mary Holliday is published by Leschenault Press. ISBN: 978-0648832607 Available in print and eBook.

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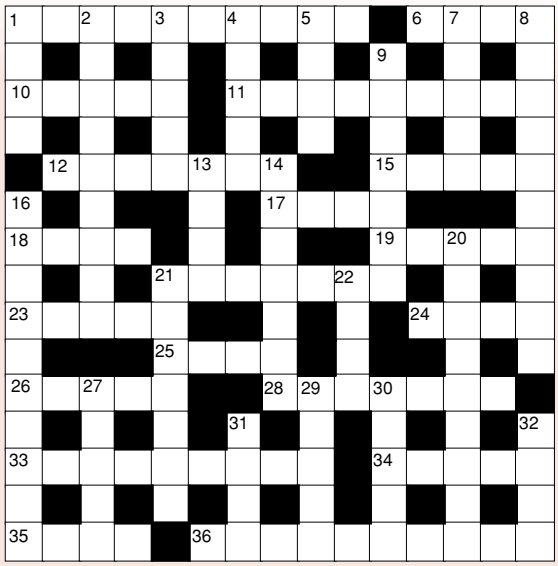
1 One who breaks in just to steal moggies? (3,7)
6 Roman goddess, the mother of Mars and Vulcan (4)
10 Travel with a bird? I know what you mean! (3,2)
11 Try a suite out for severe economy (9)
12 Hailed (7)
15 Herb of the mint family (5)
17 One of America's Great Lakes (4)
18 Enjoy a book (4)
19 Darkness or despondency (5)
21 Travelling by bike (7)
23 Pertaining to the nose (5)
24 Leonard's part of the eye? (4)
25 This East European river flows through Ostrava and Wroclaw (4)
26 Mr Elba is responsible for some tepid risotto (5)
28 Make bigger (7)
33 Wheelhouse complement - up in the air? (5,4)
34 Gas that protects us from harmful solar rays (5)
35 Number written as IX in Roman numerals (4)
36 Chemical element needed to move a noble dummy (10)

Down

1 Confining structure (4)
2 Intensive classes with rituals to arrange (9)
3 Undo a knot (5)
4 Final resting-place (5)
5 Where peas might be spilled in a church (4)
7 Togetherness, cohesion (5)
8 It's gas – many request this to help their breathing (6,4)
9 Sum of money put by (4-3)
13 Salver (4)
14 State that it's made of red lace (7)
16 The Pope gets tin for a friar (10)
20 Infested with weeds, etc (9)
21 Shutting (7)
22 Cuticle (4)
27 Red-breasted bird (5)
29 This Ulster location was granted city status in 2002 (5)
30 Steer clear of (5)
31 Riot broken up by a small group (4)
32 Line of stitching on a garment (4)



June crossword solution

Across: 1 Underscore 6 Asks 10 Lie-in 11 Blackmail 12 Disowns 15 Throb 17 Eric 18 UKIP 19 Humid 21 Bribery 23 Bingo 24 Knit 25 Rear 26 Ebbed 28 Drop off 33 Australia 34 Gassy 36 Common cold

Down: 1 Ugly 2 Dietitian 3&7 Ringo Starr 4&35a Cuban heel 5 Reap 8 Sell-by date 9 Sketchy 13 Wear 14 Seabird 16 Bubble bath 20 Manifesto 21 Borders 22 Reno 27 Baste 29 Realm 30 Pagan 31 Also 32 Eyed

The winner of the June crossword is: Bernadette Campion Foxrock, Dublin

You can *email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included.
Closing date: Tuesday, August 18, 2020
If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:
Address:

CWU shows support to frontline staff

Union donates €70,000 of Propolis cream to nurses and midwives

THE Communications Workers Union (CWU) has donated €70,000 for the purchase of 'Propolis' cream to counter the damaging effects on skin due to the prolonged wearing of PPE by frontline nursing staff.

The CWU members are postal workers, couriers and telecommunications workers who have continued to provide delivery and communication services throughout the lockdown. Many of its branches nationwide wanted to help frontline medical staff in a practical way. The official handover of goods and donations took place at Naas General Hospital and was attended by the general secretaries and frontline workers from both unions.

CWU general secretary Steve Fitzpatrick said: "The whole nation has been in awe of the courage, dedication and shear professionalism of frontline medical staff, including our nurses, doctors, ambulance paramedics and other care givers treating patients throughout this health emergency, often in the face of a significant threat to personal safety."

"This relatively small donation by the Union is as a result of numerous requests from branches and postal and communications workers across the country to recognise this amazing contribution in a very practical way. The choice of Propolis cream has come from discussions with the INMO and we are delighted to be working with them on this initiative in securing a supply of Propolis cream and in its distribution to frontline nurses.

Pictured (l-r) outside Naas General Hospital for the handover of the Communication Workers Union's gift of Propolis cream to nurses and midwives last month were: Bríd Crennan, assistant director of Nursing at Naas General Hospital; Steve Fitzpatrick, CWU general secretary ; Naas postman, Gary Houlihan; and Phil Ni Sheaghdha, INMO general secretary

We realise that this donation will only be sufficient for approximately 5,000 nurses across 25 hospitals, but we hope other Unions, groups or employers might consider doing something similar."

Phíl Ní Sheaghdha, INMO general secretary, thanked the CWU saying: "I want to thank our fellow trade unionists in the CWU. Not only did they support us in our dispute last year, but they have now donated a huge volume of skin care product to help relieve some of the damage that prolonged use of PPE can have on the skin.

"I understand that this call came to the CWU from their branches and grass roots membership, ordinary postmen and women and communications workers across the country, and we welcome their continued solidarity during this public health emergency."

Propolis cream will be distributed to 25 hospitals with the help of the INMO and CWU branches.

New online breastfeeding platform launched

A NEW online resource has been launched with the aim of sharing evidence-based information on breastfeeding and breastmilk with relevant health professionals. LactaHub, created by the Global Health Network and the Family Larsson Rosenquist Foundation, is designed to be an open-access platform where relevant, practice-oriented information can be shared freely among health professionals, decision-makers and researchers in the field of breastfeeding.

According to the Global Health Network, all content will be reviewed and verified for quality and made freely available.

For further information about LactaHub, or to join the LactaHub community, visit **www.lactahub.org**

More than 600 nurses die from Covid-19 worldwide as ICN seeks accurate data

THE International Council of Nurses (ICN) has called on governments to record the number of infections and deaths among healthcare staff and take whatever measures are needed to protect nurses from Covid-19.

There is no worldwide systematic and standardised record of the number of nurses and healthcare workers (HCWs) who have contracted the disease or died from it. The ICN's analysis, based on data from its national nursing associations, official figures and media reports from a limited number of countries, indicates that more than 230,000 HCWs have contracted the disease and more than 600 nurses have died.

ICN CEO Howard Catton said: "For weeks we have been asking for data about infections and deaths among nurses to be collected. We need a central database of reliable, standardised, comparable data on all infections, periods of quarantine and deaths that are directly or indirectly related Covid-19. Without this data we do not know the true cost of Covid-19, and that will make us less able to tackle other pandemics in the future."

The ICN's analysis shows that on average 7% of all Covid-19 cases worldwide are among HCWs. The proportion of infected people who are HCWs varies widely between countries.

"Nursing is looking like one of the most dangerous jobs in the world at the moment. We need to get this data for every country and work out exactly what is going on that explains the variations that are evident with even a cursory glance at the figures. Only then will we be able to learn how best to keep our nurses safe and prevent any repeat of these terrible statistics in the future," said Mr Catton.

September

Saturday 12
Midwives Section meeting. 2pm via Zoom. Contact jean.carroll@inmo.ie for further details

Tuesday 15
RNID Section webinar. See page xx for further details

Thursday 17
ADON Section meeting. 2pm via Zoom. Contact jean.carroll@inmo.ie for further details

Saturday 19
School Nurses Section meeting. Contact jean.carroll@inmo.ie

Retirement

❖ The INMO North Tipperary Branch extends congratulations to Marian Ryan, night sister at the Community Hospital of the Assumption, Thurles, on her recent retirement. We wish Marian many happy years in the future.

Condolences

❖ We extend our deepest sympathy to the family and friends of Eileen Sweeney who worked for many years with the Irish Congress of Trade Unions. Our thoughts are with her family and colleagues at this time. May she rest in peace.

❖ We would like to offer our sincere condolences to Ollie Allen, INMO rep at St James's Hospital, on the recent passing of his father Oliver. May he rest in peace.

❖ We offer our deepest sympathies to former INMO Executive Council member Jennifer Bolland on the death of her beloved husband Pat. May he rest in peace.

❖ Our deepest condolences to Maria McLaughlin from our Inishowen Branch on the recent passing of her mother Bridget Crowley. May she rest in peace.

❖ The INMO expressed its deepest sympathies to the Garda Representative Association on the tragic passing of Detective Garda Colm Horkan. *Ar dheis Dé go raibh a anam*

Geraldine Hennessy: *'A role model for all'*

THE INMO was deeply saddened to learn of the passing on June 12 of Geraldine (Ger) Hennessy, senior staff nurse at St John's Hospital, Limerick.

Ger was the INMO representative at the hospital, but retired last summer due to illness. She always advocated for the highest standards of care for patients and the nursing and medical teams. This gained the respect of everyone. People looked to Ger for the answers if they had concerns from consultants, support staff, management and other nurses – she was a role model for all.

Ger was an INMO rep for many years and handed over to me a strike committee she was about to chair and lead in February 2019 after she received news that she needed urgent surgery. Ger wanted to be part of that great fight and was proud of the outcomes achieved.

The INMO Limerick office and Limerick Branch extends deepest sympathies to her husband Noel, her mother, her sisters and all her colleagues at St John's Hospital.

– Mary Fogarty

Siobhan O'Brien: *'Fantastic colleague and leader'*

OUR deepest and most sincere condolences to the family of Siobhan O'Brien, assistant director of public health nursing, North Lee, Cork. Siobhan has been an absolute stalwart in the INMO throughout the years as an activist and representative.

Having worked closely with Siobhan since taking up my post in Cork, it was evident within minutes of meeting her that she was kind, compassionate, empathic and an excellent advocate for her colleagues.

Siobhan excelled in her chosen profession while also being a keen and strong activist in improving conditions and staffing in public health.

Left to right: Bernadette Lucy, Mary Cotter, Margaret Coughlan, Jenilyn Delrilo, Geraldine McCarthy and Siobhan O'Brien Reps at ADC 2019

Most notably, Siobhan played a leading role in the improvement of conditions in North Lee, and was an integral part of the strike committee in 2019.

Siobhan was a regular representative of the Cork HSE Branch at the INMO ADC. Delegates often praised her valuable contribution at conference and at public meetings.

Siobhan will be greatly missed by her colleagues in North Lee and the INMO Cork office staff, as well as by fellow representatives and friends throughout the branch. We mourn the loss of a fantastic colleague, leader and nurse.

– Liam Conway

Sheila Lally: *'A beautiful person inside and out'*

SHEILA LALLY was a nurse and midwife who worked in many areas of healthcare in Galway, including maternity services, older persons services and latterly as a community RGN in Galway City.

Sheila was a dedicated nurse and a true friend to many colleagues. They described her as a "beautiful person inside and out".

Sheila's colleagues, in whom she took an avid interest, describe her as having an infectious smile that would brighten any dark winter's day. Her patients adored her and she always went the extra mile for them.

Sheila will be a huge loss to her colleagues in the Shantalla Health Centre.

INMO members in Galway express their sincere sympathy to Sheila's husband and children on her untimely passing.

– Anne Burke

Mary Corr: *'A formidable force'*

MARY CORR was a small but formidable force in the INMO for many years. As accounts manager she was meticulous in the level of detail and propriety she applied to her role. Members' money had to be minded, and without fear or favour Mary sought explanations for every penny spent by the Organisation. She began working for the INMO before computerisation of the membership system and was instrumental in modernising the INMO's fledgling IT systems.

Mary had a keen interest in all things political and had a wry sense of humour. She loved nature and classical music, and was a regular visitor to the National Concert Hall. She was hard-working, fair and loved her work in the INMO. She is remembered fondly by colleagues.

Mary died on May 30, 2020 in the TLC Citywest nursing home. May she rest in peace.

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

A REMINDER

INMO
Irish Nurses and Midwives Organisation
Working Together

If you have qualified since 2019 and have **completed 16 weeks of work post internship** (including pre-reg experience), under the strike settlement you get to skip the 2nd point of the salary scale and **progress straight to the 3rd point, worth €32,734** in basic salary. **If you qualified in 2018** and are still on the 2nd point, you get to **skip the 3rd point, go straight to point 4, and can apply for the Enhanced Practice contract.** You may also be entitled to the **new medical/surgical ward allowance.** Many of you will have moved up the scale and had the location allowance applied automatically, but be sure to check with your payroll/HR department.

If you have any questions, please contact;

Catherine O'Connor,
INMO Student/New Graduate Officer
Email: **catherine.oconnor@inmo.ie**

If you are not a new graduate but have questions about your pay, please contact INMO Information Department.

International Council of Nurses 2021

Congress and Exhibition, June 5-9, 2021

Key dates:

- July 31, 2020: Online submission of abstracts closes
- October 1, 2020: Online registration opens
- February 12, 2021: Deadline for registration of abstract presenters
- February 12, 2021: Early bird registration deadline
- June 5, 2021: ICN 2021 opens

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

INMO Professional Library Opening Hours

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

For further information, 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/temporary nurses/midwives in prolonged employment)*	€299
B Short-time/Relief *This fee applies only to nurses/midwives who provide very short term relief duties (ie. holiday or sick duty relief)*	€228
C Private nursing homes	€228
D Affiliate members *Working (employed in universities & IT institutes)*	€116
E Associate members *Not working*	€75
F Retired associate members	€25
G Student nurse/midwife members	No Fee

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
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

Your patients are 2.5X more likely to quit smoking with Nicorette® QuickMist*

nicorette® nicotine

Now PCRS Reimburseable

*vs willpower alone.

Nicorette QuickMist1 mg/spray, oromucosal spray, solution and Nicorette QuickMist Cool Berry 1 mg/spray, oromucosal spray, solution. Composition: One spray delivers 1 mg nicotine in 0.07 ml solution. 1 ml solution contains 13.6 mg nicotine. Excipient with known effect: Ethanol (less than 100 mg of ethanol/spray). Propylene glycol, Butylated hydroxytoluene. Pharmaceutical form: Oromucosal spray, solution. A clear to weakly opalescent, colourless to yellow solution. **Indications:** For the treatment of tobacco dependence in adults by relief of nicotine withdrawal symptoms, including cravings, during a quit attempt. Permanent cessation of tobacco use is the eventual objective. Nicorette QuickMist should preferably be used in conjunction with a behavioral support program. Dosage: Subjects should stop smoking completely during the course of treatment with Nicorette QuickMist. Adults and Elderly: The following chart lists the recommended usage schedule for the oromucosal spray during full treatment (Step I) and during tapering (Step II and Step III). Up to 4 sprays per hour may be used. Do not exceed 2 sprays per dosing episode and do not exceed 64 sprays (4 sprays per hour, over 16 hours) in any 24-hour period. **Step I: Weeks 1-6:** Use 1 or 2 sprays when cigarettes normally would have been smoked or if cravings emerge. If after a single spray cravings are not controlled within a few minutes, a second spray should be used. If 2 sprays are required, future doses may be delivered as 2 consecutive sprays. Most smokers will require 1-2 sprays every 30 minutes to 1 hour. **Step II: Weeks 7-9:** Start reducing the number of sprays per day. By the end of week 9 subjects should be using HALF the average number of sprays per day that was used in Step I. **Step III: Weeks 10-12:** Continue reducing the number of sprays per day so that subjects are not using more than 4 sprays per day during week 12. When subjects have reduced to 2-4 sprays per day, oromucosal spray use should be discontinued. To help stay smoke free after Step III, subjects may continue to use the oromucosal spray in situations when they are strongly tempted to smoke. One spray may be used in situations where there is an urge to smoke, with a second spray if one spray does not help within a few minutes. No more than four sprays per day should be used during this period. Regular use of the oromucosal spray beyond 6 months is generally not recommended. Some ex-smokers may need treatment with the oromucosal spray longer to avoid returning to smoking. Any remaining oromucosal spray should be retained to be used in the event of sudden cravings. Paediatric population: Do not administer this medicine to persons under 18 years of age. There is no experience of treating adolescents under the age of 18 with this medicine. Method of administration: After priming, point the spray nozzle as close to the open mouth as possible. Press firmly the top of the dispenser and release one spray into the mouth, avoiding the lips. Subjects should not inhale while spraying to avoid getting spray into the respiratory tract. For best results, do not swallow for a few seconds after spraying. Subjects should not eat or drink when administering the oromucosal spray. Behavioural therapy advice and support will normally improve the success rate. **Contraindications:** Hypersensitivity to nicotine or to any of the excipients. Children under the age of 18 years. Those who have never smoked. **Special warnings and precautions for use:** This medicine should not be used by non-smokers. The benefits of quitting smoking outweigh any risks associated with correctly administered nicotine replacement therapy (NRT). A risk-benefit assessment should be made by an appropriate healthcare professional for patients with the following conditions: Cardiovascular disease: Dependent smokers with a recent myocardial infarction, unstable or worsening angina including Prinzmetal's angina, severe cardiac arrhythmias, recent cerebrovascular accident and/or who suffer with uncontrolled hypertension should be encouraged to stop smoking with non-pharmacological interventions (such as counselling). If this fails, the oromucosal spray may be considered but as data on safety in this patient group are limited, initiation should only be under close medical supervision. Diabetes Mellitus. Patients with diabetes mellitus should be advised to monitor their blood sugar levels more closely than usual when smoking is stopped and NRT is initiated as reduction in nicotine induced catecholamine release can affect carbohydrate metabolism. Allergic reactions: Susceptibility to angioedema and urticaria. Renal and hepatic impairment: Use with caution in patients with moderate to severe hepatic impairment and/or severe renal impairment as the clearance of nicotine or its metabolites may be decreased with the potential for increased adverse effects. Phaeochromocytoma and uncontrolled hyperthyroidism: Use with caution in patients with uncontrolled hyperthyroidism or phaeochromocytoma as nicotine causes release of catecholamines. Gastrointestinal Disease: Nicotine may exacerbate symptoms in patients suffering from oesophagitis, gastric or peptic ulcers and NRT preparations should be used with caution in these conditions. Paediatric population: Danger in children: Doses of nicotine tolerated by smokers can produce severe toxicity in children that may be fatal. Products containing nicotine should not be left where they may be handled or ingested by children. Transferred dependence: Transferred dependence can occur but is both less harmful and easier to break than smoking dependence. Stopping smoking: Polycyclic aromatic hydrocarbons in tobacco smoke induce the metabolism of drugs metabolised by CYP 1A2 (and possibly by CYP 1A1). When a smoker stops smoking, this may result in slower metabolism and a consequent rise in blood levels of such drugs. This is of potential clinical importance for products with a narrow therapeutic window, e.g. theophylline, tacrine, clozapine and ropinirole. The plasma concentration of other medicinal products metabolised in part by CYP1A2 e.g. imipramine, olanzapine, clomipramine and fluvoxamine may also increase on cessation of smoking, although data to support this are lacking and the possible clinical significance of this effect for these drugs is unknown. Limited data indicate that the metabolism of flecainide and pentazocine may also be induced by smoking. Excipients: The oromucosal spray contains small amounts of ethanol (alcohol), less than 100 mg per dose (1 or 2 sprays). This medicinal product contains less than 1 mmol sodium (23 mg) per spray, i.e. essentially 'sodium- free'. This medicine contains 12 mg propylene glycol in each spray which is equivalent to 157 mg/mL. Due to the presence of butylated hydroxytoluene, Nicorette QuickMist may cause local skin reactions (e.g. contact dermatitis), or irritation to the eyes and mucous membranes. Care should be taken not to spray the eyes whilst administering the oromucosal spray.**Undesirable effects:** Effects of smoking cessation: Regardless of the means used, a variety of symptoms are known to be associated with quitting habitual tobacco use. These include emotional or cognitive effects such as dysphoria or depressed mood; insomnia; irritability, frustration or anger; anxiety; difficulty concentrating, and restlessness or impatience. There may also be physical effects such as decreased heart rate; increased appetite or weight gain, dizziness or presyncopal symptoms, cough, constipation, gingival bleeding or apthous ulceration, or nasopharyngitis. In addition, and of clinical significance, nicotine cravings may result in profound urges to smoke. This medicine may cause adverse reactions similar to those associated with nicotine given by other means and these are mainly dose-dependent. Allergic reactions such as angioedema, urticaria or anaphylaxis may occur in susceptible individuals. Local adverse effects of administration are similar to those seen with other orally delivered forms. During the first few days of treatment irritation in the mouth and throat may be experienced, and hiccups are particularly common. Tolerance is normal with continued use. Daily collection of data from trial subjects demonstrated that very commonly occurring adverse events were reported with onset in the first 2-3 weeks of use of the oromucosal spray, and declined thereafter. Adverse reactions with oromucosal nicotine formulations identified from clinical trials and during post-marketing experience are presented below. The frequency category has been estimated from clinical trials for the adverse reactions identified during post-marketing experience. Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1 000 to <1/100); rare (≥1/10 000 to <1/1 000); very rare (<1/10 000); not known (cannot be estimated from the available data). **Immune system disorders** Common Hypersensitivity Not known Allergic reactions including angioedema and anaphylaxis **Psychiatric disorders** Uncommon Abnormal dream **Nervous system disorders** Very common Headache Common Dysgeusia, paraesthesia **Eye disorders** Not known Blurred vision, lacrimation increased **Cardiac disorders** Uncommon Palpitations, tachycardia Not known Atrial fibrillation **Vascular disorders** Uncommon Flushing, hypertension **Respiratory, thoracic and mediastinal disorders** Very common: Hiccups, throat irritation Uncommon Bronchospasm, rhinorrea, dysphonia, dyspnoea, nasal congestion, oropharyngeal pain, sneezing, throat tightness Common: cough **Gastrointestinal disorders** Very common Nausea Common Abdominal pain, dry mouth, diarrhoea, dyspepsia, flatulence, salivary hypersecretion, stomatitis, vomiting Uncommon Eructation, gingival bleeding, glossitis, oral mucosal blistering and exfoliation, paraesthesia oral Rare Dysphagia, hypoaesthesia oral, retching Not known Dry throat, gastrointestinal discomfort, lip pain **Skin and subcutaneous tissue disorders** Uncommon Hyperhidrosis, pruritus, rash, urticaria Not known Erythema **General disorders and administration site conditions** Common Burning sensation, fatigue Uncommon Asthenia, chest discomfort and pain, malaise. **MAH:** Johnson & Johnson (Ireland) Limited, Airton Road, Tallaght, Dublin 24, Ireland. **PA Number:** PA 330/37/13 & PA 330/37/16. **Date of revision of text:** PA 330/37/13: May 2019. PA 330/37/16: November 2019. Product not subject to medical prescription. Full prescribing information available upon request. IE-NI-2000040