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WIN

World of Irish Nursing & Midwifery

INMO

Journal of the
Irish Nurses and
Midwives Organisation

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Passing the baton

INMO's first online ADC elects new president

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Breastfeeding: The best start

Health benefits for infants

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

Long-term benefits for children

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

Benefits for mothers

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

Support for mothers is essential

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

Work and breastfeeding

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

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It's all about staffing

THIS issue of *WIN* covers the first virtual INMO annual delegate conference, which was held on October 9. This was an important conference, as it firmly reaffirmed the need to get staffing levels right.

In his speech to our conference, the Minister for Health confirmed that the Framework for Safe Nurse Staffing would be used to determine staffing levels and that it will be funded. This is one of the major changes that the settlement to our 2019 dispute delivered.

For years, staffing levels have been based on historical staff levels and funding availability. Comparisons to long-term care in the private sector became an unofficial benchmark introduced by the HSE to reduce nurse staffing levels in public care of the older persons services. The consequence for residents of older persons services, acute hospitals, maternity services and those awaiting nursing interventions were never measured or taken seriously by those who held responsibility for funding.

Research during the pilot trials of the Safe Staffing Framework has proven that there are consequences for our nurses and midwives struggling in understaffed workplaces, for student learning and for patient outcomes. The positive aspect of the framework method is that it brings a systematic approach to the determination of nurse staffing based on patient acuity and dependency, a predetermined skill mix and the workload of the ward manager.

Unsurprisingly, the research shows that most Irish medical/surgical wards and emergency departments are short staffed, and that patient safety and outcomes are compromised as a result. The research found that proper staffing resulted in very clear improvements in mortality, in length of stay and in re-admission rates as opposed to under-staffing which leads to negative outcomes for patients, negative impacts on job satisfaction, with a consequent and negative impact on staff retention.

So why did it take a strike to bring this message home? Surely, on this evidence, any reasonable healthcare provider would act immediately to implement the framework to improve the standard of service provision and staff morale?

Not so. It really is a problem that staff safety in current workplace environments is compromised. Long before Covid-19, we raised the issue of the increased reporting by nurses and midwives of violent and abusive incidents at work. The risk of infection and high numbers of healthcare worker infections with Covid-19 and consequential staff shortages, is undoubtedly adding to these workplace risks.

We will be presenting all this evidence to the Oireachtas Covid-19 Committee this month, calling for stronger safety measures and occupational health supports for staff, as well as payment for 3,500 unpaid students on clinical placements as more and more examples are provided to us of these students being used to fill staffing deficits.

The risk to patients and staff must be called out and your voice is important in this respect. We must insist that the clinical expertise and judgment of nurses /midwives is heard at every level. We must have the chief nurse on NPHET, and we must have clinical nurse and midwife managers at the most senior levels in the HSE – especially as the crisis continues into the winter. We must also insist on services not proceeding if safety levels have not been met.

While the Safe Staffing Framework is only the first step, it is a very important one. For its benefits to be realised, it must be supported by funding to plan and to recruit.

At October's ADC, your representatives endorsed the call to underpin this strategic method of determining staffing requirements with legislation to reinforce safety levels. Strengthening the framework in this way is important and will be the test of how seriously the government and HSE take patient outcomes and staff safety.

Phil Ní Sheaghdha
General Secretary, INMO

Government health spending "could be wasted" without a staffing plan

INMO tells Oireachtas new bed capacity must be matched by staffing

THE government's €4 billion spending boost for the health service "could be wasted" without plans to get staffing right, the INMO warned the Oireachtas health committee as we went to press.

The union pointed to ongoing understaffing issues, which have been exacerbated by Covid-related absence. The INMO strongly welcomed the additional health budget, but has expressed concern that new bed capacity must be matched by staffing. The government's proposed 67 extra critical care beds, for example, would require the equivalent of 435 full-time nurses to staff.

The union also warned of looming pressures in the medium term, as overseas recruitment during Covid becomes more difficult. In 2019, nearly two-thirds (62%) of new nurses and midwives in Ireland were trained overseas.

The INMO called on the committee to recommend:

- A funded workforce plan, setting out how many staff the HSE will hire
- Recruitment powers to be returned to local managers, to overcome bureaucratic delays in hiring
- More undergraduate nursing and midwifery places to ensure a stronger supply of staff
- Pay for student nurses and midwives during their placements in the health service
- A reduction in healthcare worker infection rates, through regular, universal Covid testing in all healthcare settings, along with an end to the derogation requiring some healthcare workers to return to work before the end of their self-isolation period.

INMO general secretary Phil Ní Sheaghdha said: "The government has given the health service a much-needed shot in the arm with this health spending. But if we don't get staffing right, it could be wasted.

INMO general secretary Phil Ní Sheaghdha: *"we need to see a proper workforce plan from the HSE and the return of recruitment powers to local managers. Our health service should be adopting an 'all hands on deck' approach, instead of delaying recruitment"*

"In the short run, we need to see a proper workforce plan from the HSE and the return of recruitment powers to local managers. Our health service should be adopting an 'all hands on deck' approach, instead of delaying recruitment. Recruiting more staff will also help retain the ones we currently have.

"For the future of our health service, we need to be training more undergraduate nurses and midwives in Ireland. Over 5,000 people put nursing or midwifery as their first choice in the Leaving Cert, but we only have space for a little over one-third of them.

"The health service can also keep people at work by ensuring that they aren't exposed to this virus. That means ending exemptions to the self-isolation policy and bringing in regular testing in all healthcare settings."

Budget boost welcomed but longer term, multi-annual reforms needed

THE Budget's €4 billion extra allocation for the health service is much needed, but needs to be spent well, the INMO said, while broadly welcoming the government's record investment in the health service.

The INMO particularly welcomed the expected spending on:

- The long-underfunded National Maternity Strategy
- The Safe Staffing Framework in Nursing, which sets staffing levels scientifically, based on patient needs
- The start of the transition to a single-tier health service, as set out in the Sláintecare plan
- Additional funding for disability and hospice services
- Increased public care of the elderly in home and residential care settings.

The union is seeking greater detail on the budget plans, along with a meeting with the Minister for Health. The union's key additional budget priorities include:

- Extra training and education capacity, in particular to get more ICU nurses trained urgently
- Recruitment powers returned to directors of nursing and midwifery, to ensure that hiring does not continue to be mired in red tape
- Improved pay and powers for nurse and midwife managers
- A fair deal for student and intern nurses and midwives, who have made an extraordinary contribution during the pandemic.

INMO general secretary Phil Ní Sheaghdha said: "This is a very welcome, substantial and much-needed increase in the health budget. The extra €4 billion is not only a necessary response to Covid, but recognition of the indispensable work that our members do in the health service every single day.

"Health funding cannot be like a tap – switched on and off from year to year. We need to see multi-annual, clear commitments to building capacity, getting staffing right, and moving to a universal healthcare model. The money needs to be spent well.

"There are clear funding needs in the short-term for Covid, but the government cannot take its eye off the ball for medium and long-term reforms.

"That means a scientific method for ensuring safe staffing in all care settings, implementing the long-overdue Maternity Strategy, and building up Ireland's capacity to train and retain nurses and midwives."

Extra beds in Winter Plan simply can't open without staff – INMO

THE HSE's Winter Plan will "simply not work" without extra nursing and midwifery staffing, the INMO warned after its announcement last month. However, the union welcomed additional funding and planned bed capacity increases, but cautioned that any extra capacity requires extra staffing.

The HSE's Winter Plan contains a variety of targets but does not set out how many extra staff will be hired to achieve them.

The INMO has been seeking a funded nursing and midwifery workforce plan from the HSE since January and has referred the lack of engagement on the matter to the Workplace Relations Commission.

The union points to an already strained workforce, which has worsened due to staff on sick leave or in self-isolation due to Covid-19 infections. For example, the Ireland East Hospital Group currently has 400 nursing vacancies unfilled across its 12 hospitals.

INMO general secretary Phil Ní Sheaghdha said: "Without a plan for extra staffing, the winter plan will simply not work. Extra hospital beds are much needed, but they are meaningless and dangerous if not properly staffed and resourced.

"For months now, we have sought a funded workforce plan from the HSE, setting out how many nurses and midwives they intend to hire in the health service. We are still awaiting any engagement – something we have referred to the WRC as a dispute.

"This HSE Winter Plan brings welcome investment, but absolutely zero clarity on how we will recruit and retain the staff to provide care.

"The HSE says it will take a zero-tolerance approach to overcrowding, yet trolley figures continue to grow."

Outgoing INMO president Martina Harkin-Kelly said: "Our members will be scratching their heads over the lack of staffing detail in this plan. How can we set a target for extra beds without saying how many extra staff will be hired?

"Before the election, political parties committed to specific numbers of extra nurses and midwives. Nurses and midwives are seeing their numbers depleted due to Covid infection, self-isolation and childcare issues, yet there are no clear staffing commitments in the Winter Plan."

ADC emergency motion calls for staffing boost

The need for staffing shortfalls to be urgently addressed was also highlighted in an emergency motion at the INMO annual delegate conference held online on Friday, October 9, 2020. Delegates called for a major staffing boost to deal with Covid-19 and for powers to be restored to directors of nursing and midwifery to hire the staff they urgently need.

• *See page 24-25 for full report on this motion*

Karen McGowan elected new INMO president

KAREN MCGOWAN, an advanced nurse practitioner in Beaumont Hospital, was elected president of the INMO at the annual delegate conference, which was held online on Friday, October 9, 2020.

Ms McGowan was born and raised on Arranmore island, Co Donegal. She is a native Irish speaker. Trained at Dublin City University, she has worked at Beaumont throughout her career, now as an advanced nurse practitioner in the hospital's emergency department.

Ms McGowan has been a member of the INMO Executive Council for the past four years, having been a workplace rep for several years.

Karen takes over from outgoing INMO president Martina Harkin-Kelly, also from Donegal. She will be supported in her work by Eilish Fitzgerald (first vice-president) and Kathryn Courtney (second vice president).

Incoming INMO president Karen McGowan: *"I am so proud of the role that nurses and midwives have played during the pandemic and will work to the best of my abilities to represent them"*

Ms McGowan, said: "I want to thank my predecessor, Martina Harkin-Kelly, for her incredible work over the past years. I am truly honoured to become the INMO's president – especially during this unprecedented time in the health service.

"I always wanted to be a nurse. When I was young, my father was very sick and spent a long period in hospital in Galway. As a six-year-old, I saw the expert care provided by the nurses and it left a lifelong impression on me.

"Working as a frontline emergency nurse, I've seen the incredible work my colleagues do. I've also seen how the health system lets them down, which is why I have always been an active, determined INMO member.

"I am so proud of the role that nurses and midwives have played during the pandemic and will work to the best of my abilities to represent them."

INMO general secretary Phil Ní Sheaghdha said: "Our professions are lucky to have Karen at the helm of our Executive Council. She is an experienced nurse and a dedicated trade unionist. She will be ably supported by her fellow officers Eilish Fitzgerald and Kathryn Courtney. I look forward to working with them over the coming years.

"I would also like to thank outgoing president, Martina Harkin-Kelly, for her dedicated work over the past four years. Martina was president when I took over as general secretary, and I am personally grateful for her support, guidance and work over an exceptionally busy period, which included the second strike in our history and an unprecedented pandemic."

• *See pages 20-27 for full ADC coverage*

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1. https://www.fresenius-kabi.com/ie/products
2. SmofKabiven Central emulsion for infusion. Summary of Product Characteristics. Fresenius Kabi.

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INMO makes first submission on nurse/midwife manager pay and roles

NURSE and midwife managers should be given greater autonomy, be more involved in executive decision making and should have their pay increased, the INMO has said.

The call came as part of the union's first formal submission to the government's long-awaited Expert Review Body on Nursing and Midwifery Professions. The INMO had previously met the chair of the review body, Dr Moling Ryan, before its formal work began in July, to set out its priorities.

The review body was one of the measures resulting from the INMO strike of 2019. It initially aims to look at the pay and roles of nurse and midwife managers – in particular in relation to the pay increases won by the staff grades in the strike. It will also take a wider look at the full professions at all grades, which the INMO will also be making submissions on.

The INMO's submission called for a wider rethink of salary scales for all grades across nursing and midwifery. The union's view is that the enhanced practice salary scale should be made the basic pay rate for staff nurses and midwives, with resulting increases for management grades.

This should include clear differentials between grades to ensure strong incentives for promotion. There should also be an examination of the value brought by these roles, with comparisons with other professions working in the HSE.

The union also called for clear proposals to resolve the issues with outdated pay structure based on the banding of the hospitals in which directors and assistant directors work.

Outside of pay, the INMO's submission called for an enhanced role for nurse and midwife managers, at decision making levels as many are currently excluded inappropriately in the governance structures that exist.

Education and training should be enhanced and the existing structures strengthened and supported to deliver increased postgraduate education. In particular, this should facilitate the growth of those working as advanced nurse/midwife practitioners and clinical nurse/midwife specialists.

This would also see greater autonomy for nurse and midwife managers, along with a clear role for them to participate in the health service's strategic direction. This fits in with other government policy. The National Maternity Strategy, for example, envisions much more midwife-led services and greater executive autonomy. The much-discussed Sláintecare reforms also involve a shift to more nurse and midwife-led services, with a particular emphasis on community care.

More broadly, the submission echoed the words of President Michael D Higgins, warning that after the pandemic, we cannot simply return to the practices of the past: "How hugely regrettable it would be, what a lost opportunity, if, through some form of evasion or moral cowardice, we as a society were to continue a disregard for the efforts of these women and men, our essential workers, that, having paid them a fulsome tribute for putting themselves and their families at risk for us all, we were to revert to where we were before the crisis."

Student nurses and midwives being exploited and treated as unpaid staff during Covid

STUDENT nurses and midwives are being exploited during the Covid-19 pandemic, the INMO has warned.

Students on placements in hospitals across Ireland are facing additional risks from Covid-19 and are effectively being asked to work as staff for no pay.

Many have also faced income loss as due to the infection risk of working in a care home while also on placement in a hospital they are no longer able to work part-time as care assistants while studying. Before their final-year internship most student nurses and midwives get either no pay or an allowance of just €50.79 per week.

A HSE scheme to pay many students healthcare assistant salaries was used at the start of the pandemic in March, but it is no longer operating.

The INMO met with officials from the Department of Health last month, but there was no progress on the issue.

The INMO has called for the payment provided in March to be re-introduced immediately and for student allowances to be increased substantially.

INMO general secretary Phil Ní Sheaghdha said: "Our students are being taken for granted. They are facing huge workloads and risking Covid infection. And while they are doing indispensable work, they are getting no financial recognition for their efforts.

"They do not have the protections provided to employees. While most third-level students are advised to stay off campus and study online, nursing and midwifery students have to attend very dangerous workplaces to fulfil their learning objectives.

"Extra work, serious risk and other sources of income being cut – student nurses and midwives are getting a raw deal. It is beyond time to respect their contribution and pay them. The message is simple: stop exploiting student nurses and midwives."

A clinical placement co-ordinator for students, who asked not to be named, said: "It's crazy what we're asking of students. They're expected to be students, care staff and nurses all rolled into one. Nursing placements are always tough, but Covid has meant they're under incredible pressure.

"They're being supervised by a dwindling number of staff who are all under massive pressure too. All of it combines to undercut their learning experience. So many workplaces would be lost without students. We're relying on them to not only learn, but to put in massive work. Not paying them is cheating them, in my view."

Tony Fitzpatrick, INMO director of industrial relations, reports on curr

Members should get flu vaccine but HSE risk assessment form not agreed

THE HSE recommends that all healthcare workers get the flu vaccination and is working to ensure greater availability of the vaccine to all healthcare workers this year.

It is INMO policy to encourage nurses and midwives to obtain their own medical advice and avail of the flu vaccination.

The HSE issued a *Mandatory Risk Assessment Policy for Flu Vaccination in Healthcare Workers* recently, without agreement with the INMO or the health sector unions. The INMO raised significant concerns with regards to GDPR compliance and the infringement of healthcare workers' rights to privacy because of the requirement of this mandatory policy.

The issues raised in this HSE guideline document centre around consent, as consent must be given freely. However, in this case, our objections were that if you did not consent to getting the flu vaccine for any reasons, you would face additional requirements or face redeployment. This would not be freely given consent.

As a result of our arguments, the HSE agreed to pause this mandatory risk assessment process on October 5, to allow for discussions, pending further discussion with the INMO and other health sector unions.

The HSE noted that the INMO and other health sector unions are committed to encouraging their members to take up the flu vaccine and will continue to do so, through their own established channels.

To that end, the INMO encourages all nurses and midwives to get the flu vaccine. However, there is currently no requirement to complete the HSE risk assessment form or share personal health information.

Review group issues recommendations on delivery of school immunisation programme

WHEN the HSE extended the school-aged HPV vaccine to include boys in September 2019, the INMO raised issues about the need to increase staffing resources along with the expanded service.

This resulted in a WRC agreement of September 25, 2019 which can be found on the INMO website **www.inmo.ie**. This agreement allocated additional WTE permanent posts to the HSE School Immunisation Programme and it recorded that the parties committed to engagement in the national process to review the model of immunisation delivery.

Subsequently, the INMO sought amendment to the terms of reference and secured two INMO seats on the review group. The union nominated Eilish Fitzgerald, first-vice president, and Gráinne Walsh, Executive Council member, to this review group and thanks them for their extensive work over the past 12 months.

In early October 2020, the review group issued its Immunisation Delivery Model Review Report, which recommends as follows:

- The school immunisation programme should be delivered by a nurse-led, multidisciplinary team
- The new model should be implemented as soon as possible to provide dedicated nurse-led, multidisciplinary immunisation teams in all areas
- Dedicated administrative staff to cover administrative duties of the School Immunisation Programme and the Primary Childhood Immunisation Programme, such that they could be focused on immunisation in its entirety
- New model to be delivered consistently across the country
- Costed staffing levels based on populations that can be flexible and adjusted in an evidenced-based way if the boundaries of existing CHOs change
- Staffing requirement of the new model would consist of a team lead with oversight of the conduct of and the ultimate clinical responsibility for the vaccination session. This member of nursing staff would be of ADPHN grade, who would not be administering vaccines to children during the session. Three nurses, one of whom should be a PHN or RNP who can deputise for the ADPHN if need arises and two can be community RNs. The duties/roles will be divided as such that at any one time two nurses are vaccinating, and one is supervising the observation area. In addition, there should be one administrative staff performing identity checks on children etc. The rationale for a basic nursing staff complements of four is to allow for the management of a scenario whereby an anaphylactic reaction requiring two staff and simultaneous/concurrent adverse event (eg. syncope)
- The reporting line of accountability will consist of advanced nurse practitioners, registered nurse prescribers and RNs on the dedicated immunisation team and the administration team reporting to the ADPHN with responsibility for screening and immunisation to the DPHN, head of primary care of the CHO.

This report is to be considered by the INMO Executive Council and the union will consult further on its contents with DPHN/ADPHN/PHN/CRGN members working in the delivery of the School Immunisation Programme.

The INMO will also be seeking engagement with the National Director of Community Services on this issue.

ent national IR issues

Extensive talks on derogation policy

EXTENSIVE talks on the derogation/return to work policy have taken place at the National Joint Council (NJC) forum between HSE management and the INMO, along with other health sector unions.

The NJC has met twice weekly since March 2020 to discuss the rapidly changing response to Covid-19 and in recent weeks there has been extensive engagement on the derogation/return to work policy.

Early last month, several questions remained over the HSE guideline on *Derogation for the Return to Work of Healthcare Workers,* including:

- The policy's negative impact on the ability to provide a safe working environment for healthcare workers
- How to ensure asymptomatic healthcare workers are not infectious
- The absence of a testing policy to balance this policy
- The absence of any measurement of related infections among other staff or patients following the managerial decision to derogate under this policy.

At the time of going to print, 9,228 healthcare workers in Ireland had been infected with Covid-19. The INMO asked the NJC how many derogations had been granted to "essential healthcare workers", where and at what grades? It also asked if any of those derogations could be linked to subsequent cases of the virus?

The National Director of Occupational Health, on behalf of the HSE, responded by stating that derogations are granted by local management and no records are held at national level on the number of derogations that have been granted to essential workers, where these locations are or the grades that have been derogated. Furthermore, it was confirmed that as there was no national surveillance, the HSE was unable to advise if any derogations were linked to subsequent cases of the virus.

The HSE outlined that local audits had taken place in some hospitals, with no additional details provided.

The Director of Occupational Health advised that the derogation issue was going to be examined by the expert advisory group of HIQA, and that the Pandemic Infection Control Team (PICT), may advise NPHET on examining the derogation process.

The health sector trade unions remain gravely concerned from feedback from frontline members at the implications of the HSE's derogation policy. This policy allows management the authority to derogate staff members who are unprotected close contacts at work, including close contacts with a known cluster and where APG are undertaken.

Occupational Health is informed by management, but they do not make the decision. While Appendix 2 of the policy contains a derogation checklist for line management, local managers are derogating significant numbers of staff to return to work, as it is not possible to reduce the service or secure alternative staff.

From a practical point of view, the service in general is under severe staffing pressure and it is impossible for line managers to recruit staff to replace/supplement the roster in the timeframes required. It is also not authorised, we are advised, to reduce the number of patients on a ward, in emergency departments or elsewhere, and therefore the default position is that close contact staff are being derogated.

It is completely unacceptable to the INMO and health sector trade unions considering the high level of healthcare worker infections that the HSE have no national oversight or governance of the impact of this derogation policy on healthcare workers and indeed on the patients they care for.

The policy should be reviewed and amended as a matter of urgency and in the interim, a national oversight process must be in place, to monitor and record all derogations, ensure compliance with policy and assess the impact of derogation.

Where staff are not available due to Covid-19 infection or self-isolating in accordance with public health advice, then the service must reduce if replacement staff cannot be found. Derogating blindly without a testing regime and tracking the effects of this decision is reckless and poses an unacceptably high risk to other staff and patients.

The INMO and other healthcare trade unions have requested urgent change to this policy for the reasons set out above. If same is not agreed, we will have no alternative but to refer this matter to the Workplace Relations Commission as a health and safety dispute.

Tony Fitzpatrick reports on current national IR issues

PHN transfer panel

THE INMO is calling on the HSE to immediately reactivate the PHN transfer panel, which it suspended at the peak of Covid-19 in May 2020.

The transfer panel is necessary for directors of public health nursing to fill approved posts via the transfer panel. If the transfer panel is not utilised as envisaged, directors of public health nursing are prevented from filling vacant posts that are approved within the community care area. This needs to be addressed immediately as areas will have to curtail the services in those areas.

In addition, the INMO is seeking efforts to be stepped up to fill PHN posts across areas 6, 7 and 9.

PHNs with a paeds qualification

IN JULY 2020, the INMO secured the issuing of CERS memo 34/2020 on recognition of the paediatric specialist qualification allowance for public health nurses.

The INMO had pursued this matter as a national issue as a significant number of individual claims were in process and because a significant number of community care areas were paying the specialist qualification allowance to nurses who held the specialist qualification in paediatrics. However, difficulties have now arisen concerning the implementation of this allowance and the INMO has written to the HSE to have the matter addressed.

Acting up process extended

On January 20, 2020 agreement was reached at the WRC with regards to the process to regularise staff who have been acting up on a long-term basis. The WRC noted this issue required further engagement as the HSE was only willing to apply this agreement to grades up to a salary value of Grade VII (maximum) across all disciplines.

Following engagement with the INMO and other unions, the HSE has now confirmed that all grades will be considered as part of the 'temporary higher appointments' (THA) process.

The criteria are:

- The postholder must be on a THA in receipt of pay for the role and hold a substantive permanent contract with the HSE. Posts that do not meet this criteria will not be considered a THA
- Postholders must have held the post on a temporary basis and have been paid, prior to and from **January 1, 2019,** on a continuous basis, with no outstanding issues or processes remaining
- In accordance with the provision of circular 17/2013, such posts must have been subject to a competition. Evidence of interview and sign off will be required for each post
- Where this is not the case, a selection process must take place, subject to the previously discussed eligibility criteria (as set out in the WRC document of January 2020).

The HSE has appointed a management group to develop the protocols, checklist and forms and revise existing circulars. Additional guidance will be provided to the system in the coming weeks. It is hoped that all appointments will be processed and completed by the end of 2020. Members who have been working in a higher post and believe the above applies to them are asked to contact the INMO for further advice on this scheme.

Delay with new safeguarding policy

THE INMO and other unions met with the HSE and the National Safeguarding Office on September 29, 2020.

The HSE Safeguarding Policy must align with the Department of Health policy which has been delayed by six months. The Department of Health now intends to hold public consultation on its safeguarding policy in early 2021 rather at the end of 2020. The HSE has carried out an internal scoping process to estimate the additional funding and resources that will be required for the new policy.

Further engagement is required between the unions and the HSE with regards to:

- An implementation framework, which is to be provided by the HSE
- Clarification in roles and responsibilities under the proposed policy
- The scope of the policy
- The resourcing to allow for the policy to be implemented.

The HSE is to seek a progress report from the Department of Health on its draft policy and is to revert thereafter. The HSE is aiming to launch its revised safeguarding policy in 2021, however, significant additional engagement is required with the unions ahead of that.

Governance of community swabbers

THE INMO met with HSE Corporate Employee Relations Services and Community Operations HR with regards to the recruitment process for community swabbing and contact tracers.

At National Joint Council Covid-19 meetings that took place throughout August, September and October 2020, the INMO has been raising the following matters relating to community swabbers:

- Recruitment
- Job descriptions and their role
- Reporting relationships and line management structures
- Governance.

The INMO has confirmed that staff recruited to these positions will be directly hired by the HSE and via an agency.

The HSE outlined that there is significant engagement ongoing within Community Operations with regards to a national standard training programme and governance arrangement for swabbers.

During all meetings of the NJC Covid-19 process, the INMO has consistently pointed out the need for an agreement on reporting relationships and clinical governance. This position is recorded in a letter from the chair of the NJC Staff Panel to Community Operations HR.

The aim of recruitment is to allow redeployed staff to return to their posts.

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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 150 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 **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. **Date of revision of text:** PA 330/37/13: May 2019. Product not subject to medical prescription. Full prescribing information available upon request.

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Chairperson: Michael Farrell, Section Officer

Theme 1: Current and national issues

- Formal opening & address: INMO President
- **Future direction of nursing and midwifery**
  Rachel Kenna, Chief Nursing Officer
- **Nursing & midwifery leadership – a legal and professional overview**
  Dr Edward Mathews, Director of Professional and Regulatory Services

Theme 2: Digital advances

- **Telehealth**
  Loreto Grogan, National Clinical Information for Nursing and Midwifery, HSE
- **ICT System "My NMBI"**
  Sheila McClelland, Chief Executive Officer, NMBI

Chairperson: Fiona McKeown, Section Officer

Theme 3: Global Issues:

- **The State of the Worlds Nursing Report**
  Howard Caton, Chief Executive Officer, ICN
- **The Daisy Foundation**
  Bonnie Barnes, Co-founder & Chief Executive Officer
- **The psychological impact of Covid-19**

Formal close: Phil NiSheaghdha, General Secretary, INMO

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Midwifery services understaffed

THE major national survey of Ireland's maternity services published last month provides further evidence of the understaffing of midwifery services in Ireland, the INMO has said.

The National Maternity Experience Survey, commissioned by HIQA, found that 85% of women had a positive maternity experience, but many had concerns about staffing pressure.

The survey was carried out in early 2020 and involved women who had given birth in October and November 2019. It had more than 3,200 respondents and included "thousands of positive comments about the various healthcare professionals that the women interacted with, particularly midwives."

However a number of women who responded to the survey commented on staffing levels and the difficulties they sometimes experienced in accessing assistance from staff when they needed it.

The INMO said that the report was further evidence of the trust women have in midwives, but that it is clearly an understaffed sector.

INMO general secretary Phil Ní Sheaghdha said: "It is clear that midwives' work is incredibly valuable to all those in their care. The whole midwifery profession can take pride in how highly their skills are valued.

"But understaffing evidently has a real impact on patients. Despite population growth, the number of midwives has barely budged in recent years. Existing midwife-led services have been threatened, with little rollout of new services.

"There is still no funded plan to get the midwifery workforce to safe and appropriate levels. Women clearly deserve better: the current medically focused model can rush women through, leaving many without the aftercare they need.

"Midwifery can provide woman-centred care, with genuine options of midwife-led care at home or in a maternity hospital. But they need the staffing levels to do it."

See: **https://yourexperience.ie/** for the full results.

Governments must provide equitable access to Covid vaccine

THE INMO, along with the Access to Medicines Ireland (AMI) campaign group, is calling on the government to ensure that people across the globe have equitable access to effective and safe Covid-19 healthcare as soon as possible.

Access to Medicines Ireland has called for the Irish government to take immediate action to support the World Health Organization's Solidarity Call to Action and endorse the Covid-19 Technology Access Pool (C-TAP).

Dr Aisling McMahon, assistant professor at Maynooth University Department of Law and a medico-legal expert, said: "'People living in Ireland and indeed across the globe need to have equitable access to effective and safe Covid-19 healthcare as soon as possible. The Irish government can strengthen its commitment to developing effective Covid-19 healthcare and to ensuring equitable global access to such Covid-19 health-technologies by supporting the WHO Solidarity Call to Action and C-TAP initiative. The WHO Call to Action and C-TAP initiative promote the sharing of knowledge, data and intellectual property rights which is vital to developing effective vaccines, diagnostics and medicines for Covid-19, and for ensuring equitable global access to these."

C-TAP is also a key step to ensure that future diagnostics, treatments and vaccines for Covid-19 are affordable and accessible to patients in Ireland and to Irish taxpayers.

On September 25, 2020, President Michael D Higgins indicated his support for the WHO's Solidarity Call to Action in tackling Covid-19 in his speech at the 75th Session of the UN General Assembly. He stated: "As traditional markets have acknowledged that they cannot deliver at the scale needed to cover the entire globe, solidarity within and between countries and the private sector is essential if we are to overcome challenges presented to us by Covid with regard to accessing appropriate medical treatments."

Access to Medicines Ireland, leading Irish health experts Prof Luke O'Neill and Prof Sam McConkey and organisations such as Medécins Sans Frontières Ireland, the INMO and the Irish Network for Global Health, are all calling on the Irish government to support the C-TAP initiative.

Dr Kieran Harkin, general practitioner and member of AMI, said: "C-TAP is a promising and wide-ranging initiative to ensure that Covid-19 treatments will be available to all who need them, regardless of their ability to pay, or how wealthy the country they live in is. It is a vital antidote to the growth of 'vaccine nationalism' in some countries, and EU countries including Belgium, Luxembourg, Norway, Portugal and the Netherlands have already pledged their support under the WHO's Solidarity Call to Action."

It is in all our interests that Covid-19 is eradicated as soon as possible, and this can only be achieved through developing effective vaccines, therapies and diagnostics that are available across the world. Global solutions are urgently needed.

World news

Nurses and midwives in action around the world

Australia
- Budget fails to deliver real investment in nursing, midwifery and aged care

Canada
- Nurses lobby against bill that caps wage increases
- United Nurses of Alberta rejects AHS offer to delay collective bargaining until next year

Honduras
- Covid-19 infections increase 10% in auxiliary nurses

Italy
- Nurses: no to divided time

New Zealand
- NZ Nurses Organisation 'disappointed' leaders didn't know nurses' starting salary in Election 2020 leaders debate

Philippines
- No to nurses' demotion

Portugal
- Nurses call for "new order" in local health systems
- Union of Nurses against discrimination about vacation days at Évora Hospital

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Posology: One 6 mg dose (a single pre-filled injector) of Pelgraz is recommended for each chemotherapy cycle, given at least 24 hours after cytotoxic chemotherapy. Safety and efficacy of Pelgraz in children and adolescents has not yet been established and no recommendation on a posology can be made. No dose change is recommended in patients with renal impairment, including those with end-stage renal disease. **Method of administration:** Pelgraz is for subcutaneous use. The injections should be given subcutaneously into the thigh, abdomen or upper arm. See SmPC for instructions on handling of the medicinal product before administration. **Contraindications:** Hypersensitivity to pegfilgrastim or any of the excipients in Pelgraz. **Warnings and precautions:** To improve the traceability of biological medicinal products, the trade name of the administered product should be clearly recorded. The long-term effects of pegfilgrastim have not been established in acute myeloid leukaemia (AML); therefore, it should be used with caution in this patient population. Granulocyte-colony stimulating factor (G-CSF) can promote growth of myeloid cells *in vitro* and similar effects may be seen on some non-myeloid cells *in vitro*. The safety and efficacy of pegfilgrastim have not been investigated in patients with myelodysplastic syndrome, chronic myelogenous leukaemia, and in patients with secondary AML; therefore, it should not be used in such patients. Particular care should be taken to distinguish the diagnosis of blast transformation of chronic myeloid leukaemia from AML. The safety and efficacy of pegfilgrastim administration in *de novo* AML patients aged < 55 years with cytogenetics t(15;17) have not been established. The safety and efficacy of pegfilgrastim have not been investigated in patients receiving high dose chemotherapy. This medicinal product should not be used to increase the dose of cytotoxic chemotherapy beyond established dose regimens. Pulmonary adverse reactions, in particular interstitial pneumonia, have been reported after G-CSF administration. Patients with a recent history of pulmonary infiltrates or pneumonia may be at higher risk. The onset of pulmonary signs such as cough, fever, and dyspnoea in association with radiological signs of pulmonary infiltrates, and deterioration in pulmonary function along with increased neutrophil count may be preliminary signs of Adult Respiratory Distress Syndrome (ARDS). In such circumstances pegfilgrastim should be discontinued at the discretion of the physician and the appropriate treatment given. Glomerulonephritis has been reported in patients receiving filgrastim and pegfilgrastim. Generally, glomerulonephritis resolved after dose reduction or withdrawal of filgrastim and pegfilgrastim. Urinalysis monitoring is recommended. Capillary leak syndrome has been reported after G-CSF administration and is characterised by hypotension, hypoalbuminaemia, oedema and haemoconcentration. Patients who develop symptoms of capillary leak syndrome should be closely monitored and receive standard symptomatic treatment, which may include a need for intensive care. Generally asymptomatic cases of splenomegaly and cases of splenic rupture, including some fatal cases, have been reported following administration of pegfilgrastim. Spleen size should be carefully monitored (e.g. clinical examination, ultrasound). A diagnosis of splenic rupture should be considered in patients reporting left upper abdominal pain or shoulder tip pain. Treatment with pegfilgrastim alone does not preclude thrombocytopenia and anaemia because full dose myelosuppressive chemotherapy is maintained on the prescribed schedule. Regular monitoring of platelet count and haematocrit is recommended. Special care should be taken when administering single or combination chemotherapeutic medicinal products which are known to cause severe thrombocytopenia. Sickle cell crises have been associated with the use of pegfilgrastim in patients with sickle cell trait or sickle cell disease. Therefore, use caution when prescribing pegfilgrastim in patients with sickle cell trait or sickle cell disease, monitor appropriate clinical parameters and laboratory status and be attentive to the possible association of this medicinal product with splenic enlargement and vasoocclusive crisis. White blood cell (WBC) counts of 100 x 10^9 /L or greater have been observed in less than 1% of patients receiving pegfilgrastim. No adverse reactions directly attributable to this degree of leukocytosis have been reported. Such elevation in WBCs is transient, typically seen 24 to 48 hours after administration and is consistent with the pharmacodynamic effects of this medicinal product. Consistent with the clinical effects and the potential for leukocytosis, a WBC count should be performed at regular intervals during therapy. If leukocyte counts exceed 50 x 10^9 /L after the expected nadir, this medicinal product should be discontinued immediately. Hypersensitivity, including anaphylactic reactions, have been reported with pegfilgrastim. Permanently discontinue pegfilgrastim in patients with clinically significant hypersensitivity. Do not administer pegfilgrastim to patients with a history of hypersensitivity to pegfilgrastim or filgrastim. If a serious allergic reaction occurs, appropriate therapy should be administered, with close patient follow-up over several days. Stevens-Johnson syndrome (SJS), which can be life-threatening or fatal, has been reported rarely in association with pegfilgrastim treatment. If the patient has developed SJS with the use of pegfilgrastim, treatment must not be restarted at any time. As with all therapeutic proteins, there is a potential for immunogenicity. Rates of generation of antibodies against pegfilgrastim is generally low. Binding antibodies do occur as expected with all biologics; however, they have not been associated with neutralising activity at present. Aortitis has been reported after filgrastim or pegfilgrastim administration in healthy subjects and in cancer patients. The symptoms experienced included fever, abdominal pain, malaise, back pain and increased inflammatory markers (e.g. C-reactive protein and WBC count). In most cases aortitis was diagnosed by CT scan and generally resolved after withdrawal of filgrastim or pegfilgrastim. The safety and efficacy of Pelgraz for the mobilisation of blood progenitor cells in patients or healthy donors has not been adequately evaluated. Increased haematopoietic activity of the bone marrow in response to growth factor therapy has been associated with transient positive bone-imaging findings. This should be considered when interpreting bone- imaging results. This medicinal product contains 50 mg sorbitol in each unit volume, which is equivalent to 30 mg per 6 mg dose. Pelgraz contains less than 1 mmol (23 mg) sodium per 6 mg dose, that is to say essentially 'sodium-free'. The needle cover contains dry natural rubber (a derivative of latex), which may cause allergic reactions. **Pregnancy and Lactation:** Pegfilgrastim is not recommended during pregnancy and in women of childbearing potential not using contraception. A decision must be made whether to discontinue breastfeeding or to discontinue/abstain from pegfilgrastim therapy taking into account the benefit of breastfeeding for the child and the benefit of therapy for the woman. **Adverse Events include: Adverse events which could be considered serious include: Common:** Thrombocytopenia. **Uncommon:** Sickle cell crisis, capillary leak syndrome, glomerulonephritis, hypersensitivity reactions (including angioedema, dyspnoea, anaphylaxis), splenic rupture (including some fatal cases), Sweet's syndrome (acute febrile dermatosis), pulmonary adverse reactions including interstitial pneumonia, pulmonary oedema and pulmonary fibrosis have been reported. Uncommonly cases have resulted in respiratory failure or ARDS which may be fatal. **Rare:** Aortitis, pulmonary haemorrhage, Stevens-Johnson syndrome. **Other Very Common adverse events:** Headache, nausea, bone pain. **Other Common adverse events:** Leukocytosis, musculoskeletal pain (myalgia, arthralgia, pain in extremity, back pain, musculoskeletal pain, neck pain), injection site pain, non-cardiac chest pain. See SmPC for details of other adverse events. **Shelf Life:** 3 years. Store in a refrigerator (2°C – 8°C). Pelgraz may be exposed to room temperature (not above 25°C ± 2°C) for a maximum single period of up to 72 hours. Pelgraz left at room temperature for more than 72 hours should be discarded. Do not freeze. Accidental exposure to freezing temperatures for a single period of less than 24 hours does not adversely affect the stability of Pelgraz. Keep the container in the outer carton in order to protect from light. **Pack Size:** One prefilled injector with one alcohol swab, in a blistered packaging. **Marketing Authorisation Number:** EU/1/18/1313/002. **Marketing Authorisation Holder (MAH):** Accord Healthcare S.L.U, World Trade Center, Moll de Barcelona, s/n, Edifici Est, 6a planta, Barcelona, 08039 Spain. **Legal Category:** POM. Full prescribing information including the SmPC is available on request from Accord Healthcare Ireland Ltd, Euro House, Little Island, Co. Cork, Tel: 021-4619040 or www.accord-healthcare.ie/products. **Adverse reactions can be reported to Medical Information at Accord-UK Ltd. via E-mail:** medinfo@accord-healthcare.com **or Tel:** +44(0)1271385257.
Date of Generation of API December 2019. IE-01454

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Oncology & Haematology

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

May 2020. IE-01429

Members vote to accept pay proposals at Bon Secours

NURSES working in the Bon Secours Health System countrywide have voted, by a sizeable majority, to accept new pay proposals.

Following negotiations which commenced in January 2020 and culminated in the Workplace Relations Commission proposal regarding implementation dates and contractual matters, the following proposal ensued:

- A 20% increase in existing allowance from March 1, 2020
- Expansion of allowances to comprehend medical and surgical areas applicable from March 1, 2020
- The enhanced nurse practice salary scale applied on November 1, 2020, to all who qualify and apply
- Reduction of years for eligibility for the senior staff nurse from 20 years to 17 years.

Mary Power, assistant director of IR said: "This agreement, which was accepted by 93.6% of voting members, will ensure that they continue to be aligned with corresponding scales in the public health service.

"Information meeting and balloting opportunities were conducted over two weeks in Dublin, Cork, Galway, Limerick and Tralee, where Bons Secours hospitals are situated. We wish to express appreciation for the commitment and dedication of local activists who represented their colleagues at national meetings with management, and provided many opportunities for colleagues locally to vote."

UHL members send strong signal as 96% vote for action

A MASSIVE 96% of all INMO members in University Hospital Limerick voted in favour of industrial action, further to the refusal of management to attend the Workplace Relations Commission conciliation services.

The dispute is in relation to the non-filling of staff vacancies, overcrowding, internal redeployment from understaffed wards, status of panels to fill vacant posts (temporary and permanent), and the prospect of opening additional bed capacity.

The result of the members' ballot sent a very strong message from the union to hospital management. Following the ballot and a meeting with the CEO of the UL Hospitals Group, the INMO was contacted by the WRC to confirm attendance on October 19, 2020.

At the time of going to print, the INMO had requested local management to supply, ahead of the WRC hearing, information on the appointment of panelled nurses to fill current vacancies and support frontline services, including all ADON, CNM and staff nurse vacancies. The union also requested details of the nursing hours per patient day, as set out in the Framework for Safe Nurse Staffing and Skill Mix used to determine nurse staffing levels for the new 60-bed block in UHL.

The INMO expects to be in a position to make progress on these matters at the WRC to avoid a serious nursing dispute in UHL at this very challenging time for the health services.

Overcrowding crisis

UHL is consistently the most overcrowded hospital in the country, with the number of admitted patients on trolleys alarmingly high. Throughout October there were well over 40 patients on trolleys most days, rising to a high of 71 on trolleys, including 23 on the hospital's wards, on October 13. The INMO stated this dangerous situation cannot continue. National intervention is needed.

– Mary Fogarty, assistant director of IR

INMO assistant director of IR Mary Fogarty: *"We expect to make progress at the WRC to avoid a serious nursing dispute in UHL at this challenging time"*

PHN to be paid red-circled allowance with almost 20 years' back-pay

THE INMO has been successful in securing the payment of the 'PHN red-circled allowance' for a PHN member in the South East Region, retrospective for almost 20 years to 2000 – the year she commenced work in the South East as a PHN.

In late 2019, the member concerned contacted the INMO on realising that she had not been paid the 'PHN red-circled allowance' since she had moved to work in the South East Region as a PHN in 2000. However she could demonstrate that she had received this allowance while working as a PHN in another part of the country prior to moving.

The payment of this allowance was part of the resolution of the National Nursing Strike in 1999 and was payable on a red-circle basis to all PHNs who were in post on November 5, 1999. It appears on the Consolidated Salary Scales since 1999 and is currently valued at €1,601 per annum.

On the advice of the INMO, the member concerned sought payment of this allowance to her directly from her employer and sought full retrospection of this payment to 2000. Her employer initially rejected the claim and offered to simply pay her from the date of her claim in 2019. This was not acceptable to our member, and the employer then offered to pay her the allowance with a maximum of six years retrospection.

Further to representations by the INMO on this member's behalf, the member was eventually paid her allowance from her initial date of claim in late 2019, and the INMO also secured agreement from the HSE South East that she would be paid her full allowance in retrospection for each year since she commenced work as a PHN in the South East.

INMO IRO Liz Curran said: "I am delighted that the INMO was able to successfully satisfy this claim in full for our member, which resulted in her receiving a substantial amount of back-money owed to her over nearly 20 years. This case demonstrates the importance of being an INMO member, and for every member to ensure that they are being paid their full entitlements."

INMO Professional

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

Nursing now Ireland

Webinars and Conferences 2020

Online Interactive Conference

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 change, we appreciate your understanding.

All Ireland Annual Midwifery Conference

Thursday,
5 November 2020

Directors and Assistant Directors Section

Thursday,
12 November 2020

Public Health Nurse Section

Saturday,
28 November 2020

Occupational Health Nurses Section

Friday,
4 December 2020

Operating Department Nurses Section

Date to be confirmed

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

Focus on: INMO National Care of the Older Person Section

ON October 1, the National Care of the Older Person (COOP) Section celebrated the International Day of the Older Person.

To mark this occasion, the section's officers have made many contributions to this issue of *WIN*. The articles on *pages 47-51* represent a snapshot of the work that members within the care of the older person setting do.

Pictured at the National Care of the Older Person annual conference in 2019 were (l-r): *Brian McDonald, speaker; Noreen watts, secretary; Caroline Gourley, chair; Eileen O'Keeffe, education officer; Martina Harkin-Kelly, president; Margot Lydon, vice chair; Deirdre Lang, speaker; Niamh Hulm, speaker; and Maurice Healy, speaker*

The section's chairperson is Caroline Gourley, interim director of nursing, CHO 9. Ms Gourley has recently been elected to the INMO Executive Council and is very much looking forward to representing both her grade and her specialism on this national body.

Vice chairperson is Margot Lydon. Ms Lydon is a senior staff nurse at St Fionnan's Nursing Unit, Achill Island. She has been involved in the INMO for many years, both at branch and section level and has years of expertise to bring to the section.

The position of national secretary is held by Noreen Watts. Ms Watts works as a senior staff nurse at the Aras Ronain nursing unit on the Aran Islands, and has previously served on the INMO executive council. She has been an active member of the Organisation at every level.

Eileen O'Keeffe is the section's education officer. Ms O'Keeffe is a clinical nurse specialist in dementia care, with a specific interest in sexuality in the care of the older person. She has delivered education sessions for a number of sections within the INMO.

BAME nurses discuss Covid-19 experiences at International Nurses Section webinar

THE International Nurses Section was proud to host a webinar in late September, focusing on the black, Asian and minority ethnic (BAME) experience of the Covid-19 pandemic.

Speakers at the event were mostly members of the INMO International Section and were joined by Dame Donna Kinnair, RCN chief executive, and Phil Ní Sheaghdha, INMO general secretary

Section members shared their personal experiences of Covid-19 and how the virus has affected their professional and personal lives.

The section also undertook research in the form of an online survey, which was designed to gain an understanding of the impact of Covid-19 on nurses and midwives from the BAME community in Ireland. Preliminary results revealed that:

- 48% felt more at risk from Covid-19 as a nurse or midwife from the BAME community
- 90% were concerned while working on theCovid-19 frontline
- 65% said that socio-economic factors, genetic dispositions and comorbidities contributed to their risk of exposure.

The webinar is available to watch back on the INMO Professional website.

An article reviewing the webinar and explaining the results of the survey in detail can be found on *page 32*.

Establishment of LGBT+ networking group discussed at recent online meeting

A GROUP of interested INMO members met recently to discuss the establishment of an INMO LGBT+ networking group.

David Joyce, equality officer with ICTU, spoke at the meeting and shared his experiences of working with other trade unions and various networks that they have established.

It was decided that while the timing was not ideal due to the ongoing public health restrictions, the Organisation would nonetheless go ahead with establishing the new networking group.

The group's meetings activities will take place online initially, with the next meeting due to take place early in the new year.

Any members who are interesting in joining or engaging with this new networking group are encouraged to contact Steve Pitman, INMO head of education or INMO section development officer Jean Carroll at steve.pitman@inmo.ie or Jean.Carroll@inmo.ie

In the meantime, keep an eye out in future issues of *WIN* for the dates of upcoming meetings.

Taking stock of progress

From centenary celebrations to Covid-19, Martina Harkin-Kelly reflects on events since the last INMO ADC. **Alison Moore** reports

IN TODAY'S post-Covid world, the words 'normal' and 'new normal' have become ever present buzzwords, but as Martina Harkin-Kelly pointed out in her last address as INMO president at the recent special annual delegate conference (SADC), nurses and midwives don't really ever operate in 'the normal'.

"We operate in highly charged life-and-death care environments that others will never fully understand. They could not possibly, unless they've walked the walk with us," she said.

Ms Harkin-Kelly likened the working lives of nurses and midwives to a rollercoaster ride, at times a relentless experience, with gains made for the professions along the way.

"Our sector is fast paced with little or no let up, however we have made great gains and progress despite this," said Ms Harkin-Kelly.

Looking back on her four-and-a-half year term, which was extended due to the Covid-19 pandemic, Ms Harkin-Kelly told delegates that there had been many obstacles to progress for the professions over this period but that digging deep, communicating with members and using sound evidence to support the INMO position had brought success.

"Knowing that I was mandated by the membership gave me the courage and resilience I needed to fulfil this role, qualities that stood me in good stead as last year we moved from industrial action to centenary celebrations, commemorating our past while, in tandem, bringing about hard-fought meaningful change for the nursing and midwifery professions in this country," she said.

As examples of meaningful change achieved, Ms Harkin-Kelly pointed to the Taskforce on Safe Staffing and Skill Mix (2018) and the 2019 strike settlement, which saw the introduction of the enhanced practice nurse/midwife scale and a broadening of allowances, earlier access to the senior staff nurse scale and an overdue expert review of nurse/midwife managers.

Ms Harkin-Kelly stressed to the Minister for Health that the government must live up to its obligations in respect of these.

"The Labour Court recommendations are not, and I emphasise this, an à la carte menu; they must be implemented in their totality. I will also say to the minister that there must be an end to the messy business of first requiring eligible nurses and midwives to initially move onto the staff nurse and midwife scale. Instead, the direct entry point for all nurses and midwives at 18 months' service should be the enhanced practice nurse/midwife scale – it should be the only scale," she added.

Ms Harkin-Kelly acknowledged the minister's support of the implementation of the Framework on Safe Staffing and Skill Mix but nevertheless reminded him that the framework was agreed government policy.

> "In order to be able to function, an amount of certainty is a necessary component of care. We cannot operate in an uncertain environment"

She said that the incoming Executive Council would review the emergency department (ED) phase of the framework and ensure its rollout in all EDs across the country. She also underlined to the minister that adequate funding was imperative in order to achieve "this vision for the future nurse staffing and skill mix workforce across our health services," otherwise it was merely "an academic exercise".

Ms Harkin-Kelly noted that Stephen Donnelly was the third Minister for Health in office since the launch of the National Maternity Strategy in January 2016, but despite this, the strategy had yet to be properly funded or implemented, with just 27 additional staff midwives employed since the end of December 2017. She told Mr Donnelly that the INMO would continue to push for the full implementation of the strategy.

Pandemic

While the pandemic has occupied members' lives for the past seven months, the INMO has been continuously striving to improve working environment for nurses and midwives, Ms Harkin-Kelly said.

"Since the initial nationwide lockdown in March, the cogs of industrial relations have never been busier. The healthcare system entered the new landscape of 'Covid' and 'non-Covid' environments. Nurses and midwives the length and breadth of the country put their shoulder to the wheel and adapted our healthcare environments quickly," she said.

She added that nurses and midwives continued to report for duty despite the fact that basic fundamentals such as PPE were in short supply, childcare was problematic and there were redeployment concerns.

"Many of you as a result were directly or indirectly impacted by Covid-19 – from a personal and professional perspective. As nurses and midwives, from students to retirees, in order to be able to function an amount of certainty is a necessary component of care. We cannot operate in an uncertain environment.

"We are a strained workforce, who are experiencing fear and uncertainty as daily emotions. Indeed, the Executive Council's emergency motion, debated today (*see report on pages 24-25*), encapsulated the realities of working in a Covid healthcare environment and demonstrated the disregard shown to these professionals. As healthcare professionals we deserve to be safe in our work environments as well as valued and respected," she added.

Winter plan

Ms Harkin-Kelly criticised the lack of ring-fenced funding for staffing in the HSE's winter plan. She warned the minister that beds alone would not satisfy the need unless there was sufficient staffing in place.

"The INMO renewed its call to the

government and HSE to engage with us to develop a funded workforce plan for the health service. It is yet another example of the need for us to apply constant pressure. The INMO has lodged the matter as a dispute with the Workplace Relations Commission, to focus on getting a properly funded workforce plan – something that should be a certainty," she said.

Occupational injury

The latest figures show that 9,102 healthcare workers have tested positive for Covid-19, making up 26.7% of all cases in Ireland, with nurses and midwives accounting for around 30% of all healthcare worker infections.

Ms Harkin-Kelly underlined that the INMO's stated position is that Covid-19 must be classified as an occupational injury, a point that the INMO and ICTU have raised with the Tánaiste, Minister for Enterprise, Trade and Employment Leo Varadkar at the Health and Safety Authority.

"We are all familiar with Maslow's hierarchy of needs. The premise of this model is that certain basic physical needs must be satisfied before the higher-level needs of safety, belonging and esteem can be attained. Increased capacity is a physical need but is not the sole parameter on which to build safety. We must also feel safe, emotionally and psychologically, for growth to occur. I call on government to amend the regulation to allow this re-classification, which is within this minister's remit. The government must right this wrong and immediately introduce enabling regulation to classify this as an occupational injury," she said.

"Given the variance in recovery timeframes and what is now being referred to as 'long Covid' effects, protective measures and appropriate rest-period and aftercare are key to the nursing and midwifery workforce as a retention mechanism. Our students – unpaid and low paid – have been exposed to extraordinary risk. This is simply unacceptable," she added.

Ms Harkin-Kelly told delegates that the INMO developed online surveys designed to gain an understanding of the psychological impact on nurses and midwives in Ireland and the impacts of Covid-19 on the frontline BAME nursing community.

"Data is a critical component that will inform any INMO future strategy document in both supporting and representing nurses and midwives," she added.

Legacy

Ms Harkin-Kelly thanked the Executive Council for its work over an extended tenure and acknowledged the first- and second-vice presidents Catherine Sheridan and Eilish Fitzgerald for their support.

"This Executive has worked hard to ensure that the issues were debated, and decisions were taken, in the context of the impacts on our members and the patients, a focus that remained firmly in sight. This Executive has no regrets – just experiences they will never forget. If I was to reflect on what the legacy was, I would say it was securing the cornerstone foundations for the future progression and recognition of nursing and midwifery professional expertise in this country," said the outgoing president.

She said that our communities have become aware of what nurses and midwives do and the political establishment has woken up to acknowledging the importance of our work. She said that the INMO would not allow their attention to drift.

"In the year that has been designated as the year of the nurse and the midwife, it may well become the decade of the nurse and midwife," she said.

Ms Harkin-Kelly also highlighted the work ethic that she witnessed from the INMO team in HQ and the regional offices.

"I have served with two general secretaries, Liam Doran and Phil Ni Sheaghdha, both with different styles but with only one prevailing concern: you the member and your rights and entitlements. Both Liam and Phil have been relentless in their pursuit to do right by all of you. They always have your back, striving and ensuring employment law and workplace entitlements are fairly and equitably applied. To say I am indebted for all that I have learned from them is an understatement," she told delegates.

New Executive Council

Ms Harkin-Kelly congratulated Karen McGowan, her successor as president, Eilish Fitzgerald, first-vice president, and Kathryn Courtney, second-vice president, and offered some words of advice to the new president.

"My advice is to do what you feel in your heart is right and always remember you are human. Becoming president won't change who you are, it will reveal who you are. Keep trying, don't be afraid and flourish."

Reminding delegates about the strength to be found in working together, Ms Harkin-Kelly signed off with an old Irish proverb: "*Ár scáth a cheile a mhairenn na daoine* – through the shelter of each other people survive".

Thank you Martina

INMO general secretary Phil Ní Sheaghdha closed the SADC by thanking Martina Harkin-Kelly for her contribution over the past four years. "I speak on behalf of all my INMO colleagues in thanking Martina. We had a very difficult period with the strike and pandemic, but we have had great leadership from Martina as president.

"Internationally, Martina, your president, was regarded in very high esteem. She was always met with a big smile and open arms. We are now members of the Executive of the European Nurses Federation and that's due in no small part to the go-getting ability of Martina. On my own behalf and on behalf of all of our staff, we want to wish you all the best in the next steps you take," said Ms Ní Sheaghdha.

"We also thank Catherine Sheridan for her dedication and skill in her role as first-vice president. I am looking forward to continuing to work with Eilish Fitzgerald as she takes up the role of first-vice president," she added.

Pictured (l-r) at the Mansion House in Dublin for INMO centenary celebrations were: Eilish Fitzgerald, Phil Ní Sheaghdha, Martina Harkin-Kelly and Catherine Sheridan

Martina Harkin-Kelly giving one of her many addresses as INMO president

President of Ireland Michael D Higgins with Martina Harkin-Kelly

A year like no other

While Covid-19 has changed almost everything, some things remain the same as a health minister promises reform and funding in an address to the INMO's SADC. **Alison Moore** reports

"DURING this unprecedented time, the past six months have demonstrated, more visibly, more than any other time in our recent history, the dedication, the skill and the commitment of our healthcare workers."

Since the last INMO ADC the world has been turned upside down by Covid-19, and Health Minister Stephen Donnelly opened his online address to the INMO's special annual delegate conference (SADC) by paying tribute to those on the frontline of the Covid-19 pandemic, whom he acknowledged had faced "very challenging, difficult and sometimes heartbreaking" times.

"I'm acutely aware that this is not without risk, particularly for everyone on the frontline. Some of your colleagues contracted Covid-19 while caring for their patients and became sick themselves and tragically, as we know, some paid the ultimate price and lost their lives. Everyone in Ireland acknowledges their sacrifices and honours their dedication. We all mourn their deaths. The health and safety of all of our healthcare workers is essential."

Mr Donnelly said that the government was supportive of the efforts made by health service management and the trade unions at the Workplace Relations Commission to work on additional measures that can be put in place to support nurses and midwives who have contracted Covid-19.

"Conciliation is ongoing on this matter and hopefully a resolution that is acceptable to all sides can be reached in the near future," he said.

The minister also said that the government was committed to putting measures in place that would financially assist the families of those healthcare workers who have tragically died from Covid-19.

The INMO has been critical of the government's failure to collect accurate data on Covid-19 infection among frontline workers and Mr Donnelly addressed this, claiming that they now have "very robust data" on infection rates among healthcare workers.

"This will allow us to be as prepared as we possibly can be. It will be critical in terms of informing our decision-making in the coming months and ensuring that everything that can be done is being done," he said.

Mr Donnelly praised the innovation of nurses and midwives in relation to adapting how care is delivered. He said that nursing and midwifery had been "front and centre" in these developments, which include virtual clinics and the use of telemedicine. He said that over the coming years, the programme for government would need to reform services to meet population health needs, within which nurses and midwives would play a central role.

Winter plan

The INMO was also critical of the HSE's failure to ringfence funding exclusively for staffing in its winter plan. However, Mr Donnelly said he had ensured that the winter plan would "meet the challenge of resuming healthcare services while simultaneously providing care for those affected by Covid-19".

"The government has committed to an additional unprecedented €600 million investment in health services this winter. The €600 million will be used to support the rollout of winter-specific measures. These include additional community healthcare networks and community specialist teams, including a big focus on older persons, and chronic disease monitors. There will be additional intermediate care beds and additional access to diagnostics in the community," said the minister.

All of this, Mr Donnelly said, would provide the opportunity for more nurses and midwives across the system to lead on safe quality care.

"I should add that as part of your 2021 negotiations, I intend to secure funding for additional acute beds on a permanent basis. This goes hand in hand with the safe staffing framework you have worked with the CNO to develop," he said.

The minister said that phase one of the safe staffing framework continued to demonstrate significant positive results in patient outcomes, in quality of care, in length of stay and in relation to the retention of nursing and midwifery staff.

"This has gone together with a reduction in agency use and absenteeism. I know national implementation has begun and I know it's slow given the current environment. However, we remain fully committed to its implementation. To support this, there has been a €12 million funding submission as part of budget 2021," he said.

Mr Donnelly said that €5 million had been spent within the group A sites, supporting a total of 94 posts, with 58 already in position and the rest to be in post by the end of October 2020.

"I asked for phase three to commence in August this year. The safe staffing framework is a key recommendation in the nursing home experts review. I've provided funding to extend the research contract, supporting this work for another three years. The data on the evidence will continue to drive the development of the framework," he added.

Enhanced practice

The minister told delegates that, to date, 95% of eligible nursing and midwifery staff have applied for enhanced practice roles, with more than 70% now appointed.

"I'm conscious that this has been a protracted process but I also acknowledge that despite the challenges on all sides, 20,000 applications have been approved and processed in the past nine months and I've requested that the remaining applications are processed as quickly as possible."

Mr Donnelly said that the enhanced practice scale provided the opportunity to further transform the nursing profession and that he looked forward to the delivery of the recommendations early next year from the Expert Review Body.

The minister also pointed to the policy to develop graduates to advanced nursing and midwifery practice. He explained that this policy sets an initial target for 2% of the nursing and midwifery workforce to be practising at advanced level.

"I am delighted to note that, right now, we have 482 registered nurse and midwife advanced practitioners and we have a further 222 candidates in training. So, given the current workforce numbers, we're going to meet the 2% target," he said.

Sláintecare

Mr Donnelly said that the pandemic has demonstrated the importance of reform under Sláintecare.

"It aims to deliver care that is timely, free or affordable at the point of delivery and provide it at the most appropriate, cost-effective service level. I know that nursing and midwifery are in crucial positions to lead on this given their proximity to patients. So long-term care incorporates a number of nursing policies already developed by the Office of the Chief Nurse in my department, working collaboratively with stakeholders, including the HSE and obviously the INMO."

Maternity Strategy

The minister said that implementation of the National Maternity Strategy was one of his priorities, stating that midwifery-led care is central to the strategy and that he fully supported its continued implementation. Pointing to the maternity experience survey published last month, he said that evidence shows we are "on the right track".

"It provides interesting insights into what a woman experiences during and after her pregnancy. The survey shows 87% of our patients were happy with the care they receive and this is great news. It also supports my priority to continue to implement this strategy and, in doing so, to address some of the key areas highlighted in the survey as areas where we can improve," said the minister.

Mr Donnelly added that, since its launch in 2016, the strategy has not received the funding needed to move at the pace required, and that he was committed to securing funding in the budget to address this.

Worldwide shortage of nurses

Addressing the international shortage of nurses in relation to strategic workforce planning, Mr Donnelly admitted that "no health agenda, never mind a global one, can be realised without concentrated and sustained efforts to maximise the contribution of the nursing workforce".

He also recognised the vital contribution of student nurses and midwives.

"I'd like to thank you, particularly as a group, for your contribution. Permanent contracts have been offered to all of our graduates this year. Retention of our graduates is a priority of mine in the coming years. Supporting and protecting your education while keeping your training on track is also a priority."

Minister for Health Stephen Donnelly pictured addressing delegates at the SADC, which took place online

Acknowledging that the commitment made last year to review the application for placement allowance for student nurses and midwives, Mr Donnelly admitted that this has not progressed. He said that he had asked officials in the Department of Health and the Chief Nurse to complete this review within six weeks, in consultation with the INMO and the PNA.

The minister also said he was aware of the challenges students faced in relation to Covid-19, the working environment and the importance of maintaining their clinical placements. He has asked Department of Health officials to provide an immediate response on the possible options for reinstating the previous arrangements of HSA pay for clinical placements.

Year of the Nurse and Midwife

2020 was declared the Year of the Nurse and Midwife by the World Health Organization, and the minister acknowledged that this was yet another thing that the pandemic had forced into the background, meaning that the professions were denied the recognition these celebrations would have brought in normal times.

"It goes without saying that while your celebrations have been changed, deferred and even cancelled, the importance of the professions has never been more visible. I'm delighted the Year of the Nurse and Midwife has been extended into 2021 and I look forward to celebrating with you all next year, hopefully in person," he said.

Recognising the enormous effect that the pandemic has had on the lives of nurses and midwives, Mr Donnelly paid tribute to their courage and tenacity.

"If you have not wavered in your commitment to constantly strive to deliver safe, high-quality and effective care, both before and during this emergency, then I have no doubt that this commitment will continue to be demonstrated once the emergency is behind us. Since your last conference, our world has been turned upside down, but the health services didn't stop and nurses and midwives did not stop.

"Together we continue to develop and deliver services. As Minister for Health, I really look forward to working with you to achieve much of what we've learned here today. It's been a great opportunity to connect with you and all of your members. I would like to sincerely thank you all again for your work and commitment, particularly this year," the minister concluded.

General secretary's response

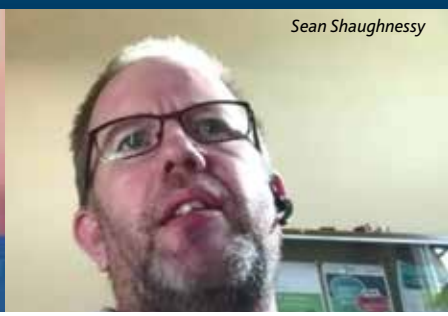
In response to the minister's address, INMO general secretary Phil Ní Sheaghdha reminded him that more than 300 delegates were logged in and that while these members represented different interests and demographics, she issued a stark reminder to Mr Donnelly that they had one thing in common.

"Let me give you a flavour of the audience, minister. There are students, there are midwives, there are staff nurses. Some are at the beginning of their career, some at the end of their career, but they all have one thing in common – a question – where is the funding to accompany the promises in your address?

"Where are the nurses? Where are the midwives? When are you going to set out the numbers? Where do you think they're going to come from? What supports are you going to put in place to ensure that they are not in a situation at work for the next number of months that will cause them to get sick themselves?

"In many instances we now have evidence of career-ending situations. It is very serious. If you consider what has happened to be extraordinary, the ask is now equally as extraordinary and the expectation for protection is even more extraordinary," said Ms Ní Sheaghdha.


Gráinne Walsh


Sean Shaughnessy

SADC: Nurse and midwife health and safety must be made a priority

Motion calls for workforce funding and efficient recruitment to be put in place to allow for safe staffing. **Alison Moore** reports

"EVERY day, nurses and midwives are confronted, not only by the overwhelming workload of an overstretched and understaffed health service that stretches nursing care capacity, but now we also face serious infectious risk to ourselves."

Executive Council member Gráinne Walsh spelled out the untenable position facing nurses and midwives simply by presenting for work during the Covid-19 pandemic.

Ms Walsh, who was proposing an emergency motion (*see box on opposite page for full text*), cited the disproportionately high infection rate among healthcare workers compared to the infection rate of the general population and highlighted that nurses are the largest single occupational group infected by Covid-19 as a result of their employment.

"When most workers were asked to stay at home, nurses and midwives put on their PPE and marched into the fray. That took great courage and resilience, as it was at that time the great unknown. Praise and clapping will not wash for the second wave."

Ms Walsh said that she felt nursing and midwifery as professions had endured a great deal and learned a lot and, as a result, were much better prepared for the second wave of Covid-19. On the other hand, she said that the government and the HSE had wasted the summer and could not simply depend on the goodwill of nurses and midwives to do all the heavy lifting this winter.

"Nurses and midwives are the backbone of the response to the Covid-19 crisis in the Irish healthcare system. The protection of nurses and midwives on the front lines is imperative. They must be protected so that they can protect the public's health," said Ms Walsh.

She reminded delegates that the INMO has been "front and centre" of a campaign to have Covid-19 reclassified as a health and safety injury and therefore notifiable to the Health and Safety Authority (HSA).

"We are also demanding that the HSA applies the same standards to healthcare settings as it does to other workplaces and for other workplace injuries," she said.

Ms Walsh also referred to an INMO survey, carried out in September, on the psychological impact of Covid-19 on nurses and midwives *(see page 30-31 for more on this)*.

"The preliminary results are startling and disturbing. Over 80% of respondents felt that their personal health had been put at risk during this pandemic. Thirty-five percent reported that they do not have confidence in their employer to keep them safe and, sadly, almost 60% of respondents have considered leaving the profession as a result of their experience of Covid-19."

Ms Walsh reminded delegates that they are not obliged to work in areas that may have a direct impact on their health and safety.

"It is up to your employer to ensure that you are working in a safe environment. If it is not safe, you must object," she added.

In urging members to support the motion, Ms Walsh also highlighted the situation of student nurses.

"It is imperative that our student nurses are treated properly during this pandemic. It is up to us to protect our students and the future of our profession. We cannot allow our students to be taken for granted and used as an extra pair of hands on the wards," she said.

Seconding the motion, Sean Shaughnessy from the Executive Council said that a funded workforce plan was imperative, emphasising that an annual funded workforce plan, with specific funding set aside for the Framework for Safe Staffing had been part of the strike settlement in 2019.

The reality, he said, was that even with the moratorium lifted, the bureaucracy and red tape surrounding recruitment and the subsequent delays in hiring staff meant it could not hope to keep pace with the erosion of the workforce in 2020.

He reminded delegates that there was no legal minimum staffing level in place in Ireland and that it was not unusual for colleagues to say that they were short two, three and four nurses on the wards.

"Every day I see colleagues burnt out. Every day I see colleagues in tears. Every day we see correspondence on the inability to produce a full roster a week in advance. There is an inability to sanction statutory leave entitlements. Nurses and midwives are being plucked from their annual leave to come back into the workplace.

"It's time now to derogate recruitment from the HSE back to the directors of nursing and midwifery in your respective areas," said Mr Shaughnessy.

The shortage of nurses and risk of burnout seen in normal circumstances would only be exacerbated in the current crisis, he added.

"Given now we're expected to live with Covid, where will the rest and recuperation come from? We are getting calls at home expressing how desperate they are for you to fill that gap. The framework should fill

that gap and you should be resting," he said.

Mr Shaughnessy added that the government was not being asked to make a sacrifice but to honour the agreements made and to provide protection so that nurses and midwives are not facing additional risk.

"I look to you, our delegates, as representatives of the wider professions to make sure leverage is applied to government to ensure the Framework for Safe Staffing is fully funded by a workforce plan. I ask you that we now go forward and seek out a national minimum staffing requirement," he said.

Also speaking to the motion, Emma Murphy from the Cork Voluntary and Private Branch said there was a great deal of stress and feelings of uncertainty among her colleagues in the emergency department, where staff shortages were a regular occurrence.

"We are facing into shifts on a daily basis where we are short three or four staff nurses in the ED. We are trying to look after patients who might have Covid, with fewer staff than we would normally have on any given shift.

"We are also expected to extend our service to two portacabins, extending our geographical space under reduced staff. We are constantly being promised extra staff but we don't know when they're starting. Only two have started in the past two or three months," said Ms Murphy.

Added to this was the issue of being expected to return to work following potential Covid exposure, without the same quarantine periods advised to the general public.

"Having spent over 40 minutes in a very small space with a Covid patient, I never expected to go back into work and potentially spread the infection to all of my colleagues, not to mention my children, my husband and the rest of my family. I urge you all to support this motion. We need better support in work and we need better staffing," said Ms Murphy.

The final speaker to the motion was Esther Fitzgerald, an ICU nurse from the Cork HSE Branch. She said that despite loving her job, the past six months had made her and her colleagues question their positions.

"In January and February, we had the energy, enthusiasm and the expertise for planning in preparation for the pandemic. However, this enthusiasm was quickly decimated when our workplace was exposed to the first community case of Covid-19, resulting in 30 of our ICU colleagues being isolated and two of our colleagues being positive.

"Two weeks in our bedrooms quickly focused our minds and our resolve. We battled on over the summer, treating and caring for extremely sick patients. We are now mentally and physically exhausted," she said.

"The fear of having no PPE is real and the fear of bringing Covid home is ever present. Our families' lives have been forever changed.

"I would urge the INMO to remind the HSE that we are their most valuable assets, and that surging, without appropriately qualified staff, will lead to poor outcomes. Covid, for an ICU nurse, is simply a numbers game and the numbers will beat us. We would like our employer also to notice that we are entitled to a safe place of work and that a pandemic does not change that," said Ms Fitzgerald.

"Speaking after the motion was passed, INMO general secretary Phil Ní Sheaghdha said that the Organisation has consistently raised the importance of healthcare workers safety with the government.

"If you are not well and you are not in isolation then the patients do not have the care that they deserve. The fact that so many patients did well in our ICUs was not an accident. It is because they got very good nursing care," she said.

Ms Ní Sheaghdha emphasised that until there are additional nursing posts in the system, then all talk from the HSE of surge capacity in the system is "a myth".

"Together, we will ensure that recruitment becomes what it needs to be – far more efficient. You have to have more people to work with you and when you go to work you need to be safe," she said.

Emergency motion passed at INMO SADC

Conference calls on the incoming Executive Council to:

- Maintain focus and pressure to prioritise the issue of nurse/midwife health and safety protections during these difficult times
- Set time frames for the introduction of real measures across all nursing and midwifery services, to ensure safety at work for nurses and midwives is realised
- Evaluate progress on these matters and revert to the membership in six weeks to determine if sufficient progress has been made

Specifically, focus must be brought on:

1. Revision of the derogation policy which places a secondary value on the safety, health and welfare of nurses and midwives – which is unacceptable. Considering over 2,400 infections are recorded in nursing/midwifery grades. This is wholly unacceptable stepping into the winter period. We know this virus thrives in a fatigued workforce
2. Removal of impediments to recruitment: Nurses and midwives already pulled out all the stops over an extraordinarily busy winter 2019/20, a moratorium on recruitment was imposed which decreased staffing recruitment, causing greater workloads for those left to carry the burden at work. They then went straight into reorganising the health services in March 2020 and working in the front line of a pandemic and are now mentally and physically exhausted
3. Realisation of safe and guaranteed staffing: Covid-19 places enormous pressure on nurses and midwives, whether working directly with Covid-19 patients or redeployed to understaffed non designated Covid areas. Guaranteed staffing, paid breaks and leave must be provided to avoid burnout and the ultimate breakdown of frontline services
4. Real zero tolerance of overcrowding: overcrowded hospitals are never acceptable and never more so than now. Therefore, the system must be transparent in demonstrating zero tolerance

This conference requires of the Minister for Health and HSE to immediately:

- Approve the decentralisation of recruitment to frontline directors of nursing and midwifery and remove the bureaucracy which slows recruitment. This leads to daily understaffed rosters and thus puts nurses and midwives at risk
- Approve funding to fully fund the framework on nurse staffing and skill mix and needs to combined with a minimum safe staffing level, set by legalisation, to ensure this health and safety risk is not allowed to continue as has happened over the past decade
- Apply the same isolation period of 14 days as set out in public health guidelines and remove the derogation allowed for managers to apply a shorter period for HCW staff who are close contacts with a positive case. Such a derogation relegates the welfare of staff behind the need to fill gaps in staffing. Twice daily temperature monitoring is merely lip service considering what is known about asymptomatic presentation and this policy poses a real and present danger of infection to other staff and patients
- Avoid increasing nurse/midwife fatigue by providing paid leave following rostered periods in Covid positive environments
- Act on testing: commence mandatory weekly testing of all staff in acute and community services, as is currently the case in older persons long-term care
- Accept responsibility as an employer for the health and safety of staff by classifying Covid-19 as an occupational injury, thus allowing for health care specific data collection and planning for disease preventative measures particular to healthcare workplaces. The protection of worker rights and the follow-on care for those infected is an essential responsibility for any employer and is sadly lacking in our workplaces
- Adherence to robust engagement with local infection prevention and control teams to promote consistency in the implementation of best practice guidelines relating to Covid 19, across all healthcare services

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

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If you are PHN or Community RGN Name of Local Health Office: Name of Community Care area:	
INMO Section:	
INMO Branch:	
Student: (Please tick appropriate) Yes ☐ No ☐	
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The above details are correct as of:

Date: Signature:

Irish Nurses and Midwives Organisation,
The Whitworth Building, North Brunswick Street, Dublin 7, Ireland
Tel: 01 6640600 **Fax:** 016610466 **Email:** inmo@inmo.ie

2020 Gobnait O'Connell award winner

CATHERINE Rotte-Murray is the recipient of this year's Gobnait O'Connell award, which recognises outstanding service to the INMO. She was not only nominated by her branch in Waterford, but also through the PHN Section, which is a testament to her hard work and dedication to the Organisation locally and nationally.

On presentation of the award, INMO general secretary Phil Ní Sheaghdha commended Ms Rotte-Murray's commitment to her profession, noting that she had deferred her retirement in order to continue delivering care to her patients during the pandemic.

Over her years with the Organisation, Ms Rotte-Murray has taken part in negotiations and was active in developing best practice and policies on behalf of her branch and section.

Ms Ní Sheaghdha said: "Catherine was selected by her peers in the spirit of what Gobnait would have wanted. She has represented her peers and her profession at many forums throughout her career and has been an excellent advocate for the wider INMO membership.

Ms Rotte-Murray, who has been an activist with the INMO for 23 years, said she felt "grateful, humbled and honoured to receive the award".

"I feel privileged to have worked on numerous campaigns with the INMO and to have had the union's support throughout my career in Ireland. I first attended the INMO ADC in 2000, shortly before Gobnait's untimely passing. I never dreamed that I would join the ranks of award winner.

"This is a wonderful culmination of my 48-year nursing career in Ireland, Asia and Africa.

"Thanks to each and every one of my friends in the Waterford Branch and PHN Section for nominating me. I'd also like to thank the outgoing executive council, president and general secretary for selecting me for this prestigious award. It will be a wonderful memento of my time as an INMO activist."

The award was established in memory of the late Gobnait O'Connell and is presented annually at ADC to a member who has shown outstanding commitment to the INMO in the previous year.

The aim of the award is to recognise the special contribution of an individual in a manner befitting Ms O'Connell, who was a loyal and dedicated member of the Organisation. Ms O'Connell was a nurse and an industrial relations officer with the INMO. She later took up a post as advisor to Micheál Martin, who was health minister at the time.

CNO recognises courage of nurses and midwives

IN HER first address to the INMO as chief nursing officer (CNO) at the Department of Health, Rachel Kenna paid tribute to the efforts of nurses and midwives during the pandemic.

She acknowledged the "work, the courage, commitment, the personal sacrifices" those on the frontline have made to support the national effort in the fight against Covid-19.

Ms Kenna, who took up her role in June this year, said that while it was a challenging time to be the CNO, it was also a "real privilege" to be in the position at this time.

"2020 has been a challenging year for all of us so far. Nurses and midwives have demonstrated the leadership and resilience that society needs during a pandemic. We have stepped up and reformed services so that our patients are still cared for," she said.

Ms Kenna told delegates that an important priority for her was her representation of the professions on the Nursing Expert Review group, and she gave an assurance that "work is proceeding at pace", with the priority on pay differential.

Referring to the World Health Organization's designation of 2020 as the International Year of the Nurse and Midwife, Ms Kenna said that while celebrations and events had to be curtailed as a result of the pandemic, we had "never seen nursing and midwifery in such a spotlight".

Ms Kenna went on to say that as part of the Year of the Nurse and Midwife,the Chief Nurse's Office had accepted the Nightingale Challenge and was mentoring five nurses and midwives at the start of their career.

"This group of nurses and midwives is representative of the drive, energy and enthusiasm that we must cultivate to grow our future leaders. I am really delighted that the Year of the Nurse and Midwife has been extended into next year, giving us more time and opportunities to showcase some of the fantastic contributions that we make to healthcare," she said.

Ms Kenna told delegates that the role of the CNO was key to nursing and midwifery as, while she fully supports the minister with his priorities, the nursing and midwifery point of view was very much involved in decision-making and was in a position to influence wider health policy.

Ms Kenna recognised that the INMO played an integral role in establishing the CNO post at the Department of Health, and had subsequently collaborated on a number of significant policies.

"I look forward to continuing this healthy partnership over the coming years," she added.

#PUREFOUNDATIONFUND

WaterWipes

WaterWipes Launch The Pure Foundation Fund

Irish brand WaterWipes, has launched the Pure Foundation Fund, supported by the Irish Nurses & Midwives Organisation (INMO) and the Irish Neonatal Health Alliance (INHA), to celebrate and recognise all the midwives and those nurses involved in the pregnancy, birth and post-natal journey. Nominations are now open for the inaugural bursary on waterwipes.com and can be made by healthcare colleagues, new or expectant parents or through self-nomination.

WaterWipes has created the bursary in recognition of how the COVID-19 health crisis has highlighted, more than ever, the importance of simple human connections and the tremendous dedication of healthcare heroes to provide support, compassion and care for others.

Pictured (L-R) at the launch are Mandy Daly, Director of Advocacy and Policymaking INHA; Dr Edward Mathews, Director of Professional and Regulatory Services INMO and Ailbhe O'Briain, WaterWipes HCP Marketing Manager UK & I.

The fund totalling €5,000 will be awarded to two outstanding midwives and is also open to nurses specifically involved in all aspects of baby and infant care. Each winner will receive €2,500 for their department to advance the care of parents and babies.

Firstly, WaterWipes want to hear from midwives and nurses if they have gone above and beyond or been inspired by the dedication of a colleague or team of colleagues. Perhaps the midwife successfully delivered a baby in unusual circumstances, or midwife or nurse was involved in research to support high risk pregnancies.

The second award invites new or expectant parents to also nominate a midwife or nurse who provided outstanding care and support during their personal pre or post-pregnancy journey. The parent or expectant parent who nominates the winning midwife or nurse will receive a six month supply of WaterWipes.

The final winners will receive:

- €2,500 each for their department to improve patient care. For example, purchase equipment, provide resources for parents, fund training, improve practice / care or support further research relating to pregnancy, baby care and neonatal care.
- The inaugural WaterWipes Pure Foundation Fund plaque.

A whole host of midwives and nurses are involved in the pregnancy, birth and post-natal journey; including midwives, children's nurses, neonatal nurses and public health nurses – to name a few! These are the care givers that touch the lives of expectant and new parents, both physically and emotionally. From the first scans and antenatal care; to the hands that deliver the baby, and nurture a premature baby. These are the hands that bring so many lives into the world, yet often remain anonymous. That is why WaterWipes want to recognise and celebrate their incredible work – to put faces and names to the hands and to tell the remarkable stories of the lives they have touched.

Furthermore, WaterWipes is dedicated to supporting initiatives that celebrate and recognise the incredible work of all the healthcare professionals. The brand is also committed to supporting research that facilitates the optimisation of care of newborns and premature babies, as well as the work that healthcare professionals involved in the pregnancy, birth and post-natal patient care.

Speaking at the launch of the Pure Foundation Fund, Ailbhe O'Briain WaterWipes HCP Marketing Manager UK & I commented, *"As an Irish brand, we are delighted to launch 'The Pure Foundation Fund' to recognise the incredible work of every midwife and nurse across the country. At WaterWipes we are dedicated to supporting initiatives and research that facilitates the optimisation of patient care and the fund is a further example of this commitment. These are the care givers that touch the lives of expectant and new parents, both physically and emotionally and yet can often remain anonymous. I would encourage everyone to get behind the fund and nominate or encourage a nurse or midwife to self-nominate"*

INMO general secretary Phil Ni Sheaghdha, said *"This is an important time to recognise the contributions of midwives throughout the pandemic. We have seen extraordinary commitment from these healthcare professionals recently, as they continue to provide outstanding and vital care to women and their babies, in the most difficult circumstances. The passion for patient care that drives Ireland's nurses and midwives has shone through in these challenging times and we would urge healthcare staff around the country to put forward their work or their colleagues' work for the recognition it deserves. Our thanks to WaterWipes for their support of our professions."*

Commenting further on the initiative, Mandy Daly, Director of Advocacy and Policymaking Irish Neonatal Health Alliance, said *"Midwives and nurses are the cornerstone of the Irish maternity system providing exemplary care to expectant mothers, fathers and their new-borns. Supporting and nurturing families throughout their entire pregnancy journey and underpinning a sector of the health service whose achievements often go unrecognised. The Pure Foundation Fund is the perfect opportunity to say 'Thank You' and the Irish Neonatal Health Alliance is delighted to be supporting this initiative".*

How To Enter

To nominate a midwife or nurse for the inaugural Pure Foundation Fund awards, please visit
www.waterwipes.com/uk/en/health-care/resources/pure-foundation-fund
The deadline for entries is 30th November 2020.
Terms and conditions apply.

About WaterWipes

WaterWipes, the world's purest baby wipes, are a non-medicated baby wipe that contain just two ingredients, 99.9% high purity water and a drop of fruit extract. They provide safe cleansing for the most delicate newborn skin, whilst offering the convenience of a wipe. They have been validated by the Skin Health Alliance as being 'purer than cotton wool and water' and are so gentle they can be used on premature babies.

Irish Neonatal Health Alliance

INMO
Irish Nurses and Midwives Organisation
Working Together

Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

Query from member

Covid-19 symptoms and restricting movements

I am currently living with someone who has symptoms of Covid-19 and have been advised to restrict my movements by my employer. What leave is provided for the time that I have been advised to restrict my movements?

Reply

If you are living with someone who has symptoms of Covid-19 and are waiting on test results you should restrict your movements. Special leave with pay for Covid-19 does not apply to employees who are required to restrict their movements as a precaution, as they are not ill. The employer must therefore facilitate working from home.

If remote working in an employee's current role is not feasible, then the assignment of work may be outside of their usual core duties. Employees must cooperate with all such flexibilities while they are restricting their movements.

In all such cases, employees remain available for work while at home, where they have been advised to restrict their movements as a precautionary measure. If your test comes back negative, you can return to your normal duties in your place of work.

Please contact your workplace rep with any further queries in relation to this.

Query from member

Expenses during Covid-19 redeployment

I have a question in relation to expenses I have incurred due to redeployment during Covid-19. My employer has redeployed me to a Covid -19 testing centre and has advised that my travel and subsistence would be based on my new work location. I believed these expenses would be based on my original base – who is correct?

Reply

You are correct. Travel expenses incurred during a period of redeployment are based on your previous work location. Following a number of enquiries on this matter, the HSE confirmed in CERS memo 17/2020 that "the provisions of the existing travel and subsistence circulars continue to apply with reference to the employee's original base during the period of Covid-19, in relation to any redeployment during that time". This memo was circulated throughout the public service in April. Your first port of call at this stage should be your local HR department. If you have any further difficulties with this or any other matter, please contact your local INMO IRO for assistance.

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

INMO

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The psychological impact of Covid-19

An INMO survey has laid bare the effects of the pandemic on the mental and physical health of nurses and midwives, writes **Steve Pitman**

INFECTION rates of Covid-19 continued to rise in Ireland throughout October. The potential threat of health services being overwhelmed by the virus has become a real danger. Sustaining a healthy and effective workforce is vital to tackling the pandemic.

In addition to the physical effects of Covid-19, an increasing number of studies have highlighted the psychological impact on healthcare workers. High levels of psychological symptoms and distress have been reported in those caring for patients with Covid-19.[1,2] In a survey of healthcare professionals working during the pandemic, Gómez-Salgado et al[3] reported that 80% exhibited signs of psychological distress. This psychological impact has been highlighted before, most recently during the 2003 SARS outbreak.[4,5]

Further to this, Liu et al[6] reported that nurses have exhibited a higher prevalence of anxiety and depression during this pandemic. One reason for this is the close proximity and duration of patient care, which can lead to higher risk of exposure. There can be no doubt that there is an urgent need to understand the extent of the psychological impact on nurses and midwives and to develop effective interventions. This will enable resources and strategies to be allocated to mitigate any personal risk and to protect the workforce.

Only a small number of studies have explored the impact of Covid-19 on nurses and midwives, with none having taken place in the Republic of Ireland.

Methodology and methods

Using Survey Monkey, this cross-sectional online survey was conducted throughout August and September to gain an understanding of the psychological impact of Covid-19 on nurses and midwives in Ireland. The findings will be used to inform the INMO strategy for supporting and representing nurses and midwives during the pandemic.

Nurses and midwives in Ireland were invited to participate in the survey. INMO members were contacted via the membership database and the survey was promoted in the weekly INMO update and via social media.

The survey response was anonymised to ensure privacy and confidentiality, and no personal details were required as part of the survey. Consent was implied once participants made the decision to complete the survey, which took approximately 12 minutes to complete.

The survey was divided into five sections: demographics, Covid-specific questions, burnout, impact of events and quality of professional life. This report focuses on the Covid-19 questions and demographics. Results from other sections will be reported separately. In total, there were seven demographic questions and 23 Covid-19 questions. The majority of questions in this section were categorical (yes or no/category selection). The work-related questions were scored using a five-point ordinal scale (strongly agree to strongly disagree).

Results

In total, 2,642 nurses and midwives responded to the survey. The demographic breakdown of respondents is outlined in *Table 1*. The majority of respondents were RGNs (84%) who work in the public sector (88%). The employment grade of respondents was spread from student nurse (4%) to DON/M (1.5%). The largest group was staff nurses/midwives (including senior staff nurses and enhanced nurses), representing 58% of respondents, while nurse tutors were the least represented group (0.5%). Respondents worked in a variety of specialities: 16% worked in the medical/surgical area; 15% in care of the older person; 8% in community care; 7.5% in intellectual disability nursing; 6% in maternity services; 5% in the emergency department and 5% in intensive care. Level 8-qualified nurses and midwives accounted for 53% of respondents, while 46% were Level 9-qualified.

Table 1. Demographic breakdown of survey respondents

Sex (%)	**Female:** 2,535 (96) **Male:** 107 (4)
Age (%)	**< 26:** 268 (10.1) **26-30:** 255 (9.7) **31-35:** 266 (10.1) **36-40:** 286 (10.8) **41-45:** 414 (15.7) **46-50:** 424 (16.0) **51-55:** 376 (14.2) **56-60:** 244 (9.2) **61-65:** 105 (4.0) **66+:** 4 (0.2)
Registration (%)	**RGN:** 2,224 (84.2) **Midwife:** 368 (13.9) **RNID:** 221 (8.4) **Children's nurse:** 205 (7.8) **PHN:** 139 (5.3) **Registered psychiatric nurse:** 78 (3.0) **Registered nurse prescriber:** 59 (2.2) **AN/MP:** 35 (2) **Nurse tutor:** 23 (0.9)

Caring for patients with Covid-19

More than 60% of respondents indicated that they are currently caring for, or have previously cared for, patients with Covid-19 *(see Figure 1)*. When asked if they had cared for patients who subsequently died as a result of Covid-19, 52% said they had *(see Figure 2)*. It is important to note that respondents to this question comprise respondents that indicated, in response to the previous question, that they had cared for patients with Covid-19.

The psychological impact of Covid-19 on nurses and midwives

Respondents were asked two question relating to the psychological impact of Covid-19. One related to the respondent themselves and the other related to their work colleagues. When asked if they believed that their experience of Covid-19

Figure 1. Caring for Covid patients

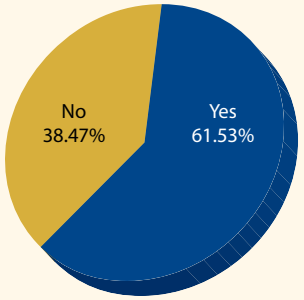


Figure 2. Experienced death of Covid patient

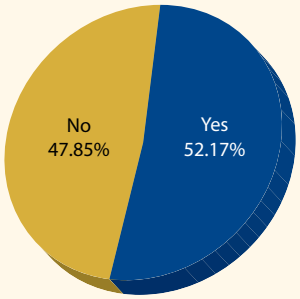


Figure 3. Negative psychological impact

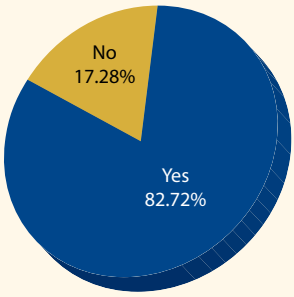


Figure 4. Negative impact on colleagues

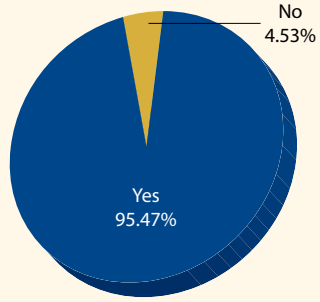


Figure 5. Off-duty negative symptoms

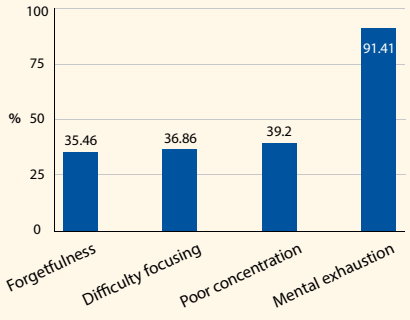
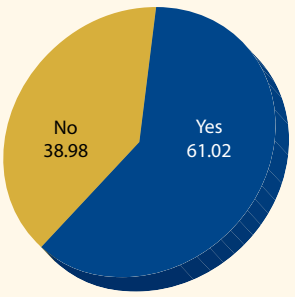


Figure 6. Considering leaving professions



has had a negative psychological impact on them as an individual, 83% said it had *(see Figure 3)*. When asked if they believed that Covid-19 has had a negative impact on their nursing and midwifery colleagues, more than 95% said it had *(see Figure 4)*.

Negative symptoms when off duty

Respondents were asked to indicate if they had experienced a negative psychological symptoms while off duty during the pandemic. More than 90% of respondents said they had experienced mental exhaustion while off duty; 39% reported having trouble concentrating, 37% said they had difficulty focusing and 35.5% reported experiencing forgetfulness *(see Figure 5)*.

Considering leaving the professions

When asked if their experience of working during the pandemic had caused them to consider leaving the professions, 61% they said it had *(see Figure 6)*.

Work-related concerns

Five work-related questions were included in the survey, exploring concerns relating to infection risk. Eighty-three percent of respondents agreed either strongly or somewhat to the statement "I feel that my personal health has been put at risk". When asked whether PPE was always available in their workplace, nearly 25% either somewhat or strongly disagreed.

Nearly 40% reported that they did not have confidence in their employer's ability to keep them safe, while more than 90% said they had experienced stress about the risk of spreading the infection to family or housemates. Nearly one-third experienced stress in trying to secure childcare during the pandemic, while more than 90% said they believe that routine testing of staff should take place in the workplace.

Physical health

Twelve percent of respondents said they had contracted Covid-19, nearly a quarter of whom were on sick leave for 14 days or fewer. Twenty-eight percent of those who contracted Covid-19 had to take additional sick leave, while nearly three-quarters of those who had contracted Covid-19 were experiencing long-term physical effects.

Discussion

The results of this survey are unambiguous; Covid-19 is having a significant negative psychological impact on nurses and midwives in Ireland, and this is a cause for alarm.

The trauma of contracting Covid-19 takes a horrific toll on patients, their families and their loved ones. Nurses caring for patients with the virus bear witness to its terrible effects, compounded by the challenge of comforting patients and caring for families who are unable to visit during such a difficult and important time.

Mental exhaustion is one of the core components of burnout; the survey found that more than 90% of nurses and midwives reported being mentally exhausted. Sixty percent of respondents indicated said that they have considered leaving the professions as a consequence of Covid-19. This is a cause for major concern and should be recognised as a warning sign.

The stress caused by the fear of becoming infected or of infecting family members and friends puts enormous pressure on a person. This stress is often exacerbated by difficulties in accessing childcare needs during the lockdown.

A quarter of respondents in this survey report that they had experienced some degree of difficulty in accessing PPE. Nurses, midwives and their healthcare colleagues should never be placed in a position wherein they are concerned for their own safety or the safety of patients due to a lack of PPE.

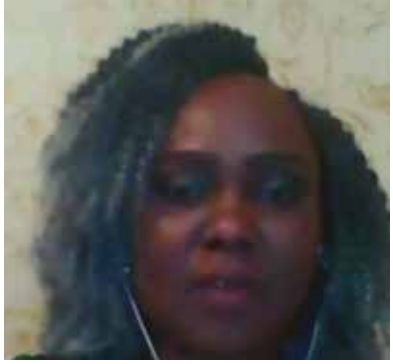
As infection rates have increased in recent weeks and the country moves to a level 5 lockdown, the supply of PPE must be maintained to protect workers and stop the spread of the virus among patients and the wider community.

This survey highlights the importance of monitoring the psychological and long-term physical effects of Covid-19 on healthcare workers. Action must be taken now to limit this psychological impact to ensure that we can maintain a healthy workforce over the coming months and to ensure that we retain nurses and midwives once the crisis is over.

Steve Pitman is the INMO head of education

References are available on request by email to nursing@medmedia.ie (Quote Pitman S. WIN 2020;28(9) :30-31)






Covid-19: a snapshot of the BAME experience

Many nurses from non-white backgrounds feel at greater risk of contracting Covid-19, according to a survey. **Toyosi Atoyebi** reports

A RECENT survey of nurses and midwives from black, Asian and minority ethnic (BAME) backgrounds has revealed that almost half of BAME nurses and midwives in Ireland feel that they are at greater risk of contracting Covid-19.

The survey was drawn up by the INMO International Nurses Section and INMO Professional, and was distributed among BAME nurses and midwives ahead of a special webinar held on September 24. The webinar was chaired by International Section chairperson Elizabeth Allauigan, with insights from INMO general secretary Phil Ní Sheaghdha and chief executive/general secretary of the Royal College of Nursing Dame Donna Kinnair.

A number of BAME nurses presented on their experiences of having Covid-19, while others gave insights on working in the Covid-19 environment.

The survey

Members of the International Nurses Section completed a short survey comprising 20 questions. A total of 254 BAME nurses and midwives took part in the survey; 51% (130) of the respondents were staff nurses and midwives, 25% (64) were senior staff nurses, while 18% (46) were at CNM1/2 level. Among the respondents, the most highly represented nursing specialty was care of the older person (27%), while 17% (44) were from medical/surgical wards and 8% (21) from ICU. This is not surprising given the extent to which the care of the older person setting has been affected by the pandemic.

PPE

Of the respondents, 46% (111) said they occasionally have difficulty accessing PPE at work, while 6% (15) said they frequently have difficulty accessing PPE. This warrants immediate investigation.

Addressing the audience at the webinar, Ms Ní Sheaghdha noted that PPE is now widely available but that nurses are still contracting Covid-19. We need to look at what is necessary to reduce this risk.

Testing and recovery

The majority of respondents, about 69% (163), said they had not experienced Covid-19 symptoms, while 31% said they had. Out of those who had symptoms, 58% said they had a cough. When asked if they had tested positive for Covid-19, 87% (219) of respondents said they had not, while 13% (32) said they had returned a positive test result. However, it is difficult to conclude whether respondents answered 'no' because they only had symptoms of the virus but had not been tested. Of the 13% who tested positive, 43% stated that they have since fully recovered but are still experiencing post-viral symptoms. Fatigue is the most common post-viral symptom and has been experienced by 67% of respondents, while 45% still experience respiratory symptoms, stress and anxiety.

Risk assessment and the fear of Covid-19

The survey asked BAME nurses and midwives if they felt at greater risk of contracting Covid-19. Some 49% said they did, while 51% said they did not. However, 50% said they were extremely concerned about working as frontline staff during the pandemic, while 41% said they were moderately concerned.

Some 218 BAME nurses and midwives responded to the question of risk assessment, with 56% stating that no risk assessment was carried out and 30% stating that they weren't aware of any risk assessment having been carried out. Just 14% were aware that a risk assessment had been carried out. The survey also found that 64% did not experience any workplace intervention, while 26% said they do not know if there had been an intervention. These findings indicate that in many workplaces there had either been no intervention or there had been a lack of communication.

Ethnicity

Studies have shown that ethnicity is a complex sociocultural construct rather than a biological signifier. With this in mind, respondents were asked to identify their concerns relating to their ethnicity. More than 100 responded to the question, with 56% stating that their concerns are related to their ethnicity. Some 29% said that they have no concerns in this regard. The survey could not conclude whether these concerns are perceived or real. If they are perceived, education is needed to alleviate this fear and if they are real, a thorough risk assessment is required.

Dame Kinnair said that BAME nurses have been disproportionately affected by the pandemic and that something must be done to alleviate their fears.

Summary

This survey highlights the concerns of BAME nurses and midwives regarding Covid-19 and the need to develop interventions to support them, including risk assessment, further research and monitoring. These interventions are essential if we are to form a complete understanding of all concerns relating to Covid-19 among the BAME nursing and midwifery community in Ireland.

The INMO is concerned about the potential increased risk of infection for BAME nurses and midwives and will continue to advocate to ensure that robust monitoring processes are in place and that action is taken to safeguard its members.

Toyosi Atoyebi is secretary of the INMO International Nurses Section

Pictured above (l-r): Dame Donna Kinnair, chief executive/general secretary, RCN; Maryann Ruiz, St James's Hospital, Dublin; Toyosi Atoyebi; and Fidelia Ogunko), St Mary's Hospital, Dublin

INMO EDUCATION PROGRAMMES

INMO Professional

Continuing professional development for nurses and midwives

Latest updates on online courses during the Covid-19 pandemic

Special members-only offer extended – book three and get a fourth course free

As we are now successfully delivering all our training services virtually, and with the positive feedback from members and the demand for this training, we are delighted to announce that we are now extending our special offer for members only – if you book three courses, you get the fourth one free of charge. To avail of this offer, please contact us by email at education@inmo.ie or Tel: 01 6640641/18. All programmes can be viewed on **www.inmoprofessional.ie**

Check out our new upcoming online training

Due to Covid-19 restrictions, education has changed dramatically, with a distinctive rise in e-learning. In response to this, INMO Professional has developed a suite of online courses for nurses and midwives. We are continually developing new courses, all of which can be completed remotely. To view the list of programmes, please visit **www.inmoprofessional.ie**

All programmes are category 1 approved by the NMBI and have been allocated continuous education units (CEUs). If you would like to undertake training in an area that is not listed, contact us by email at education@inmo.ie and we can work on providing a course to suit you.

Are you interested in becoming a trainer?

If you are an advanced nurse or midwife practitioner, a clinical nurse/midwife specialist or a nurse/midwife with expertise in clinical practice or management with an interest in training, we would like to offer you an opportunity to work with us in delivering online training programmes. If there is an area of expertise you are particularly passionate about that you believe would be of interest to nurses/midwives, we would love to hear from you by email at: education@inmo.ie or Tel: 01 6640642.

Steve Pitman
Head of Education and Professional Development

THE results of a recent INMO survey highlight the impact of the Covid-19 pandemic on nurses and midwives in Ireland. The results are clear, in addition to the longer-term physical effects, Covid-19 is having negative psychological and emotional effects on nurses and midwives. It is vital that health services recognise this impact and ensure that measures are taken and that resources are allocated to support frontline healthcare workers. This pandemic is not over and at the time of publication, the country has moved into level five of the restrictions outlined in the government roadmap, with a number of clusters emerging in care settings. Further action needs to be taken by the government to protect the physical, emotional and psychological health of nurses, midwives and other healthcare workers. The results of this survey can be found on *pages 30-31*.

A survey of black, Asian and minority ethnic (BAME) members was presented at the International Nurses Section BAME webinar in September. BAME nurses and midwives have been identified as being at greater risk from Covid-19, as evident in the UK and the US. It is important that the government continues to monitor the impact of Covid-19 on BAME healthcare workers and to ensure early identification of trends that may indicate a higher risk this community. Further details of this webinar and the results of the survey can be found on *page 32*.

NMBI board elections

Congratulations to Lorraine Clarke-Bishop, Marian Vaughan and Joseph Shalbin Kallarakkal on being elected to the NMBI board. The representation of nurses and midwives on the board of the regulator is vital to ensure that the voice of practising nurses and midwives is heard. This will be particularly important over the coming months, when changes to continuing professional development requirements are expected.

CJ Coleman Research Award

Congratulations to Terri Clarke, winner of the 2020 CJ Coleman Research Award. Ms Clarke is a CNM2 team leader for the @Home team at Laura Lynn Children's Hospice. Her research, which was entitled 'Parent's lived experience of memory making with their child near or at end of life,' was a phenomenological study that involved interviewing bereaved parents who had participated in memory-making with their child at the end of their life.

The judging panel said this study exemplified the compassionate role of the nurse in supporting children and their families in end-of-life care. The 2021 CJ Coleman Award will be open to submissions from December. Look out for further information in the next issue of *WIN*.

INMO Professional online courses

INMO Professional is offering a wide range of online courses, covering a variety of clinical and professional topics. If you are interested in booking your place on a course, visit **www.inmoprofessional.ie**

INMO section conferences

November is always a busy time, with two key events taking place every year. The first is the All-Ireland Midwifery Conference on November 5. The conference will take place online this year and is free to members of the INMO and the Royal College of Midwives. The conference theme is 'Midwifery adapting and responding during a crisis'. Speakers will include Franke Cadee, ICM president and Sally Pezaro, academic midwife, Coventry University. Topics to be covered at the conference include self-care, mindfulness, domestic violence, the 'Nightingale Challenge' and campaigning for healthy environments.

The second key event is the Masterclass for Directors and Assistant Directors of Nursing, Midwifery and Public Health Nursing, which will take place on November 12. Also in November, the first Public Health Nurses Section conference will take place on the 28th of the month. Information on booking a place at any of these conferences is available at **www.inmoprofessional.ie**

Nursing and midwifery in Ireland

The Digital Roadmap for Nursing and Midwifery 2019-2024 was published in October. The aim of the document is to facilitate national engagement with nurses and midwives on the realisation of the goals outlined in the Office of the Chief Information Officer five-year strategic plan. Further details and access to the roadmap are available at **https://healthservice.hse.ie**

The updated Irish National Early Warning System (INEWS V2) was launched in September. INEWS is a system that incorporates anticipation of deterioration, recognition, escalation, response and governance. Further details are available at **https://www.gov.ie**

On-site education

INMO Professional offers an extensive range of on-site programmes. 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

INMO Professional

NEW

We are now delivering short online courses!

- Keep your CPD up to date
- Extensive range of quality programmes
- NMBI Category 1 approved
- Ditigal Certification provided

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INMO Professional is now delivering online/ virtual CPD opportunities, as we are committed to supporting nurses and midwives.

If you wish to make a group booking, please do not hesitate to contact us to discuss.

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

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

Nov 10 **Introduction to Chemotherapy**

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

Nov 11 **Understanding and Developing Care Plans for Nurses and Midwives**

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

Nov 13 **Competency-based Interview Preparation for Nurses and Midwives**

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

Nov 17 **Best Practice for Clinical Audit for Nurses and Midwives**

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

Nov 19 **Navigating Your Way Through Conflict**

This course will help participants develop the insight and skills necessary to successfully navigate their way through conflict situations and reach satisfactory solutions. In many ways, workplaces are perfect breeding grounds for conflict. As well as our skills, we bring our individual needs, goals, ambitions, personalities, perspectives, backgrounds and vulnerabilities with us to work. It is hardly surprising, then, that conflict can arise as we interact with others. While some conflict can be healthy, unresolved conflict can lead to a myriad of negative outcomes with dire consequences for wellbeing. This course will cover unpicking conflict, causes, hot buttons and emotional illiteracy, our responses and strategies for successful conflict management, leading to a better working environment.

Nov 24 **Owning your future – Taking Control**

This short online session will support participants to become aware of their competencies as employees and to explore how they can take control of their career in these uncertain times. The physical and mental strain of working in a pandemic has left little time for nurses and midwives to think about their career. New skills and competencies have been acquired and common sense or tacit knowledge has played a key role in coping, yet little value may be put on these skills unless nurses and midwives recognise and articulate their value. This session will cover self-awareness of your own skills and competencies, understanding the work environment, the approach to taking control of the situations and experiences that affect your life, planning and owning your future and helping you decide where to go from here.

Nov 25 **Restrictive Practices in Residential Care Settings for Older People**

This programme outlines the requirements of the national policy, standards and professional requirements for the use of restraint. The programme outlines the decision-making process for consideration of the use of restraint as a therapeutic intervention for individual residents. Participants will learn a systematic approach to assessing the needs of residents when a restrictive practice is being considered. They will learn how to differentiate between an enabler and restraint, examine the alternatives to restrictive practices and rationales for use and how to use a decision-making framework when considering the use of restraint for an older person.

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

Nov 26 **Introduction to Wound Management for Nurses and Midwives**

This short introductory course will advise participants with guidance and management on wound care management based on good practice, current evidence and supporting guidance. Topics covered on the day include wound healing, wound bed preparation, treatment options and dressing selections. Participants should have a better understanding of the anatomy and physiology of wound management, the factors influencing wound healing, the differences between acute and chronic wounds, implementation of a holistic assessment of individuals with wounds and different types of dressing and their application.

Dec 8 **Change Management – Valuable Tools for Nurses and Midwives**

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

Jan 12 **Introduction to Wound Management for Nurses and Midwives**

This short introductory course will advise participants with guidance and management on wound care management based on good practice, current evidence and supporting guidance. Topics covered on the day include wound healing, wound bed preparation, treatment options and dressing selections. Participants should have a better understanding of the anatomy and physiology of wound management, the factors influencing wound healing, the differences between acute and chronic wounds, implementation of a holistic assessment of individuals with wounds and different types of dressing and their application.

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Jan 27 **Introduction to Management and Leadership Skills for Nurses and Midwives**

The aim of this online programme is to identify key managerial and leadership competencies for frontline nursing/midwifery managers and to explore how these are applied in practice. The programme will include management theory, effective leadership and team-working, as well as delegation and clinical supervision. Participants will have a better understanding of the principles of effective leadership and management in front line healthcare delivery, key competencies required for effective management, how management competencies are applied to the healthcare setting to promote quality and safety in healthcare delivery and how be effective delegators and supervisors.

Jan 28 **Infection Prevention and Control During Covid-19 Pandemic in Residential Care Settings**

The aim of this programme is for nurses working in residential care settings to outline evidence-based and national guidance on infection prevention and control in residential care settings during the Covid-19 pandemic, as well as the importance of ensuring standard precautions are in place. Participants will have a better understanding of how to apply standard precautions for infection prevention and control in their residential care facility, and how to carry out the correct procedure for hand hygiene in accordance with the WHO's '5 moments of Hand Hygiene'. Participants will also learn when and how to use PPE and will gain more knowledge on the national guidance for preventing accidental introduction of Covid-19 into the residential care setting.

Feb 2 **The Importance of Documentation for Nurses and Midwives – Getting it Right!**

This short programme will assist nurses and midwives in understanding their duty of care and responsibility in the area of best practice in documentation, keeping good records and their ethical and legal responsibility to get it right. The programme will explore a range of topics pertinent to documentation, offering 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.

Feb 3 **Introduction to Effective Library Search Skills**

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

When booking online courses please note:
Places must be booked in advance. You will need a reliable computer and internet access. Please ensure a correct email is provided when registering. Certificates for participation shall be in a digital form and will be sent by email. Do not hesitate to contact us at Tel: 01 6640641/18 or email: education@inmo.ie

Feb 9 **Best Practice for Clinical Audit**

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

Feb 10 **Medication Management Best Practice 2020 – Guidance for Nurses and Midwives**

This education programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management thus preventing medication errors and near misses. The programme will cover key topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. Participants will have the opportunity to update their knowledge in line with the most up-to-date NMBI Guidance for Registered Nurses and Midwives Administration (2020) and HIQA requirements for medication management.

Feb 11 **Overview of HIQA Standards in Disability Services**

This short online programme introduces Heath Information and Quality Authority (HIQA) inspections in disability services and highlights key components from each of the eight themes of HIQA's national standards for residential services for children and adults with disabilities. Participants are given guidance on how to meet these standards and provide person-centred care. The inspection process and the role of the inspector will be explained, as will the importance of the risk assessment processes, procedures and safety initiatives and the importance of audit, audit scheduling, assessment and documentation within organisations. Examples of questions from previous inspections reports will be presented.

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

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

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

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

Feb 23 **Introduction to Leg Ulcer Management**

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

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

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

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Retirement Planning Webinar

Wednesday, 28 October 2020

Online from 2pm - 3.30pm

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.

Your Email
- please ensure you have registered with us with your correct email for this webinar

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

Care of the older person – recent literature

This month the library staff provide a roundup of the latest Irish and international literature relating to care of the older person nursing

This month the library staff provide an extensive list of recent research, evidence summaries, reports and articles of relevance to care of the older person nursing from Ireland and around the world. Topics include Covid-19, dementia, nutrition and falls.

Covid-19

- Ward M et al. Loneliness and social isolation in the Covid-19 Pandemic among the over 70s: Data from The Irish Longitudinal Study on Ageing (TILDA) and ALONE. 2020. The Irish Longitudinal Study on Ageing (TILDA)
- HSE National Health Library and Knowledge Service. 2020. What is the evidence on additional risk for people > 65 with cardiovascular disease? Evidence Summary
- HSE National Health Library and Knowledge Service. 2020. What are the psychosocial needs of older people 65+ during the Covid-19 pandemic? Evidence Summary
- HIQA. Rapid review – public health guidance for residential care facilities. Version 3.6. 2020
- Pearce L. What innovations in care for older people have emerged during the pandemic? 2020. Nursing Older People. 32, 5, 8-9. doi: 10.7748/nop.32.5.8.s7

Dementia

- Priyanka P. Dementia: Reminiscence Therapy. 2020. Joanna Briggs Evidence Summary. PICO Question: What is the best available evidence regarding the effectiveness of reminiscence therapy for older people with dementia?
- Jack-Wagh A et al. Delivering personal care for people with advanced dementia. Nursing Older People. doi: 10.7748/nop.2020.e1193
- Umegaki H. Association of polypharmacy with decline in quality of life in mild cognitive impairment and mild dementia. 2020. Geriatrics & Gerontology International. 20(9): 840-842

Diabetes

- Mayo P. Type 2 diabetes in older people: pathophysiology, identification and management. Nursing Older People. 2020. doi: 10.7748/nop.2020.e1249

Falls

- O'Keeffe A et al. Evaluation of an emergency department Falls Pathway for older people: A patient chart review. 2020. 51. https://doi.org/10.1016/j.ienj.2020.100869
- While AE. Falls and older people: preventative interventions. British Journal of Community Nursing. 2020; 25(6): 288-292

New nursing resource

Emcare – the library has a trial running to assess this new nursing resource. The database includes access to 3,500 international, currently indexed, peer-reviewed journals and research articles on caring for older people, wound care and nutrition and dietetics.

- Long KDL. Nutritional Screening: Community Settings. 2020 Joanna Briggs Evidence Summary. PICO Question: What is the best available evidence regarding nutritional screening in community settings?

Nurse practitioners

- Travers C. Aged Care (Staffing): Nurse Practitioners. 2020. Joanna Briggs Evidence Summary. PICO Question: What is the best available evidence regarding the effectiveness of Nurse Practitioners working in residential aged care facilities, and the impact on hospitalization rates for the elderly?

Nutrition

- Murphy J et al. Improving the provision of nutritional care for people living with dementia in care homes. Nursing Older People. 2020. doi: 10.7748/nop.2020.e1263

Quality of life

- Hupkens S et al. Nurse's attunement to patient's meaning in life – a qualitative study of experiences of Dutch adults ageing in place. BMC Nursing, 5/18/2020; 19(1): 1-13

Telemedicine/remote consultations

- Dean E. Remote nursing consultations: making sure you get them right. 2020. Nursing Older People. 32, 4, 6-8. doi: 10.7748/nop.32.4.6.s2

Transitional care

- Koh G. Transitional care from hospital to home for older people. 2020. Joanna Briggs Evidence Summary. PICO Question: What is the best available evidence regarding the transitional care from hospital to home for older people?

Wandering

- Wandering: Management. 2020. Joanna Briggs Institute Recommended Practices

Library services

Are you looking for assistance with your assignment, research proposal or literature review? Contact the library by phone or email to arrange a remote consultation session or request a literature search: Tel: 01 6640614. Email: library@inmo.ie

Spotlight on: Caroline Gourley

Nursing now Ireland

'As a leader it is important to support your team'

CAROLINE Gourley is the interim director of nursing for CHO Dublin North City Central. She supervises four community nursing units with 130 beds in total. The four facilities are all residential care of the older person units, situated in Lusk, Glasnevin and Navan Road in North Dublin, which also provide day care services.

Nursing was in Ms Gourley's family with aunts and uncles in psychiatric nursing. She wanted to be a nurse for as long as she can remember and in the 1980s moved to Ipswich in the UK to start her training.

"My mother told me I used to bandage up the poor dog and stick plasters on him from a young age. There were a lot of nurses in my family and I always wanted to be a nurse. In the late 1980s there was no nursing intake in Ireland, so I had to go to the UK to train. It was a difficult time to be Irish in England as the Troubles were still ongoing," she said.

Ms Gourley worked in the emergency department for a number of years before returning to Ireland to work in infectious diseases at Cherry Orchard Hospital, Dublin. After several years working there, she transferred to a care of the older person unit on the Cherry Orchard campus where she discovered that this discipline of nursing was her passion. She has been working in this sector since 1995.

When she started in Cherry Orchard Hospital, Ms Gourley met Anne O'Connor and Eileen Hickey who she describes as "very empowered" women. They were active with the INMO and it was through them that she got involved with the union.

She joined the Dublin South West Branch and stayed with it for 26 years, before moving to the Dublin North West Branch when she changed jobs. Ms Gourley is much more active with her section than with her branch though, and is currently chairperson of the INMO's Care of the Older Person Section. Along with her three section colleagues Noreen Watts, Margo Lydon and Eileen O'Keeffe, she is determined to provide a voice for those working with older patients.

"We have become firm friends even though we are all working in different parts of the country. Margo is on Achill and Noreen is on Inishmore, while Eileen works in Cork. We try to bring care of the older person to the fore because it is a discipline that is often undervalued. People don't often see it as the specialty that it is. You must have vast knowledge of all of the illnesses affecting older people. It is very rewarding work, but it is also extremely hard work."

Ms Gourley was also recently elected to the INMO Executive Council and is delighted to represent the care of the older person sector at national level. She feels that now more than ever, it is important that the voice of the care of the older person nurse is heard. Having recently moved to her new role of interim director from her earlier position of assistant director of nursing, she told *WIN* she has taken on these roles out of a sense of necessity rather than ambition.

"I would never have seen myself in a leadership or representative role. I'm very much a frontline worker and didn't have ambitions to move up the ranks. Palliative care is my passion, but out of necessity I became active in my workplaces and with the union in order to represent my colleagues and fight for better practice and safer patient care.

"I worry when I meet staff who are not unionised. We have fought hard to be recognised and paid in line with our colleagues. Nurses and midwives need to be involved at decision making level locally and nationally," she said.

Ms Gourley would like to see more older people looked after in their own homes but notes that the structures are not in place to allow this. She feels that it is imperative that there are more nurse-led services, nurse prescribing and community nurse-led units with person centred care within the care of the older person sector. She notes that there is more respect and kindness needed towards nurses and midwives and the services they provide.

Caroline Gourley: *Nurses and midwives need to be involved at decision making level locally and nationally*

"As a leader it is so important to support your team. A 'thank you' at the end of a shift doesn't cost anything but it means a lot. No one should ever worry alone; you need the support of your colleagues.

"The greatness of a community is best measured by the compassion of its members. The pandemic has been very tough for the people in our care, many of whom feel scared and isolated. I am so proud of my staff and how they managed in such unprecedented times."

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

INMO Professional

RCM i-learn

THE ROYAL COLLEGE OF MIDWIVES

Nurturing infant mental health

There is a lack of understanding about what infant mental health is and this RCM course aims to address the deficit

INFANT mental health is a multidisciplinary field that has been around for more than 40 years. However, there is still misunderstanding about what infant mental health is.

Why infant mental health is Important

The research evidence is extensive on why infant mental health is important. infant mental health research highlights the role the infant's parent/primary caregiver has in regulating the infant's emotion.[1] Infants who have emotion regulatory problems have a strong association with delays in motor, language, cognitive development, and continuing parent-child relational problems.

Stress in pregnancy

It is accepted that antenatal stress is common with 20% of women experiencing anxiety in pregnancy. Antenatal stress and depression in pregnancy are also associated with postnatal depression. Research now indicates that the developing foetal brain can be affected by high levels of cortisol. The hypothalamic pituitary adrenal axis, which is responsible for the 'flight and fight' response, is also responsible for setting the 'stress thermostat' in the foetal brain.

Maternal representations of the unborn baby

Bonding can be defined as the emotional tie from the mother to the baby. Bonding and attachment are often used interchangeably, but they are different. Mothers bond with their baby, but the baby forms an attachment to the mother. Pregnancy is a time when parents can begin to develop a relationship with their unborn baby and this is important because research shows a consistently strong association between maternal representations (mental images) of the baby in pregnancy and postnatal attachment and parent-infant interaction.[2]

Babies have different temperaments

Babies are born primed to be socially interactive, but babies are also born with unique temperaments. The term 'temperament' refers to those aspects of the baby's personality that are regarded as being 'innate' or determined by genetics, and biological factors as opposed to aspects of their personality that develop as a consequence of their interaction with the environment, or as a result of learning.

Temperamental dispositions such as being 'introverted' or 'extroverted' are as such thought to be present at birth and to exist prior to other aspects of cognitive or social development. Therefore, temperament can play a significant role in terms of influencing how a baby responds to his or her environment. This is important to note because of 'the fit" between the baby's temperament and the environment they are born into.

Infant stress

Infants are unable to regulate their stress levels or their emotional responses to stress and this is one of the primary functions of the parent/caregiver. This is described in the module by the role of attachment in protecting the infant's biological system from stress.

Learning aims and objectives

This i-learn module is designed to introduce some core concepts related to infant mental health that are particularly relevant for day-to-day practice. It also aims to raise awareness and to start developing skills to promote infant mental health and identify infant mental health problems when they arise.

At the end of this module you will be able to:

- Understand what bonding is and its role in pregnancy
- Describe maternal foetal representations in pregnancy
- Describe the role of reflective functioning in pregnancy
- Describe how transgenerational trauma can be transmitted to the infant
- Understand that infants are born with an innate temperament
- Describe the way in which experiences can shape the developing brain's architecture
- Describe the different types of stress infants are exposed to
- Explain the role of attachment in protecting the infant's biological system from stress
- Identify the different types of attachment status
- Describe how transgenerational attachment status can be transmitted to the infant.

References:
1. DeGangi GA et al. Prediction of childhood problems at three years in children experiencing disorders of regulation during infancy. Infant Mental Health Journal. 2000. 21(3):156 – 175
2. De Wolff MS et al. Sensitivity and Attachment: A Meta-Analysis on Parental Antecedents of Infant Attachment. Child Development. 1997. 68, 571– 591

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

Preparing for clinical placement

Catherine O'Connor offers tips and advice to first-year students going on clinical placement for the first time

AT THIS time of the year, many first-year students will be preparing for their first clinical placement. While going on your first placement can be an exciting experience as you will finally be able to put what you have been learning into practice, it is normal to feel a bit nervous as well. This month's article will look at some tips to help you to prepare for your first placement.

Before attending placement

First impressions matter, so it is important to make sure you are well rested and punctual for your first day of placement. Plan your route out to your placement site and remember to factor in time for traffic, a late bus, or difficulty finding a parking spot. It is worth packing a lunch the night before and bringing a bottle of water for the first day; you can then see what the canteen is like after that.

One of the hallmarks of a good nurse/midwife is always having a pen – so don't forget to bring a spare. Make sure that you know what your higher education institute (HEI) and clinical placement site's uniform policy is and adhere to it closely.

It is also important to be familiar with the policy regarding sick leave in case you need to miss a placement day.

Learning while on placement

While you will have learned a lot during your academic block, there will be a huge amount of information to take in while on placement. Don't be afraid to ask your preceptor questions and to take the initiative of asking to accompany them if they're going to perform a task you think you would benefit from seeing.

You will also have a clinical placement co-ordinator (CPC) assigned to you who can answer your questions as well. It is a good idea to bring a small notebook with you to keep in your pocket to write down unfamiliar terms or medications to look up later.

Many students find that protective reflective time (PRT) is an ideal opportunity to look up new terms heard in handover or to research the side effects or indications of medications. All students should have time equivalent to a minimum of four hours per week of PRT, as per the NMBI Nursing/Midwifery Registration Programmes Standards and Requirements.

Remember when doing your research that in addition to your HEI's library, the INMO has a specialist nursing/midwifery library for members; details available at: **www.nurse2nurse.ie**

Know the relevant policies/standards

While on clinical placement, it is important that you are aware of the various policies, standards and guidelines that affect you.

Your HEI and clinical placement site will have local policies, but the NMBI also sets standards, requirements and guidelines which you must follow; these are accessible at **www.nmbi.ie/Standards-Guidance**

It is vital that you are aware of your scope of practice, domains of competence and code of conduct while on placement. Additionally, your college and clinical placement site will likely inform you of their social media policy, but it is worth bearing in mind that the NMBI also has a guidance document, also available at **www.nmbi.ie/Standards-Guidance**

Seeking support while on placement

While the support of the preceptor and CPC in the clinical placement site are readily accessible, it can be easy to forget about the other supports available to you. Some students find they can feel isolated during clinical placement blocks as they feel removed from the normal student life while attending lectures on campus.

This is likely to be even more of a reality this year as HEIs take a blended approach

to learning in order to comply with public health advice. Remember that while you are on placement you remain a student of your HEI and can avail of the supports they offer, including your link lecturer/personal tutors, health services and counselling services. INMO members also have access to a 24-hour counselling helpline service; details available at: **www.inmo.ie/membership_benefits**.

It is also important to keep in touch with your family and friends while on a placement block, as it really does make a difference.

Finally, remember that the INMO is here to support you while you are on clinical placement. If you are experiencing issues while on placement or have a question, do not be afraid to get in touch. It is important that each class has an INMO rep who is linked in with me; if your group does not have one then please discuss this and nominate one person to get in touch.

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

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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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Date of Preparation: August 2020 (RB-M-12916)

Nutramigen

Quality & Safety

A column by Maureen Flynn

Introducing the HSE Spark Innovation Programme

THIS month's column introduces the HSE Spark Innovation Programme, which endeavours to support and equip health service providers with the means and skills to pursue innovative projects in the workplace. Spark runs multiple events throughout the year, and with financial support from the Office of the Nursing and Midwifery Services Director (ONMSD), aims to engage with nurses and midwives within teams that lead innovation.

In its fourth year in operation, Spark is delighted to see a growing number of nurses and midwives engaging, demonstrating the enthusiasm of staff to innovate and improve patient care. In the beginning, the programme mainly engaged with doctors but now nurse- and midwife-led projects make up the majority of applications and do extremely well in securing support and funding.

What is the programme?

The Spark Innovation Programme is a bottom-up innovation promotion and funding group. It is currently run by two innovation fellows who were selected from early career applicants, as the focus is on helping to make changes to the system in which we all work every day.

The objective of the programme is to support health service providers who strive to be innovators. Nurses and midwives are optimally placed to identify issues and barriers to efficient person-centred care. The Spark Innovation Programme aims to support staff in realising their potential to develop solutions to such barriers and put their creative ideas into action.

How can the programme support you?

The Spark team runs multiple events tailored to the needs and scope of staff projects, such as calls for seed funding, introduction to design thinking, a competition for the development of commercial ideas and support of 'design weeks' in hospitals across the country.

Emilie Mahon (left) and Alan Hopkins (right), national fellows for innovation and change

Spark is constantly seeking ways to improve and tailor the programme by responding to feedback. Many new plans are underway: the roll out of an innovation competition for early-career staff, a focus on digital health projects and a collaboration with the National Library for the development of 'maker spaces'.

By offering support in the form of grants, mentorship and education, Spark strives to offer the support for the realisation of innovative ideas.

Get involved

The Spark Innovation Programme regularly calls for seed funding to individual and groups of multidisciplinary health service providers to apply for micro-funding supports for innovative projects that will improve the health service. While financial support is key, introduction to design thinking – in order to sharpen problem-solving skills – and mentorship form a central aspect of this initiative. Spark welcomes ideas for a range of innovations, from process improvements to the introduction of new devices, with preference given to smaller, feasible projects that have the potential to be scaled up.

'Spark Ignite' is a nationwide competition for innovative projects being developed by all health service providers. This Dragons' Den-style competition serves as a unique opportunity for HSE staff to develop their innovative ideas, with particular focus on commercial and industrial outputs. This event is held annually, and successful participants ultimately have the opportunity to defend their pitches at a national final.

Further information

Alan Hopkins and Emilie Mahon *(pictured above)* are the national fellows for innovation and change. As our points of contact with the Spark Innovation Programme, they will be glad to assist you with any questions you might have, while also greatly valuing ideas and suggestions for further events or activities. Do not hesitate to contact them by email at spark@hse.ie or on Twitter: @ProgrammeSpark. More information about the programme, along with updates regarding current events, can be found at **https://www.hse.ie/spark**

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

Acknowledgements: Thank you to colleagues in the ONMSD for supporting this innovation and change programme. A particular thanks to Alan Hopkins and Emilie Mahon for sharing information and for their assistance in preparing this column.

INMO Professional

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Nursing: Covid-19 in the Care of the Older Person Setting
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INMO National Sections offer members from a specific discipline the opportunity to link up with like minded colleagues for very specialised networking, information sharing and professional support. If you are working in the sector and wish to get involved please contact
Jean Carroll, Section Development Officer, INMO
Jean.Carroll@inmo.ie

Mission Statement for the national care of the older person section is: To be an advocate for nurses working with older people in the promotion of patient centred care in both care facilities and in the community.

As a National Section, the core objective is to liaise and communicate, exchange views, promote education and draw up relevant policies or guidelines.

Chairperson:
Caroline Gourley, DON, CHO9

Secretary:
Noreen Watts, Aras Romain Nursing Unit, Aran Islands

Vice-Chair:
Margot Lydon, St. Fionnans Nursing Unit, Castlebar, Co Mayo

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Isolation difficulties

Bernadette Byrne discusses the impact of Covid-19 restrictions on elderly patients availing of day care services in Dublin North

THE closure of day care services as a result of the pandemic has enormously affected the physical, mental and emotional health of the older person. The cocooning of this group of people has possibly saved their lives but at a price. The cost is deterioration in mobility for 80-90% of our service users, weight loss in 50% and marked weight loss in 20%.[1]

Mental health

The negative impact of social isolation on their mental health has caused two of our day care clients to mention suicide. During the closure of this service the induced social isolation and loneliness by cocooning has caused a reduction in the Mini-Mental State Examination (MMSE) score of all those with cognitive impairment attending our day services compared with prior to the virus.

Loss of independence

Loss of confidence and increased dependency on others has diminished their fighting spirit to maintain independence. These independent thinkers need day services to keep their sense of purpose and belonging. When our clients attend for assessments in day care since July 13, 2020 many discussed missing their peers and friendships.

Loss of companionship

An 86-year-old man with next of kin abroad said: "I'd be lost without you and the day centre is why I live."

An 88-year-old man back cycling following the support in day care through an exercise programme that occurred post falls said: "I really missed the men and all the care given and help provided."

An elderly lady with mental health issues told us: "I can't wait for the re-opening of the day centre as it's my life."

Reduced awareness

One elderly man living alone started to develop reduced perceptual awareness around safety and threw water on the pilot light of his gas lit oven, when the cooker knob broke. Subsequent loss of balance was discussed when he first attended the assessment clinic prior to revelation that the gas was the cause of his dizziness.

Loneliness

Another elderly man described how he got a sense of purpose and structure to his day from attending the service.

There is a heightened awareness of end of life and this group of people articulate with clarity that they want to keep living meaningfully for whatever short time they have left. Missing the sociability and relaxing atmosphere around the mealtime is a comment from all who attend.

Failure to seek care

Some GPs noted a sadness and loneliness in their patients who are no longer attending day centres. Other GPs expressed support for the introduction of assessment clinics for day care. It was noted that there is an increase in avoidance in attending hospital or GPs after a fall, and that conference calls are not suitable as the majority don't have a smart phone.

Increased risk

The risk further increases with no day care nurse available to provide neurological observation and advise medical assessment, especially for those taking anti thrombolytic medication.

It was noted that hearing loss increased due to wax impaction in the majority with presbycusis. One client needed referral to hospital due to a foreign body in her ear.

Falls Risk Assessment Tool (FRAT) scores are picking up those who are avoiding using walking aids and falling as a result. These aids are strongly encouraged at day care attendance and clients who attend are more motivated to use them.

Nutrition

The time spent with the care of the older person nurse in day care is vital to support the nutritional needs and sociability of those who are struggling to maintain weight and stay interested in food. Interaction with the nurse is vital for better healthcare outcomes.

Finding balance

We have to integrate the aims, objectives and protocols of NPHET, the HSE and government to prevent the deaths of our vulnerable service users to Covid-19 with the aims of older people trying to live with cancers, dementias, cardiac diseases, reducing mobilities and sensory loss.

Day care provides the older person with help to live life as independently as possible, to avoid long-term care and hospital admission, to maintain peer relationships and safeguard against abuse. We have adapted our service and now our nursing and day care team visit each day care user to provide health monitoring, ear care support, dressings and blood sugar checks.

During these visits we wear full PPE and provide psychological and emotional support, post bereavement contact, help with errands and pass messages between friends who would have previously seen each other in the day care centre.

As we all try to make sense of our changed lives and those of our families, many of our elderly people haven't the perceptual and executive functional ability to adapt to a virtual world. As they are already isolated and lonely due to reduced family interaction, reassurance, support and laughter have never been so important.

Bernadette Byrne is the day care manager at St Clare's Nursing Home in Glasnevin, Dublin 7

Reference
1. TILDA report June 2020 detrimental effects of the closure of day care service during Covid-19

Managing joint contractures

An interdisciplinary approach can overcome the under recognition of joint contractures in older people in care, writes **Niamh Hulm**

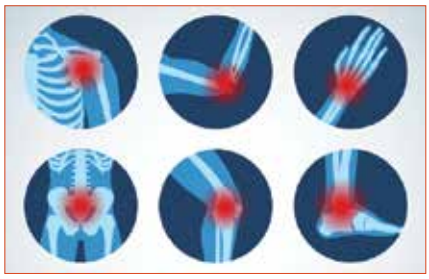
WITHIN the interdisciplinary team, nursing staff are at the forefront of joint contracture prevention and management, yet there appears to be a dearth of literature that reflects this. The role of the nurse can have an implicit influence on the priority given to the older person affected by joint contractures living in residential care. A nurse-led team approach, clear and timely communication, collaboration and respect for individual roles and skills are essential to complete and effective care.

In the past three years, the interdisciplinary team in Claremont Complex has been working towards increasing awareness and knowledge among the staff and improving our approach to contracture care. This has included a regular audit of residents affected by joint contractures and residents who are at high risk of developing joint contractures, designing specific documentation and short education sessions for staff involved in direct care.

Joint contractures are one of the most undocumented, under investigated and under resourced conditions in the healthcare setting despite their prevalence in the frail older person. Joint contractures in the older person living in residential care are a common occurrence and have an inestimable effect on quality of life for those affected. Prevalence of joint contractures in this group is estimated at between 20% to 80% in the US but there is limited conclusive international epidemiological data available at present.

The presence of joint contractures is now a quality of care indicator and is included in the regulations in long term care in the US and Germany. Mobility and activity are synonymous with high standards of care, high prevalence of joint contractures reflects negatively on care standards

Joint contractures are defined as limited range of movement active or passive in any joint, muscle or soft tissue and are often preventable. Sites most affected are hands, wrists, neck, shoulders, hips, knees and ankles. Upper limb contractures affect the ability for independent self-care such as hygiene and toilet needs, dressing, eating and drinking and recreational activities. Lower limb contractures affect mobility, limit independence and increase risk of falls



and incontinence. Mobility and function of joints may be partially or totally affected and it can occur in one or a combination of joints. Reversal of advanced joint contractures in the older person once established is unlikely.

Contributing factors

- Immobility and inactivity
- Pain
- Neuromuscular diseases such as Parkinson's disease, MS and MND
- Dementia
- Post CVA
- Inflammatory joint disease such as arthritis
- Incorrect positioning
- Inappropriate use of physical restraints and psychotropic medication
- History of fracture
- Philosophy of healthcare setting, (low priority in the past) and lack of expertise within an organisation.

Challenges of contracture prevention and management for nursing staff and healthcare assistants include:

- Fear of causing pain, discomfort and/or damage to affected limbs particularly during personal care
- Pain assessment and management can be difficult
- Staffing level and mix, no physiotherapist, occupational therapists or complementary therapists available in some settings
- No specific care plan, tended to be included in other care plans
- No guidelines or protocols specific to the older person affected by joint contractures are available in Ireland
- Lack of specific training and education for relevant staff.

Potential consequences

- Pain and discomfort
- Disability and deformity
- Increased falls risk as upper limb/hand contractures can affect ability to hold walking and safety aids. Lower limb contractures such as knee contractures can cause an unstable gait
- Pressure ulcers
- Skin infections and malodour, particularly affecting the hands
- Diminished social participation
- Loss of positive self image and depression due to above factors if present
- Increased care needs and healthcare costs.

Interdisciplinary prevention and management of joint contractures includes regular communication via multidisciplinary meetings, correct positioning, appropriate splints and heat packs as advised by physiotherapists and occupational therapist, oral and topical analgesia as prescribed by the medical officer and gentle aromatherapy massage from the clinical nurse specialist (CNS).

Achievements to date

The first interdisciplinary educational programme undertaken was in May 2017 for nurses and healthcare assistants in the prevention and management of joint contractures in the older person in residential care. This was delivered by the two physiotherapists, the occupational therapist and CNS in complementary therapies.

- Ongoing short teaching sessions internally and externally (pre Covid-19)
- A specific care plan was designed by the nursing staff, CNS in complementary therapies, occupational therapist and physiotherapists
- A comprehensive flowchart developed by the occupational therapist is now displayed in all units
- A poster was also developed and has proved useful as a teaching aid.

Conclusion

The absence of reliable statistics nationally and internationally and a poor understanding of the impact of joint contractures to the quality of life for the older person affected contribute to the low priority that joint contractures receive in some healthcare settings and nursing literature. There is a need for national guidelines and a comprehensive educational programme for the interdisciplinary team to optimise the quality of life for the older person at risk of developing joint contractures and those already affected by them.

Niamh Hulm is a CNS in complementary therapies in care of the older person in the Claremont Complex in Dublin.
A bibliography is available on request by email to: nursing@medmedia.ie (quote: Hulm N. WIN 2020; 28(9):48)

Covid-19: Maintaining care pathways

Healthcare workers faced many challenges in continuing to deliver services to their patients during the ongoing pandemic, **Sophie Alookaran** describes how her team has adapted

THE aim of the Integrated Care Programme for Older Persons is to develop and implement integrated services and pathways for older people with complex health and social care needs, shifting the delivery of care away from acute hospitals towards community based, planned and co-ordinated care.[1]

The objective of this programme is to improve the quality of life for older people by providing access to integrated care and support that is planned around their needs and choices, supporting them to live well in their own homes and communities. It involves changing the way health and social care is planned and delivered while ultimately focusing on patient experience, outcomes and quality of care.[2,3]

It is widely known that during Covid-19 healthcare workers identified many challenges to supporting their clients in relation to their physical/mental health, social support and functional needs to sustain them at home and keep them well. Hence, it is important to say that the Sligo Integrated Care Team for Older Persons (ICTOP) – which includes a physiotherapist, occupational therapist, CNS dementia, speech and language therapist, medical social worker, CNS mental health, advanced nurse practitioner (ANP) and an administrator, with the governance of consultant geriatricians, in the acute hospital – continued their work during Covid-19.

The Sligo ICTOP team continued to receive new referrals during this period and the team was able to prevent the need for hospitalisation, ED attendance and OPD attendance due to the interventions provided.

The Sligo ICTOP team received 59 new referrals and had 64 active clients from March to May 2020. It continued to have multidisciplinary team meetings via digital health platforms to discuss clients' issues and to provide person-centred quality care.

The team had a total of 170 direct contacts and a total of 376 indirect contacts from March to May 2020. The hospital avoidance rate during this period using the Likert Scale for 81 individual clients for the Sligo ICTOP team was:

- Extremely likely – 18.5%
- Likely – 43.2%

The ANP has her own individual caseload for which the hospital avoidance rate during this period using the Likert Scale was:

- Extremely likely/likely hospital avoidance – 28%.

The dementia clinical nurse specialist has her own individual caseload, for which the hospital avoidance rate during this period using the Likert Scale was:

- Extremely likely/likely hospital avoidance – 31%.

The team was able to support early discharge from acute hospital. Nurses carried out comprehensive geriatric assessments on each client, and support/intervention was provided based on each client's individual needs. Interventions provided by care of the older person nurses and their team included: performing bloods/investigations to rule out delirium and other causes, preventing infection, reviewing medication and linking with pharmacy, exercises to improve strength and balance and to prevent falls, providing equipment to improve their functional needs, linking in with appropriate groups/services to provide respite care, looking after their mental health, swallowing and communication issues, and future planning.

This was possible by performing direct home visits using the appropriate PPE, (under guidance of infection control) virtual calls using Attend Anywhere platforms and phone call reviews with the appropriate interventions needed for each individual client. As part of the ECHO SMART (Support Management Assessment Recovery and Treatment) Project, the team also received Echo Shows (a smart screen device that facilitates video calls etc), which were provided to clients. These clients can directly link to the ICTOP hub using the Echo Show.

The Sligo ICTOP team members are proud to be represented as they were able to achieve the objective of improving diagnostic accuracy, optimising medical treatment and health outcomes to improve their clients' function and quality of life in their own homes during these difficult times.

Sophie Alookaran is an ANP for older persons service

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Fiona Munro writes about her interest in frailty and how Covid-19 has affected her professional, educational and home life

A professional development journey

IN IRELAND, our older person population is expected to increase by 63% between 2015 and 2030. During this timeframe, it is predicted that the 'older' old (≥ 80 years) will increase by 85-94%.[1] Frailty is a common condition in older people and is clinically recognised as "a state of increased vulnerability caused by a decline of in-built reserves from age-associated decline".[2]

Developing an interest

Although frailty is common in the older person age group, it is not an inevitable part of ageing and accurately capturing frailty is essential to a person's wellbeing.[2]

My professional interest in frailty began in 2017 when I was nominated by my director of nursing to become a frailty facilitator in Community Health Organisation 9. This came about following the commencement of a strategy by the HSE that intended to teach healthcare professionals about frailty through the National Frailty Education Programme (NFEP).

As part of the programme, a cohort of healthcare professionals were subsequently appointed as frailty facilitators to pass on their knowledge to other professionals within their particular healthcare setting ('training the trainer').

The training provided by the National Clinical Programme for Older People (NCPOP) is innovative and cutting edge as the concept of training the trainer in the area of frailty had not been done before either in Ireland or internationally. The training involved attending a day at the NCPOP and The Irish Longitudinal Study on Ageing (TILDA) in Trinity College Dublin, which is examining how people are ageing over a long period of time.[3] The exposure to TILDA research findings of frailty and teaching about frailty as part of a network of professionals was very rewarding and made me reflect on my clinical practices.

My interest in frailty continued to grow having learned about evidence-based practice and indeed the translation of frailty research findings into clinical practice for an older population. My curiosity in the area accelerated and I took the leap and began an MSc in dementia nursing practice in DCU in 2019, which is a two-year part-time programme.

Professional development

The course was both demanding and stimulating. Frailty continued to be my main area of interest in academic life and, for one of my portfolios, I examined residents within the long-term care setting being assessed for frailty using Rockwood's Clinical Frailty Scale (CFS).

Reflecting within my clinical area, it was apparent that an indicator of frailty was the deconditioning effect of old age on some residents in the nursing home. I began teaching short sessions to staff about frailty generally and how to identify frailty within this population.

My professional development and expertise based on current research grew during my college life. In January 2020, I commenced my dissertation, which is an exploration of whether there has been any impact from the educational programme (NFEP) on clinical practice from a frailty facilitator's perspective.

Pandemic

Then Covid-19 took hold and everything went into slow motion. Covid-19 is a mild to severe respiratory infection caused by a coronavirus and is highly infectious. Going into work in the nursing home at that time felt surreal as the uncertainty about the virus and the limited PPE were omnipresent.

The priority of the residents' wellbeing and safety was everyone's focus. All areas of the residential team involved, including administrative staff, catering, porters, healthcare staff, nurses, doctors, physios and cleaners/laundry, showed great strength and fortitude by coming into work and facing an unknown virus.

Some residents were immensely impacted by the abrupt stopping of visitors. Overcoming the lack of visitors involved using technology to connect residents with their loved ones. For some

residents, it was the first time to use programs such as WhatsApp. All of the team sought creative and imaginative ways to make a resident's day stimulating in uncertain times.

Communicating using a face mask presented difficulties for residents but humour and knowing residents well help to provide a deep understanding of their needs. Always present was the continuous determination to keep Covid-19 out of the nursing home which involved the whole team.

Meanwhile, the ability to continue with my dissertation was severely impacted as the immediate threat of Covid-19 took over both my professional and personal life. As a mother and wife with three school-going children, home-schooling became a new priority and a skill to master and develop.

DCU responded empathetically to healthcare professionals by offering deferrals of their studies at no extra costs during the crisis. My academic supervisor provided support and encouragement to continue with my studies when I was ready and able.

Although I felt I was coping with keeping my family safe, the trepidation of going into work with the potential exposure to Covid-19 was always present in my mind.

New and urgent demands from work were placed on the team in the nursing home at that time. The real unsung heroes were all the team members and their ability to deliver person-centred care above and beyond the call of duty. Later, the negative media stories engulfing the nursing home sector felt like a cruel blow to all the hard work and personal sacrifices being made by staff in delivering safe care to residents.

The spotlight on the older population gained critical attention during the ongoing pandemic. The virus exposed the vulnerability of older people to an increasing death toll from the Covid-19 virus, in particular in long-term residential facilities, which made for sobering news headlines around the world. The ageist language used to depict older persons in the Irish media outlets indeed provoked 150 specialists in health care to unite and criticise the media. "The group warned that using such discriminatory language about older people reinforced prejudicial attitudes and stereotypes."[4]

As the second wave of Covid-19 takes a grip, our priorities in the nursing home sector remain the same, to keep residents safe and well cared for in their living environments. I have returned to complete my dissertation which I aim to finish by December 2020.

Job satisfaction

The journey I have taken towards frailty has been demanding, challenging but never the less utterly invigorating to my professional development. The privilege of caring for the wisest and most cherished in our society, our older population, is the ultimate reward in job satisfaction.

Fiona Munro is a senior staff nurse at the Lusk Community Unit in Dublin

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Rare disease focus: Amyloidosis

One of the most common mutations of the hereditary form of amyloidosis originated in Co Donegal and it is thought that 1% of the population in the county carry this mutation

AMYLOIDOSES is the name for a group of rare, serious conditions caused by a build-up of an abnormal protein, amyloid, in organs and tissues throughout the body, eventually disrupting normal tissue structure and function.

The disease is systemic and symptoms are varied. Affected organs include the kidneys, heart, liver and spleen, eyes, skin, gut and tongue, nervous system, bones and joints, as well as the blood vessels and clotting system.

As there is no national registry, the incidence and prevalence of the various types of the disease are hard to establish. It has been estimated that the number of cases in Ireland is anywhere from 70 to 190, including clusters in Donegal and Northern Ireland.

A SAP scintigraphy scan can be carried out at the National Amyloidosis Centre in the Royal Free Hospital in the UK to establish where the amyloidosis is present and the amount of amyloid. This scan can also track the effects of therapy on amyloid deposits. However, this is not effective in hollow or moving organs like the heart and gut, and also the brain.

The patient may take several routes through the specialties to get to the root of the problem. Tests that may help with diagnosis include blood and urine tests, ECG, echocardiogram and bone marrow biopsy. Diagnosis may be confirmed with a tissue biopsy and SAP scan.

hATTR amyloidosis

One form of amyloidosis, hATTR, is a rare genetic condition that affects approximately 50,000 patients worldwide. There are at least 35 confirmed cases of hATTR amyloidosis in the Republic of Ireland, with a further 20 confirmed cases in Northern Ireland.

There are at least 120 known mutations of the hereditary form of the disease – the third most common ATTR mutation is known as T60A. It is believed that this mutation originated on a 15-mile stretch of Donegal coastline and has spread right across the world from this small corner of Ireland. It has been estimated that 1% of people in Co Donegal carry this mutation.

hATTR amyloidosis is caused by a gene mutation that affects the function of a protein in the blood called transthyretin (TTR). This protein is made primarily in the liver. The condition affects multiple organs, most commonly the heart, the nervous system and the digestive system.

There are more than 120 known TTR mutations. Depending on the mutation, the presenting phenotype is predominantly cardiac or neurological. Patients with T60A hATTR amyloidosis are as likely to present with a cardiac phenotype as they are with a neurological phenotype. They also can have significant GI involvement.

While T60A is known as 'the Irish mutation' and accounts for the vast majority of hATTR cases in Ireland, there is a pocket of another mutation, H90D, in the very south of the country. The phenotype for this mutation is wholly neurological at presentation. The majority of patients present in their 20s and 30s with a bilateral carpal tunnel syndrome. Later in life they re-present with a rapidly progressing neuropathy.

There are also a small number of patients who are not Irish nationals with other rare mutations of hATTR amyloidosis in Ireland. A common form worldwide, V30M, should be considered in Brazilian patients who present with a cluster of seemingly unrelated symptoms.

The varied clinical presentation can lead to misdiagnosis and delays in the time taken to reach an accurate diagnosis of the disease. hATTR amyloidosis has an aggressive course, with rapid disease progression leading to a deteriorating quality of life, loss of function and a median survival of fewer than five years post diagnosis and even fewer for patients with cardiomyopathy. Early diagnosis is essential.

Awareness of red-flag indicators is crucial for earlier diagnosis and initiation of appropriate treatment in order to slow or prevent disease progression.

Certain symptom clusters should raise suspicion of a single underlying condition. There are a number of red flags:

- Early autonomic dysfunction, eg. erectile dysfunction, orthostatic hypotension, GI complaints including alternating diarrhoea and constipation, early satiety and unexplained weight loss
- History of bilateral carpal tunnel syndrome
- Tingling, numbness and weakness
- Heart failure in the absence of hypertension
- Hypotension in a previously hypertensive patient
- Evidence of right-sided heart failure
- Intolerance of commonly used cardiac medications.

New molecular therapies are now used to treat hATTR. They have shown success in neuropathic forms of hATTR and appear promising in treating the cardiac forms of ATTR, including ATTR wild-type.

Secondary amyloidosis or AA occurs in patients who have suffered from prolonged chronic inflammatory or infectious disease for many years. It is thought that the incidence of this type of amyloidosis has decreased because of the improved therapies for inflammatory disease like rheumatoid arthritis and Crohn's disease.

Patients under review for a possible or confirmed diagnosis of amyloidosis are referred to the National Centre in the Royal Free Hospital, London. With Brexit on the horizon, an expert group has been examining how we can diagnose and manage patients in Ireland.

– Geraldine Meagan

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UK/XIF5/0919/0549
Date of preparation: October 2019.

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Research focus

This month we take a look at some new findings from recent gastroenterology research

'Creeping fat' in Crohn's patients linked to bacteria

RESEARCHERS might have solved a mystery surrounding Crohn's disease: Why does fat appear to migrate into patients' small intestines?

In many patients with Crohn's disease abdominal fat migrates to the wall of the inflamed small intestines. What prompts the fat tissue to 'creep' through the abdomen and wrap around the intestines of many patients with this inflammatory bowel disease (IBD) has been an enduring mystery. Now, investigators have identified a critical clue. In a study published in the journal *Cell* this week, researchers from Cedars-Sinai in the US have shown that the peculiar creeping activity of the fat appears to initially be protective but then ends up doing more harm than good.

"Creeping fat is often a landmark for surgeons performing resections on an IBD patient's bowels because they know when they see it, that's likely where the lesions are located," said Suzanne Devkota, principal investigator and lead author of the study. "But we don't know whether the presence of the fat is making the disease worse or trying to protect the intestines from something," she added.

Devkota and a team of investigators performed in-depth molecular examinations of small intestine and fat tissue samples from 11 Crohn's patients who had undergone surgery. Adipose tissue is more than an energy storehouse. It is a dynamic endocrine tissue full of immune cells that appear to be triggered in certain cases of inflammatory bowel disease.

"We found that the adipose tissue is actually responding to bacteria that have migrated out of the patient's damaged intestines and directly into the fat. We believe the 'creeping' migration of the fat around the intestines is intended to try and plug leaks in the diseased organ to prevent the gut bacteria from getting into the bloodstream," said Devkota.

But the response that begins as protective apparently has no 'off' switch. If the bacteria remains in the fat it will continue to migrate to a possible source of the gut bug. But the presence of the fat may be contributing to the development of severe intestinal scarring, or fibrosis, which occurs in 40% of Crohn's patients. Surgical removal of parts of the small bowel is the only option for many of them and it comes with life-changing consequences. Patients with ulcerative colitis, the other most common IBD, do not develop creeping fat.

The data led researchers to a specific microbe responsible for prompting the fat to travel to the small intestine and protectively encase the organ, imperilling its function.

"We identified a pathogen found in the digestive system, *Clostridium innocuum*, as the microbial invader that triggers the fat to creep over to the small bowel. Also, the structure of this particular infectious agent makes it well-suited for a lipid-rich environment," said David Underhill, co-investigator on the study.

This research could point the way to new therapeutics, Cedars-Sinai experts say.

"Improving the lives of our IBD patients is the goal of our research. We've identified a specific infectious agent that can trigger a process that makes Crohn's worse. This is a critical step toward the development of therapies that target *C. innocuum*, allowing us to prevent or minimise the damaging effect of creeping fat," said Stephan Targan, director of the Inflammatory Bowel and Immunobiology Research Institute at Cedars-Sinai.

DOI:10.1016/j.cell.2020.09.009

Giant spider provides promise of pain relief for irritable bowel syndrome

Molecules from the venom of one of the world's largest spiders could help University of Queensland (UQ) researchers to tailor pain blockers for people with irritable bowel syndrome (IBS). Researchers screened 28 spiders, with the venom of the Venezuelan Pinkfoot Goliath tarantula – which has a leg-span of up to 30cm – showing the most promise.

"All pains are complex but gut pain is particularly challenging to treat, and affects around 20% of the world's population," said Prof Richard J Lewis, corresponding author of the study. "Current drugs are failing to produce effective pain relief in many patients before side effects limit the dose that can be administered."

Collaborator Prof Stuart Brierley from Flinders University said IBS and other gastrointestinal and bladder disorders cause chronic visceral pain – pain that affects the internal organs.

"Internal organs have a complex network of sensory nerves that have a wide array of voltage-gated ion channels and receptors to detect stimuli. The hypersensitivity of these nerves in disease often contributes to the development of pain," said Prof Brierley

Voltage-gated ion channels open and close in response to changes across the cell membrane, with their dysfunction identified as a cause of chronic visceral pain. Prof Lewis said spider venoms contain hundreds of mini-proteins known as peptides that can inhibit voltage-gated ion channels from opening.

The team found two peptides isolated from the tarantula venom inhibited the most important ion channels underlying pain, with one particularly potent at reducing the sensory nerves of the bladder and colon and nearly stopping chronic visceral pain in a model of IBS.

"The highly selective ones have potential as treatments for pain, while others are useful as new research tools to allow us to understand the underlying drivers of pain in different diseases," said Prof Lewis.

The research was published in the journal *Pain*.

DOI:10.1097/j.pain.0000000000002041

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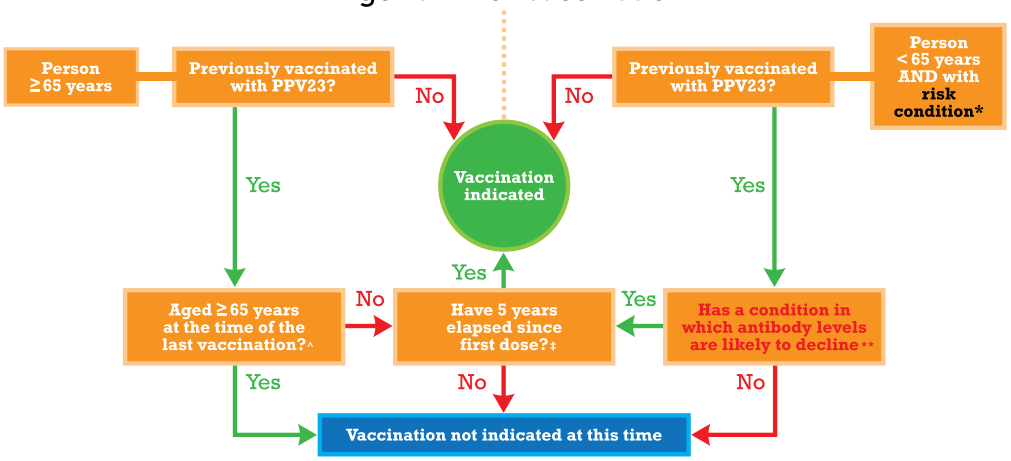

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PNEUMOVAX® 23 solution for injection in pre-filled syringe. Pneumococcal Polysaccharide Vaccine.
ABRIDGED PRODUCT INFORMATION Refer to Summary of Product Characteristics before prescribing. **PRESENTATION** PNEUMOVAX 23 is supplied as a single Pre-filled syringe (0.5 mL) with 2 needles. Each dose contains 25 micrograms of each of 23 different polysaccharides of Streptococcus pneumoniae. **INDICATIONS** For active immunisation against pneumococcal disease in children aged from 2 years, adolescents and adults. Refer to SPC section 5.1 for information on protection against specific pneumococcal serotypes. **DOSAGE AND ADMINISTRATION** *The immunisation schedules for PNEUMOVAX 23 should be based on official recommendations. Primary vaccination:* Adults and children 2 years of age or older - one single dose of 0.5 millilitre by intramuscular or subcutaneous injection. Not recommended for use in children below 2 years of age. *Special dosing:* It is recommended that pneumococcal vaccine is given at least two weeks before elective splenectomy or the initiation of chemotherapy or other immunosuppressive treatment. Vaccination during chemotherapy or radiation therapy should be avoided and the vaccine should not be administered any sooner than three months after completion of such therapy. Persons with asymptomatic or symptomatic HIV infection should be vaccinated as soon as possible after diagnosis is confirmed. *Revaccination:* Healthy adults and children should not be revaccinated routinely. Revaccination at intervals of less than three years is not recommended because of an increased risk of adverse reactions. Revaccination may be considered for adults at increased risk of serious pneumococcal infection who were given pneumococcal vaccine more than five years earlier or for those known to have rapid decline in pneumococcal antibody levels. Revaccination after 3 years may be considered for selected populations (e.g. asplenics) who are known to be at high risk of fatal pneumococcal infections and for children from 2 to 10 years old at high risk of pneumococcal infection. **CONTRAINDICATIONS** Hypersensitivity to the active substance(s) or to any of the excipients. **PRECAUTIONS AND WARNINGS** As with any vaccine, adequate treatment provisions including epinephrine (adrenaline) should be available for immediate use should an acute anaphylactic reaction occur. Vaccination should be delayed in the presence of significant febrile illness, other active infection or when a systemic reaction would pose a significant risk, except where delay involves greater risk. The vaccine should never be injected intravascularly; precautions should be taken to make sure the needle does not enter a blood vessel. The vaccine should not be injected intradermally as injection by that route is associated with increased local reactions. If the vaccine is administered to patients who are immunosuppressed due to either an underlying condition or medical treatment (e.g. immunosuppressive therapy), the expected serum antibody response may not be obtained after a first or second dose, so such patients may not be as well protected against pneumococcal disease as immunocompetent individuals. Required prophylactic pneumococcal antibiotic therapy should not be stopped after vaccination. Patients at especially increased risk of serious pneumococcal infection (e.g., asplenics and those who have received immunosuppressive therapy), should be advised regarding the possible need for early antimicrobial treatment in the event of severe, sudden febrile illness. The vaccine may not be effective in preventing infection resulting from basilar skull fracture or from external communication with cerebrospinal fluid. As with any vaccine, vaccination with PNEUMOVAX 23 may not result in complete protection in all recipients. **INTERACTIONS** Pneumococcal vaccine can be administered simultaneously with influenza vaccine as long as different needles and injection sites are used. The concomitant use of PNEUMOVAX 23 and ZOSTAVAX resulted in reduced immunogenicity of ZOSTAVAX in a small clinical trial. However, data collected in a large observational study did not indicate increased risk for developing herpes zoster after concomitant administration of the two vaccines. **PREGNANCY AND LACTATION** The vaccine should not be used during pregnancy unless clearly necessary (the potential benefit must justify any potential risk to the fetus). It is unknown whether this vaccine is excreted in human milk. Caution should be exercised when it is administered to a nursing mother. The vaccine has not been evaluated in fertility studies. **SIDE EFFECTS** *Very common side effects:* Fever and injection site reactions such as pain, soreness, erythema, warmth, swelling and induration. Other reported side effects that may potentially be serious include thrombocytopenia in patients with stabilised idiopathic thrombocytopenic purpura, haemolytic anaemia in patients who have had other haematologic disorders, leukocytosis, anaphylactoid reactions, serum sickness, angioneurotic oedema, Guillain-Barré Syndrome, radiculoneuropathy, febrile convulsions and injection site cellulitis. For a complete list of undesirable effects please refer to the Summary of Product Characteristics. **PACKAGE QUANTITIES** Single pack containing one 0.5 mL dose pre-filled syringe with two separate needles. **Legal category:** POM. **Marketing authorisation number:** PA 1286/055/002. **Marketing Authorisation holder:** Merck Sharp & Dohme Ireland (Human Health) Limited, Red Oak North, South County Business Park, Leopardstown, Dublin 18, Ireland. **Date of revision:** November 2019. Further information is available on request from: MSD, Red Oak North, South County Business Park, Leopardstown, Dublin 18 D18 X5K7 or from www.medicines.ie. **Date of preparation:** July 2020. WS064

Adverse events should be reported. Reporting forms and information can be found at www.hpra.ie
Adverse events should also be reported to MSD (Tel: 01-299 8700)

Reference
1. http://www.hse.ie/eng/health/immunisation/pubinfo/adult/pneumo/

MSD Red Oak North, South County Business Park, Leopardstown, Dublin 18, D18X5K7 Ireland

IE-PNX-00025

Focus on: Pneumococcal disease

Between increasing medication resistance of *Streptococcus pneumoniae* and the existence of Covid-19, vaccination is more important than ever to those in vulnerable categories

PNEUMOCOCCAL disease is a bacterial infection caused by *Streptococcus pneumoniae* of which there are more than 90 serotypes. The organism is often found in the upper respiratory tract of healthy individuals worldwide. It has been estimated that up to 50% of children attending day-care facilities and about 10% of adults may carry the bacteria.

Pneumococcal disease is a major cause of illness and death in Ireland, particularly among the very young, the elderly and those with a weakened immune system.[1]

Streptococcus pneumoniae, which can attack different parts of the body causing sinusitis, bronchitis, otitis media, pneumonia, bacteraemia and meningitis among others. Pneumococcal disease can lead to significant morbidity and mortality, particularly among the very young, the very old, those with impaired immunity and those with anatomic or functional asplenia.

Transmission requires close contact with cases or carriers and is by droplet infection. Person-to-person transmission of the organism is common. The incubation period can be difficult to determine but can be as short as one to three days.

Vaccination

While we are living with Covid-19 the prevention of disease through vaccination is now more important than ever. Added to this, in recent times *S pneumoniae* has become resistant to medications making the treatment of pneumococcal infections more difficult.

Both pneumococcal conjugate vaccines and pneumococcal polysaccharide vaccines are licensed in Ireland.

Pneumococcal conjugate vaccine (PCV)

PCV 13 – Prevenar 13 – contains polysaccharide from 13 of the most common capsular types (1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F). It is recommended for the routine vaccination of all children born on or after October 1, 2010, as part of the childhood immunisation schedule at six months and at 13 months. This replaced PCV 7 (Prevenar 7), the pneumococcal conjugate vaccine introduced into the routine childhood immunisation programme in September 2008.

Pneumococcal polysaccharide vaccine (PPV)

This vaccine contains purified polysaccharide from 23 of the most common capsular types of streptococcus pneumoniae. This vaccine is recommended for those aged 65 years and older and 'at-risk' adults and children over two years of age.

The following groups should be vaccinated with PPV23:[1]

- Everyone aged over 65 years
- Those over two years of age with diabetes; chronic lung, heart, liver or kidney disease; chronic neurological disease; Coeliac disease; Down syndrome; cochlear implants or are about to get cochlear implants; immune deficiency because of a disease or treatment, including cancer patients; HIV infection; absent spleen or a non-functioning spleen; CSF leaks, either congenital or complicating skull fractures or neurosurgery; an intracranial shunt.
- Children aged over two years and under five years of age with a history of invasive pneumococcal disease

PPV23 vaccination is not recommended for healthy children and adults as they are at low risk of pneumococcal disease.

Frequency of vaccination

Re-vaccination with PPV23 can produce severe local reactions especially if given within five years of previous injection. One PPV23 pneumococcal vaccine is recommended for anyone aged 65 years or older irrespective of immune status. A once-only booster vaccination is recommended five years after the first vaccination for those who received a previous dose at < 65 years of age.

For those under 65 years one booster vaccination is recommended five years after the first vaccination for those whose antibody levels are likely to decline rapidly, eg. those who have asplenia, hyposplenism, immunosuppression, chronic renal disease, nephrotic syndrome or renal transplant.[1]

Patients with these conditions who received PPV23 at < 65 years of age require one further PPV23 booster at ≥ 65 years of age (five years after the previous dose). If PPV23 was given during chemotherapy or radiotherapy a further dose vaccine is recommended three months after treatment.

Reference

1. http://www.hse.ie/eng/health/immunisation/pubinfo/adult/pneumo

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REFERENCES:
1. De Boissieu et al. J. Pediatrics. 1997; 131(5); 744-747. **2.** Vanderhoof, J.A. et al. J. Pediatrics. 1997; 131(5) 741-4.
3. Meyer et al. J Allergy Clin Immunol Pract. 2018; 6(2):383-399 **4.** Fox et al. Clin Transl Allergy. 2019; 9:40
5. Luyt et al. Clin Experimental Allergy. 2014; 44:642-672

Neocate LCP is a Food for Special Medical Purposes for the dietary management of cow's milk allergy, multiple food allergies, and for infants who require an amino acid based formula from birth. It must be used under medical supervision after consideration of all feeding options, including breastfeeding.

Accurate at time of publication: October 2020

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New insight

A greater understanding of mucus regulation could be positive news for those with chronic respiratory conditions

A RECENT discovery about how mucus thickness is regulated could help to improve airway-clearing treatment options for people with chronic respiratory conditions such as asthma, cystic fibrosis and COPD.

New insights into the molecular mechanisms driving mucus viscosity were discovered by an Australian research team led by associate professor Ethan Goddard-Borger from the Walter and Eliza Hall Institute in Melbourne. The study was published in the journal *Nature Communications*.[1]

Prof Goddard-Borger and his team discovered the reason why the excessive amounts of mucus produced by patients with respiratory illnesses is thicker than usual. They found that mucus viscosity is driven by proteins called 'trefoil factors' that bind to 'mucin glycoproteins', long protein strands coated with unique sugar molecules. Understanding these mechanisms could help to significantly improve airway-clearing treatments for patients with chronic respiratory diseases.

COPD is one of the most common respiratory diseases in Ireland. Around 110,000 people in Ireland have been diagnosed with COPD, but it is thought that there are about 200,000 people living with the disease who have not been diagnosed.[2] COPD affects more men than women. However, according to the Irish Thoracic Society, rates of COPD in women are increasing.

Significant leap

People with chronic respiratory diseases typically produce an excessive amount of thick mucus in the lungs which obstructs their airways, making it difficult to breathe. Mucus mostly is made up of water and mucin glycoproteins, which are very long protein strands coated with glycans – a type of sugar molecule.

Prof Goddard-Borger said the study's findings revealed that proteins called 'trefoil factors' interact with mucins by recognising and binding to the unique glycan signatures on their surface.

"Trefoil factors have long been known to make mucus more viscous (thicker), and it has been postulated that this thickening occurs in respiratory diseases. However, until now we did not completely understand how the trefoil factor proteins achieved this."

Prof Goddard-Borger said the research showed trefoil factors had two glycan-binding sites and could cross-link mucin strands to make the mucus gel more rigid. "Within mucus, trefoil factors essentially 'staple' the mucin strands into a mesh: the more staples, the denser the mesh and the thicker the mucus becomes."

Understanding what trefoil factors bind to and how they do this represents a significant leap forward in understanding mucus and how it functions in the respiratory, gastrointestinal and reproductive tracts.

Improving therapies for blocked airways

Prof Goddard-Borger said that the aim from here was to inhibit the bonds created between trefoil factors and mucin strands, and that the development of such a technology could lead to new therapeutics for the treatment of respiratory diseases.

"A healthy amount of mucus is very important for capturing and clearing potential threats to the lung, such as dust particles, dead cells and bacteria, so we're not looking to remove mucus altogether.

"We are seeking to develop innovative approaches for reducing the viscosity of the mucus to aid in clearing excess mucus from the lungs of patients with chronic respiratory disease.

"The next step is to work with commercial collaborators to progress our vision to develop new mucolytic drugs that can more effectively clear mucus from the airways. Achieving this could make a significant impact on the quality of life and life expectancy of people struggling with debilitating respiratory conditions," Prof Goddard-Borger said.

COPD and Covid-19 mortality

Meanwhile, newly published research has found that current smokers and people with COPD have an increased risk of severe complications and higher mortality with Covid-19 infection.[3]

In the new study, researchers systematically searched databases of scientific literature to find existing publications on the epidemiological, clinical characteristics and features of Covid-19 and the prevalence of COPD in Covid-19 patients. The initial 123 potentially relevant papers were narrowed to 15 that met all quality and inclusion guidelines. The included studies had a total of 2,473 confirmed Covid-19 patients. Some 58 (2.3%) of those patients also had COPD while 221 (9%) were smokers.

The research published in open-access journal *PLOS ONE,* found that critically ill Covid-19 patients with COPD had a 63% risk of severe disease and a 60% risk of mortality while critically ill patients without COPD had only a 33.4% risk of severe disease and 55% risk of mortality. In addition, current smokers were 1.45 times more likely to have severe complications compared to former and never smokers.

The study was unable to examine whether there was an association between the frequency of COPD exacerbations, or severity of COPD, with Covid-19 outcomes or complications. The results are limited by the fact that few studies were available to review, as well as the diverse locations, settings, and designs of the included studies.

In summarising their findings, the authors said: "Despite the low prevalence of COPD and smoking in Covid-19 cases, COPD and current smokers were associated with greater Covid-19 severity and mortality."

– Alison Moore

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1. Järvå MA, Lingford JP, John A, Soler NM, Scott NE, Goddard-Borger ED. Trefoil factors share a lectin activity that defines their role in mucus. Nature Communications 2020; 11(1):2265. doi: 10.1038/s41467-020-16223-7

2. www.hse.ie/eng/health/az/c/chronic-obstructive-pulmonary-disease-copd

3. Alqahtani JS, Oyelade T, Aldhahir AM, Alghamdi SM, Almehmadi M, Alqahtani AS, Quaderi S, Mandal S, Hurst JR. Prevalence, severity and mortality associated with COPD and smoking in patients with Covid-19: a rapid systematic review and meta-analysis. PLOS ONE, 2020; 15 (5): e0233147. doi: 10.1371/journal.pone.0233147

Coeliac disease: Could bacterial exposure be a risk factor?

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

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

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

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

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

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

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

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

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

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

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

Coeliac disease

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

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

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

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

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

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

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

– Alison Moore

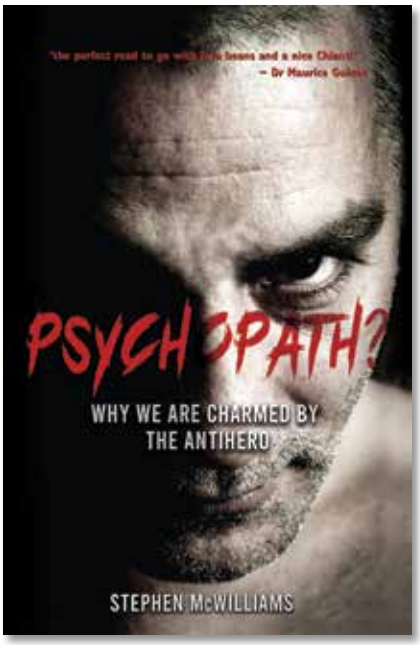
Reference:
1.Jan Petersen, Laura Ciacchi, Mai T. Tran, Khai Lee Loh, Yvonne Kooy-Winkelaar, Nathan P. Croft, Melinda Y. Hardy, Zhenjun Chen, James McCluskey, Robert P. Anderson, Anthony W. Purcell, Jason A. Tye-Din, Frits Koning, Hugh H. Reid, Jamie Rossjohn. T cell receptor cross-reactivity between gliadin and bacterial peptides in celiac disease. Nature Structural & Molecular Biology, 2019; DOI: 10.1038/s41594-019-0353-4

The charming psychopath

PSYCHOPATHS are essential in fiction. They exist within the plot to present a challenge for the hero. In his book, *Psychopath? Why we are charmed by the antihero*, Dr Stephen McWilliams, explores how we are somehow seduced by fictional villains and antiheroes.

Many fictional psychopaths are deliberately dislikeable; they are the villains in almost every novel, action film or television drama. Some are absurdly comical while others are simply repulsive without any humour. But often enough it is the protagonist himself (or, less often, herself) who is psychopathic. His nefarious deeds do little to dissuade us from cheering him on; indeed, we seem quite happy to shelve our own moral compasses as we root for him to prevail. Such an antihero needs charisma if we are to remain interested in his overcoming whatever challenge the plot throws at him.

There are countless literary and cinematic examples. We are seduced by the protagonists in Tarantino and Hitchcock films. We empathise with the talented



Mr Ripley. We are so fascinated by Kevin Khatchadourian that we feel the relentless need to talk about him. We feel a thrill when Frank Underwood manipulates a naïve senator. And we positively tremble with glee at Hannibal Lecter's culinary assertion (with regard to a census-taker who once tried to test him) that he "ate his liver with some fava beans and a nice Chianti". He inhales sharply through his teeth and sends a shiver up the spine. And yet, deep within ourselves, we find him compelling.

But how could a fictional psychopath possibly be likeable? And how does the author or director achieve the antihero's likeability notwithstanding their dirty deeds? Is it their calmness in face of danger? Is it a strange vulnerability they may possess? Do they appeal to our fascination with secrecy? Is it that they seem to take us into their confidence? Are we simply seduced by their charm? Do they appeal to a part deep within us that longs to be bad? Or do their less-likeable victims somehow make them look good? Whatever it is, something exists in the fictional psychopath that keeps us coming back for more. We just can't help ourselves.

Psychopath? Why we are charmed by the antihero, by Stephen McWilliams, is published by Mercier Press. ISBN:978-1-78117-590-3

CROSSWORD Competition

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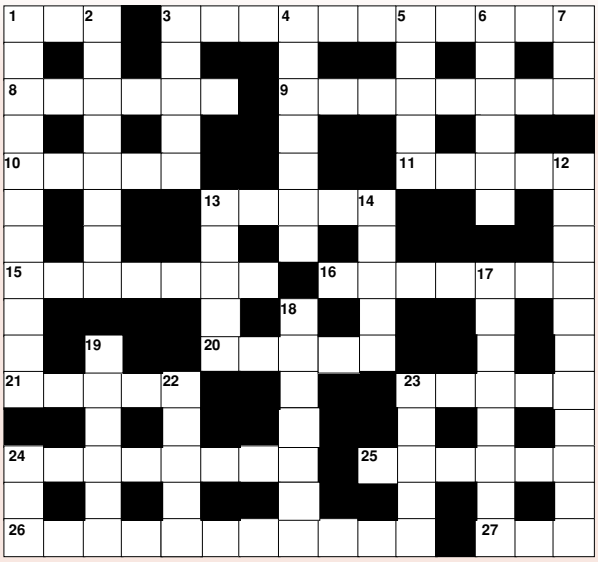
Across

1 Pull a harbour vessel (3)
3 Wherein to trade company shares (5,6)
8 Signalled agreement (6)
9 Item of jewellery often made with pearls (8)
10 Local or colloquial way of phrasing things (5)
11 See 3 down
13 Early rounds in a competition, as the unravelling happens (5)
15 & 23a Serious conversation - between one cardiac organ and another? (5,2,5)
16 Rugby No 10 (3-4)
20 Wooden pin (5)
21 Sudden, involuntary muscular contraction (5)
23 See 15 across
24 Skin tumour that may be found in a lemon, Ma (8)
25 Game with pieces to be made into a picture (6)
26 Childish name for a coney (5,6)
27 Melody is gas! (3)

Down

1 Put them on your feet for sport on the court (6,5)
2 It's a movie monster from Lodz, Gail (8)
3 & 11a Huge swimmer found where palms get chopped up (5,5)
4 Disposed to mistrust (7)
5 Distorted, out of kilter (5)
6 Marsupials are all right turning up, unfortunately! (6)
7 & 12 Parisian landmark that is fit to freewheel around (3,6,5)
13 Abhorred, detested (5)
14 Row a boat (5)
17 Totally disorientated - on land? Not a bit of it! (3,2,3)
18 A sheep's 'daughter' (3,4)
19 Large fish related to the swordfish (6)
22 Cash (5)
23 Lifting apparatus (5)
24 Many old boys initially form an unruly group (3)



October crossword solution

Across: 1 Open secret 6 Blur 10 Cocoa 11 Iron horse 12 Burglar alarm 17 Adit 18 Late 19 Expat 21 Baghdad 23 Corfu 24 Arms 25 Moor 26 Tot up 28 Sandals 33 Out of date 34 Upset 35 Nore 36 Listlessly

Down: 1 Orca 2 Encounter 3 Slang 4 China 5 Eros 7 Larva 8 Rheumatism 9 Cheated 13 Lisa 14 Rashers 16 Blackthorn 20 Paralysis 21 Bump off 22 Alan 27 Tutor 29 Alert 30 Drupe 31 Dali 32 Athy

The winner of the October crossword is: Graham Knight Deansgrange, Dublin

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Online Webinar from 11am - 2.30pm

Morning Chairperson: Liz Balfe, National Secretary, PHN Section

11.00am	Welcome address: President, INMO
11.10am	Opening address: Elizabeth Adams, President, EFN
11.20am	INMO Survey results & launch of position statement Steve Pitman, Head of Education, INMO
11.30am	Perinatal mental health Prof John Sheehan, Consultant in Liaison Psychiatry, Rotunda Hospital Dublin
12.00pm	BREAK

Mid-morning Chairperson: Catherine Rotte-Murray, Committee Member

12.15pm	Nurses and midwives working with marginalised groups Prof Breege Casey, DCU
12.30pm	Caring for people in direct provision Dr PJ Boyle, CNS in asylum seekers' health assessment
12.45pm	**BREAK**

Afternoon Chairperson: Mary Tully, PHN and INMO Executive Council

1.00pm	Panel will comprise, amongst others, Prof Amanda Phelan, Professor in Ageing and Community Nursing, TCD Eilish Fitzgerald, School PHN & 1st Vice President, INMO Queens Nursing Institute, UK
1.45pm	**BREAK**
2.00pm	The following 4 workshops will be running at the same time. You can attend 1 and the remainder will be available to "watch back" after the event. i. Wound care, Emer Shanley, CNS ii. Breast feeding, Patricia Marteinnson, PHN IBCLC iii. Self care, Aparna Shukla iv. Childrens Nursing Strategy, Rosemarie Sheehan, Project Officer, Childrens Health Ireland, HSE
2.30pm	Formal close – Phil NiSheaghdha, General Secretary, INMO

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HSE sees 57% increase in demand for online breastfeeding support

TRAFFIC on the 'Ask Our Breastfeeding Expert' section of the HSE website **mychild.ie** has increased by 57% since the government first announced Covid-19 restrictions back in March.

As social distancing guidelines made face-to-face support unavailable to many new parents, 567 queries were made between April and August via the website's live chat service, with a further 1,121 queries answered via email. In the same five-month period in 2019, HSE lactation consultants answered 419 live chat queries and just 652 emails.

The **mychild.ie** site includes breastfeeding information, videos and guides as well as the expert service, plus wider pregnancy and child health information.

The HSE released these figures to mark National Breastfeeding week from October 1-7, with HSE national breastfeeding co-ordinator Laura McHugh stating: "Parents who welcomed new babies in 2020 never expected to do so during a pandemic. We understand the past seven months have been hugely challenging for families in accessing face-to-face breastfeeding support in communities. I want to acknowledge the efforts by HSE staff and particularly the many breastfeeding volunteers who have continued to provide virtual and phone support during this time.

"While mothers continue to be supported during their hospital stay and at home, the increase in queries to the 'Ask Our Breastfeeding Expert' service coincided with reduced face-to-face contact with other healthcare professionals. Important sources of breastfeeding information and advice such as antenatal classes and breastfeeding support groups had to be cancelled so the online support service is proving more popular than ever.

"Nothing can fully replace the face-to-face experience, but the impact of Covid-19 restrictions has underlined the vital role of online support for parents. We saw an increase in the number of queries from those who were pregnant and also from people who wanted to start breastfeeding again having stopped for a time.

"One mother contacted the service on two occasions for advice while considering stopping breastfeeding and on returning to work during the summer; because of lockdown it meant she had more time at home and was able to breastfeed longer than she had originally intended to."

Other data released by the HSE showed that 63.7% of babies in Ireland in 2019 were breastfed on leaving hospital, representing a 13% increase since 2007.

Ms McHugh said that mothers' experiences of feeding in hospital and in the community is improving: "Hospital and community services are working to deliver more breastfeeding support to mothers, particularly over the last few months. This includes providing antenatal education classes online, virtual one-to-one consultations in the home and phone support, while continuing antenatal and postnatal face-to-face consultations for mothers and babies where needed."

'Giving it socks' for mental health

THOMAS Barry, owner of Thomas's Trendy Socks, has launched a new line of socks in aid of mental health charity Pieta House. The socks are branded with the message "It's okay not to be OK" and for every pair sold, the company is donating €2 to Pieta House. Mr Barry, who is supported in business by his father Finbar and nephew Shane, has Down's syndrome as well as a number of other serious illnesses, including Perthes' disease, Hirschsprung disease, heart murmur, underactive thyroid, hiatus hernia and stomach reflux. This didn't suppress his desire to express himself and, according to his father Finbar, he still finds the time to think of others: "I looked at options over the years in the hope I could provide some way for Thomas to feel like he can have a job just like everybody else, and the answer was staring me in the face: Thomas has always played with socks. He is quite an expert with it after many years of practice. He never played much with toys in his early childhood but would go nowhere without his sock. Some children get comfort from a teddy, but with Thomas it was always the socks. So we launched Thomas's Trendy Socks so that Thomas could sell socks, the things he loves the most." World Mental Health Day took place on October 10, and Thomas and his family hope that Thomas's Trendy Socks can bring some comfort to people over the coming months.
Pictured above centre is Thomas Barry with his father Finbar (left) and nephew Shane (right). For more details about Thomas's Trendy Socks and how to purchase a pair of socks in aid of Pieta House, visit www.thomp2.com

New online survey resource goes live

A NEW 'survey hub' was launched recently, offering a number of resources to support healthcare providers in developing and implementing their own surveys.

The hub is part of the National Care Experience Programme (NCEP) and aims to help healthcare providers to capture the experiences of patients and service users by providing advice on how to design surveys, interpret their findings and make improvements based on the results.

The hub includes e-learning modules, presentations, podcasts and professional guidance.

Rachel Flynn, director of the NCEP, said: "In developing the National Inpatient Experience Survey and the new National Maternity Experience Survey, we have considerable expertise in conducting surveys. The purpose of the hub is to share this knowledge and support healthcare providers to measure patient experience."

Visit **www.yourexperience.ie** for more information.

Breastfeeding: The best start

Health benefits for infants

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

Long-term benefits for children

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

Benefits for mothers

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

Support for mothers is essential

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

Work and breastfeeding

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

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Working Together

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

Fund launched in recognition of Irish midwives and nurses

New bursary scheme will see two nominees awarded €2,500 each

A FUND of €5,000 has been set up to reward the work of two outstanding midwives, each of whom will receive €2,500.

The Pure Foundation Fund, which was launched by Irish company WaterWipes and is supported by the INMO and the Irish Neonatal Health Alliance (INHA), is also open to nurses involved in the care of babies and infants.

This new bursary scheme has been established in recognition of healthcare workers' dedication throughout the Covid-19 pandemic.

For the first award, the organisers are calling on midwives and nurses to share their stories of how a colleague or they themselves have gone above and beyond the duty of care during the pandemic.

For the second award, new or expectant parents are being asked to nominate a midwife or nurse they believe is deserving of the award based on the standard of care and support provided to them during their pregnancy journey.

INMO general secretary Phil Ní Sheaghdha said: "This is an important time to recognise the contributions of midwives throughout the pandemic. We have seen extraordinary commitment from these healthcare professionals recently, as they continue to provide outstanding and vital care to women and their babies, in the most challenging of circumstances.

Pictured above on the steps of the Richmond Education and Event Centre for the launch of the Pure Foundation Fund were (l-r): Mandy Daly, director of advocacy and policymaking, Irish Neonatal Health Alliance; Melissa Plunkett, student midwife member of the INMO Executive Council; Dr Edward Mathews, director of professional and regulatory services, INMO; Ailbhe O'Briain, HCP marketing manager, WaterWipes

"The passion for patient care that drives Ireland's nurses and midwives has shone through in these challenging times and we would urge healthcare staff around the country to put forward their work or their colleagues' work for the recognition it deserves."

Mandy Daly, director of advocacy and policymaking with the INHA, said: "Midwives and nurses are the cornerstone of the Irish maternity system, providing exemplary care to expectant mothers, fathers and their newborns. The Pure Foundation Fund is the perfect opportunity to say 'thank you'.

Nominations are now open at **www.waterwipes.com** and can be made before the November 30 deadline.

ICN announces theme for 2021 International Nurses Day

THE International Council of Nurses (ICN) has announced its theme for next year's International Nurses Day: 'Nurses – A Voice to Lead'. The sub-theme for 2021 is 'A Vision for Future Healthcare'.

Annette Kennedy, ICN president, said: "The global Covid-19 pandemic has shown the world the important role that nurses play in keeping people healthy across their lifespan.

"While there has been significant disruption to healthcare, there has also been significant innovation that has improved access to care. In 2021, we will focus on the changes to and innovations in nursing and how this will ultimately shape the future of healthcare."

Howard Catton, ICN CEO, added: "The pandemic has exposed the weaknesses in our health systems and the enormous pressures our nurses are working under, as well as shining a light on their incredible commitment and courage.

"What the pandemic has also done is given us the opportunity to call for a reset and the opportunity to explore new models of care where nurses are at the centre of our health systems.

"We can only achieve this vision of future healthcare by generating new policies that pave the way for this sea-change and that is another key area International Nurses Day 2021 will absolutely seek to focus on."

Every year, the ICN produces a suite of resources and information to educate the public and to support nurses on International Nurses Day. This includes a report, case studies, posters, videos, interviews and social media banners and logos.

NURSES
A VOICE TO LEAD
NURSING THE WORLD TO HEALTH

Get involved

The ICN is calling on nurses to share their stories in the form of a case study as part of International Nurses Day celebrations. Guidelines and templates on how to submit a case study can be found on the ICN website at **www.icn.ch**

Case studies should be submitted by email to indstories@icn.ch, while previous cases studies and International Nurses Day resources can be found online at **www.icnvoicetolead.com**

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

November

Thursday 5
All-Ireland Midwifery Conference

Friday 6
Nurse/Midwife Education Section meeting, 2pm

Saturday 7
Special School Networking Group meeting, 9.30am

Thursday 12
Directors and Assistant Directors Masterclass webinar, 11am-2.30pm

Saturday 21
Midwives Section meeting, 2pm

Wednesday 25
CPC Section meeting, 10.30am

Saturday 28
PHN Section conference, 11am-2.30pm

December

Friday 4
OHN Section webinar, 9am-1pm

Monday 7
National Children's Nurses Section meeting, 10am

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

Condolence

❖ The INMO offers its deepest sympathies to Martina Milner and her extended family on the recent passing of her father Michael Milner, of Portarlington, Co Laois

INMO Professional Library Opening Hours

November

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

For further information on the library, please contact

Tel: 01 6640 625/614
Fax: 01 01 661 0466
Email: library@inmo.ie

INMO Membership Fees 2020

A Registered nurse/midwife *(Including part-time/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 members	No Fee

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

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Email: interviewer@nurseoncall.ie

Cork office: Tel: 021 422 2830 Email: corkoffice@nurseoncall.ie

Text your name and address to **0871437417** and we will post you an application form

Do something different in 2021...

Join our unique Online Volunteer Programme

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This is an opportunity to use your skills & share your knowledge in support of improved healthcare practice in Uganda through a **series of online workshops**

Workshops commence: February 2021

For more information please contact: Kevin Murphy

Email: kevin@nurtureafrica.ie
Call or Text: 086-8886532

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Cancer nurses

Irish Cancer Society

The Irish Cancer Society is seeking Cancer Nurses for its Cancer Support Line (currently working remotely) and Cancer Information Centres (Daffodil Centres) in the Mater Misericordiae University Hospital and St Vincent's University Hospital.

For more information please see the job descriptions on **www.cancer.ie**

Email CV to **recruitment@irishcancer.ie**
Informal enquiries to **amchale@irishcancer.ie**

Irish Nurses Rest Association

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

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

Breastfeeding: The best start

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

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Working Together

The Irish Nurses and Midwives Organisation supports breastfeeding

For more information log onto **www.breastfeeding.ie**

NEW GRADUATES!

Do You Know How the New Salary Scales Affect Your Pay?

From the 1st of October 2020, the salary scales for nurses and midwives are changing by 2%.

Timeframe	Previous Enhanced Practice Salary Progression	New Enhanced Practice Salary Progression	Difference to Previous Salary Progression	Accumulation of Increases
Receive NMBI PIN = 1st Point	€30,009	€30,609	+€600	**€600**
+ 16 weeks	€32,734	€33,388	+€654	**€1,254**
+ 1 year	€36,433	€37,161	+€728	**€1,982**
+2 years	€38,728	€39,502	+€774	**€2,756**
+ 3 years	€39,952	€40,751	+€799	**€3,555**
+ 4 years	€40,895	€41,713	+€818	**€4,373**

Remember that as a result of the 2019 strike settlement, new graduates move from point 1 of the scale to point 3 after 16 weeks of work. After one further year of work, you will be eligible to apply for the Enhanced Practice Contract and so will be able to access the Enhanced Practice Salary Scale.

The location allowance has increased to €2,347 per annum for nurses and midwives working in eligible areas.

The specialist qualification allowance has increased to €3,525 per annum for nurses and midwives working in specialist areas with the appropriate postgraduate qualification.

To see more information on the salary scales and to see lists of eligible areas/qualifications that attract an allowance, see https://www.inmo.ie/Salary_Information.

Remember the INMO Information Office have a webpage https://www.inmo.ie/Pay_Rights and are available to answer members' queries related to rights and entitlements.

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Are you an **INMO member?**
Are you **under the age of 35?**

Then join a **YOUTH FORUM** today!

Youth Forums are sections within the INMO which are run by members for members. Being part of a Youth Forums gives you an extra way of receiving up-to-date information. Members meet regularly throughout the year and so you can develop a network of colleagues. Each Forum puts forward a motion each year to the INMO's Conference (ADC) and two delegates from the Forum are nominated to speak to that motion. Joining a Youth Forum gives you the opportunity to really have your voice heard!

Want to learn more? Contact INMO Student/New Graduate Officer **Catherine O'Connor** at **catherine.oconnor@inmo.ie** or on **01 6640684.**

Mayo University Hospital
Critical Care Nursing Career Pathway 2021

Mayo University Hospital, Castlebar, Co Mayo is currently accepting applications from September/October 2020 newly graduated Registered General Nurses to join our new clinical career development pathway.

The Hospital, in partnership with National University Ireland Galway (NUIG) is offering an exciting opportunity for newly qualified general nurses to join a pilot programme of structured clinical experience with enrolment in a postgraduate Diploma in Theatre Nursing, Critical Care or Emergency Care with NUIG.

Successful candidates will commence as registered nurses with us in January 2021 and will gain six-month blocks of experience in Theatres, Intensive Care and the Emergency Department over a two-year period. At the end of the programme in December 2022, each individual will take up a permanent post in one of the three critical care areas and will have had the opportunity to complete a formal postgraduate academic award.

The work-based learning programme will provide each member of staff clinical experience through a structured clinical learning programme with the support of a Clinical Educator and the opportunity to experience two weeks experience in a level four service across Ireland during each of the three placement areas.

As part of the programme, candidates will enrol on a post graduate diploma course with NUIG.

Places on this programme are limited to 12 individuals and potential candidates should submit a fully completed application form by **10am on Friday, 27th November, 2020.**

This opportunity is open to all newly registered general nurses with the Nursing and Midwifery Board of Ireland between September and December 2020.

For further information, please contact Joanne Carolan, Clinical Facilitator (ICU) by email at: Joanne.Carolan2@hse.ie or Tel: 094 904 2426 or Moya Hughes, Clinical Facilitator, ED by Tel: 094 904 2379

Further information can also be found at **https://bit.ly/3lhBatx**

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*Discounts are applied at quotation and apply in year one only. We are unable to issue discounts retrospectively. Only one discount can be used with each eligible proposal. Eligibility criteria, terms and conditions apply. The online discounts are only available to customers taking out a new Nurses' Car Insurance Scheme policy or a new home insurance policy through Cornmarket.

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