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WIN

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

World of Irish Nursing & Midwifery

Latest INMO CPD education programme
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Members hit by post-viral fatigue after Covid-19
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Awards to recognise exceptional care
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Your voice, your vote

INMO candidates for NMBI elections

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On the cover this month:
INMO candidates for the 2020 NMBI elections: Lorraine Clarke Bishop (top), Moira Wynne (middle) and Marian Vaughan (bottom)

NEWS & VIEWS

FEATURES

CLINICAL

LIVING

JOBS & TRAINING

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Breastfeeding: The best start

Health benefits for infants

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

Long-term benefits for children

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

Benefits for mothers

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

Support for mothers is essential

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

Work and breastfeeding

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

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

The Irish Nurses and Midwives Organisation supports breastfeeding

For more information log onto www.breastfeeding.ie

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Learning from past mistakes

COVID-19 has not only tested our health service, it has exposed some of the areas most in need of improvement. Perhaps the starkest example was the care of the older person sector. Despite heroic work by dedicated staff, longstanding problems in the sector made it the epicentre of the crisis.

With that in mind, Minister Simon Harris established an expert panel to make recommendations for the future of elderly care. Its report was presented to the new Health Minister, Stephen Donnelly, on August 19. The INMO made a written submission and presented oral evidence to the panel on nursing in the current climate. On your behalf, the INMO's Care of the Older Person Section and the officers of the Executive Council contributed to this submission. Looking at the final recommendations, many reflect improvements we had sought in pay determination, staffing and the need to ensure suitably qualified staff are employed in this sector.

The recommendations include:

- Reviewing employment terms and conditions of nurses and healthcare assistants in nursing homes to ensure the supply of qualified staff
- Developing a framework for safe nurse staffing to apply in nursing homes and to take lessons in the short-term from similar frameworks in other sectors
- Auditing of staff levels by HIQA
- Ongoing staff training and career development including postgraduate gerontological training for senior nurses
- Requiring training for end of life, palliative and infection control care.

The recommendations to modernise HIQA regulations are key. Despite the statutory responsibility for inspections, the panel found that there is no "systemic evidence that infection prevention and control is addressed in these inspections, which often focus more on safety issues such as fire drills and evacuation measures".

The report also states that there are "no clear guidelines on the minimum numbers of qualified staff who should be on duty, the minimal standards of qualifications and training protocols for ongoing needs assessment, dependency and care planning".

Clearly, poor staffing levels and lack of ongoing training should have been identified in advance of the pandemic. The recommendations to modernise HIQA regulations must be understood in this context – before, during and after the pandemic.

Brave policy decisions are required for the future governance of care of the older person services. The INMO has long advocated for public governance, with a removal of the private "for profit" model. We strongly believe that provision of the older person services must be addressed by government to ensure our responsibilities to our ageing population are planned, funded and staffed safely.

The obvious question is why did it take a worldwide pandemic to look at this sector and examine the improvements needed? Deaths in this sector so far represent 56% of the total deaths from Covid-19 in Ireland. The model of care delivery simply has to be changed. It is clear that the nursing home sector cannot be left aside from our national health system.

The panel's recommendations rightly note: "The current model of private residential care for older persons has no formal clinical governance links to the wider HSE. More formalised links would facilitate better national oversight of the care delivered to frail older people."

In our scramble to correct recent problems, let's not repeat the mistakes of the past. Elder care must be clinically governed by experts in the field of gerontology, staffed by nursing and HCA staff based on the dependency model of care as set out in the framework for nurse staffing.

It cannot be based on a 'cost of care' model. It must have equal pay and conditions for staff in the private and public health services. The alternative would be failure to plan for the long-term and failure to learn from these devastating experiences.

Phil Ní Sheaghdha
General Secretary, INMO

Staff Nurses/Midwives and Enhanced Nurses/Midwives

If you have at least 17 years' service you may qualify for the Senior Staff Nurse/Midwife Increment or the Senior Enhanced Nurse/Midwife Increment

- All staff nurses/midwives and enhanced nurses/midwives who have 17 years' post-qualification service are eligible for payment of either the senior staff nurse/midwife increment or the senior enhanced nurse/midwife increment. All service, inclusive of part-time/job sharing service, is reckonable
- Service constitutes all genuine nursing/midwifery experience in Ireland and abroad
- The reference date for determination of service and payment is November 1 each year
- Application forms can be obtained from your human resources department

If you have any queries in relation to the above, please get in touch with the INMO Information Officers:

Catherine Hopkins or Karen McCann at Tel: 01 664 0610 or 01 664 0619 or by email to: catherine.hopkins@inmo.ie or karen.mccann@inmo.ie

Your priorities with the president

Martina Harkin-Kelly, INMO president

A voice of hope – John Hume RIP

THE year 2020 will be remembered as a most difficult time, in which many Irish families experienced grief. Among this year's losses we will always remember the sad passing of John Hume on August 3. For many of us, and particularly for those of us who grew up only a short distance from the border, he became the voice of hope. His bravery and willingness to listen led him to reshape Irish politics, so that younger generations and many of our younger colleagues have no lived memory of those troubled times. For this he is owed a debt of gratitude and admiration. To his wife Pat and his children and family, his brother Paddy and nephew Paul, both nurses and friends, heartfelt sympathies are offered from the INMO. *Síocháin síoraí lena anam*.

Condolence

THE INMO offers its deepest condolences to Geraldine Mullan, an oncology nurse in Letterkenny, on the tragic deaths of her husband and two children in a recent car crash. I know that all our members offer Geraldine their support and sympathy.

Covid-19 resurgence

IN RECENT weeks the number of Covid-19 cases has risen, with 200 cases recorded on August 15, prompting a national address by our new taoiseach Michéal Martin and special restrictions to be brought in across Laois, Offaly and Kildare. I know that nurses and midwives are anxious about potential future surges. We are, no doubt, among those who are most concerned about the recent increase in infection numbers as we have seen first-hand the devastation that this disease can cause in families and communities. However, I have every faith in the ongoing ability of my nursing and midwifery colleagues to meet the oncoming challenges with support from their union and solidarity from every corner of the country. In the meantime I urge you all to speak out against complacency in your communities. You are the experts and your experience and clinical expertise are invaluable at this time.

Class of 2020

I HAD the pleasure of giving the opening address at the recent INMO webinar for intern students focusing on 'Becoming New Graduates'. The online event was organised by student and new graduate officer Catherine O'Connor and included an impressive line-up of speakers including the Minister for Health, Stephen Donnelly. In what was the minister's first address at an INMO event, he acknowledged the enormous contribution of new graduates this year and thanked them for their commitment and professionalism in the fight against Covid-19.

Mr Donnelly confirmed his commitment that 2020 graduate nurses and midwives would be guaranteed a permanent job in the health service on graduation and that healthcare assistant pay would continue until registration. The minister also confirmed the meeting of the expert review group on July 30 as part of the 2019 strike settlement and re-stated his commitment to safe staffing and the importance of the Framework on Safe Staffing and Skill Mix. Acknowledging that staffing levels were currently insufficient, the minister also stated that he was in the process of agreeing a winter plan with the HSE and that discussions with the INMO would be part of the process.

In my address, I took the opportunity to note that in the face of extraordinary societal healthcare issues, policy decisions have far-reaching effects. It is vital that we approach decisions prioritising clinical need over cost, and that the INMO is involved in shaping the future of the health service. I trust the new minister took heed. I also advised our new graduates that wherever their careers may take them, they would do well to remain grounded, true to their professional values and to never forget their journeys along the way *(see also, page 8)*.

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

Quote of the month

"Great leaders don't set out to be a leader, they set out to make a difference. It's never about the role, always about the goal."
– Jeremy Bravo

Report from the Executive Council

Full meetings of the Executive Council were held on July 6 and 7, with no meeting held in August to allow for the holiday period. It was agreed that the count from the Executive Council elections will be concluded at the next meeting on September 7 with the result and the makeup of the new 2020/22 Executive Council known on September 8.

Proposals for ADC were also set out for consideration, to ensure the union's annual business matters are finalised under rule. By now your branch or section will have received the correspondence pertaining to the decisions for Conference proceedings made in March and July 2020. It was agreed that a one day special/annual delegate conference, take place on October 9 convening the outgoing and incoming Executive Council, with members attending virtually. Processes for voting will be put in place to ensure that the rules of the Organisation are adhered to.

The Sligo Branch and Standing Orders Committee were also consulted in the overall decision-making process taken by the Executive. If you were due to attend ADC, your attendance is advised at the branch and section meetings scheduled for September in advance of the conference.

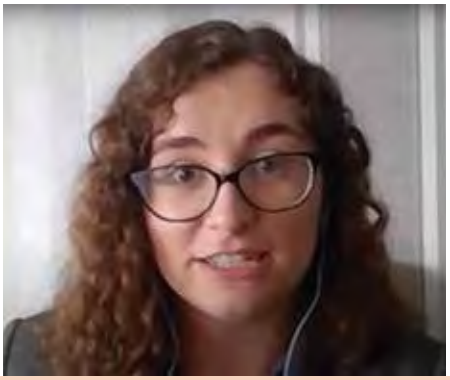
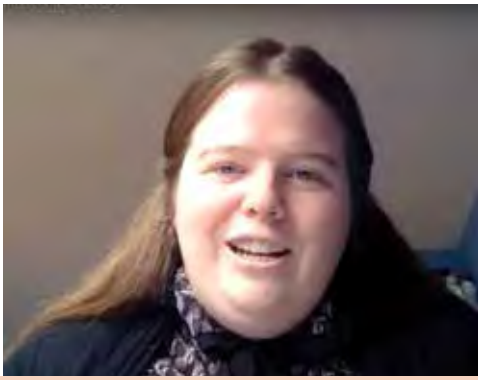
The Executive Council also discussed the upcoming inaugural meeting of the expert review group in July. A formal submission will be made to this group by the INMO.

Get in touch

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

Graduate jobs guarantee welcomed

INMO webinar discusses key role of intern students in the health service

Addressing INMO webinar for intern students (l-r): Minister for Health Stephen Donnelly; INMO student and new graduate officer Catherine O'Connor; and webinar chair Melissa Plunkett, who holds the student seat on the INMO Executive Council

MINISTER for Health Stephen Donnelly confirmed his commitment that 2020 graduate nurses and midwives would be guaranteed a permanent job in the health service on graduation.

The minister addressed final year students during an INMO webinar last month and expressed the government's gratitude to nursing and midwifery students and interns for their the work and vital contribution during the Covid-19 pandemic.

The minister advised the group that he had received extremely positive feedback from the HSE regarding student nurses/midwives' positive approach to getting involved and directly contributing during this most difficult time.

The minister also acknowledged that staffing levels were currently insufficient and stated that he was in the process of agreeing a winter plan with the HSE and that discussions with the INMO would be part of the process.

The INMO also welcomed the minister's commitment to full implementation of the Safe Staffing Framework, and the importance of the recently convened Expert Group on Nursing and Midwifery.

INMO president Martina Harkin Kelly said: "Nursing and midwifery students have given the best of themselves during this pandemic and it is only right that they can depend on a fair deal when they graduate.

"Safe staffing levels are key to ensuring good patient outcomes. Keeping an adequate supply of nurses and midwives in the health service at a time when demands are constantly increasing is going to be a challenge. To meet that challenge we need to keep graduates in the profession and in Ireland."

INMO general secretary Phil Ní Sheaghdha said: "We have written to the HSE and the Minister requesting immediate engagement on a funded workforce plan. Nurses and midwives in Ireland worked through the worst winter on record for hospital overcrowding and then went straight into the major challenge of preparing the health services for Covid-19. They have provided excellent care during this period, many suffering ill-health as a result themselves.

"Their contributions have been extraordinary and selfless, as they faced the pandemic head on and without flinching – heroines and heroes all. They are now exhausted, and the risk of burnout and illness is very high.

"We are now seeking immediate engagement with government and the HSE on nursing and midwifery workforce planning, to ensure safe workloads and patient and staff safety for the coming winter."

Expert Group must focus on "unfinished business"

It is vital that the Expert Review Body on Nursing and Midwifery Professions now focuses on the unfinished business from the strike settlement of 2019, the INMO stated last month.

The establishment of this group was a central plank of the settlement following the resolution of the 2019 nurses and midwives' strike. The group was to have completed its business in May 2020, but was delayed. The INMO sought commitments from the then Minister for Health Simon Harris, leading to the group's first meeting with the independent chairman Moling Ryan and the INMO, PNA and SIPTU taking place on June 26, 2020.

A recent statement from the Department of Health said a call for these submissions would issue by the end of August.

INMO general secretary Phil Ni Sheaghdha said: "The business of this group is a matter for the nursing and midwifery professions and will be monitored closely by nursing managers in particular, who consider this process unfinished business in relation to their salaries. The group's work will be extremely important in recognising nurses and midwives' contributions to quality care in the evolving health service.

"We have made clear that it is vital the expert group hears directly from nurses, midwives, nurse and midwife managers of all grades, specialists, PHNs and other grades in the front line. We will advocate strongly for the professions in all submissions and representations to the group.

"This is a very important time for the health service and the voices of nurses and midwives must be listened to if we are to successfully meet the healthcare challenges ahead."

INMO backs Oireachtas committee call for safe nurse-to-patient ratios

THE INMO has backed a call from the Oireachtas Covid-19 response committee for regulated levels of safe staffing in nursing and midwifery.

In its interim report published last month, the committee recommended that: "Regulations regarding staffing and staff ratios in nursing homes need to be strengthened in order to protect patient health and to prioritise the setting of nurse-to-patient ratios in line with best practice."

The INMO backed this recommendation, calling for the scientifically based Safe Staffing Framework to be funded and rolled out across all nursing services in the country.

The Framework, which has been trialled successfully in Irish acute hospitals, sets safe staffing numbers for nurses and healthcare assistants based on the number of patients and their specific needs.

INMO general secretary Phil Ní Sheaghdha: *"Whether we are facing a second wave or not, Ireland needs to set staffing levels based on evidence, not history. We have a framework to do this."*

When trialled, it was found to reduce costs, virtually eliminate the need for agency staffing, improve patient outcomes, drastically reduce patient mortality, and improve staff and patient morale.

INMO general secretary Phil Ní Sheaghdha said: "The Oireachtas committee is absolutely correct in its recommendation on staffing. For decades, staffing levels in the Irish health service have been based on historical levels. A ward would have staff based simply on what they have had previously, rather than on patient needs.

"Whether we are facing a second wave or not, Ireland needs to set staffing levels based on evidence, not history. We have a framework to do this. The system has been proven to work. It is government policy. It has Oireachtas backing. Now it's time to actually fund and implement it.

"I'm grateful to the Oireachtas committee for listening to the INMO and our members in making their recommendations."

The INMO also backed recommendations in the Oireachtas interim report which called for:

- A review of staffing and employment practices (including pay) in private nursing homes
- A shift towards independent living for older people, away from congregated care settings where appropriate
- At a minimum, no reduction in public or voluntary health service capacity.

The Special Oireachtas Committee interim report on Covid-19 in Nursing Homes can be downloaded from: **www.oireachtas.ie**

Covid-19 nursing homes report fails to recognise urgent need to deal with staffing shortages – INMO

THE INMO has sought immediate dialogue with the Minister for Health on many of the recommendations in the report of the Covid-19 Nursing Homes Expert Panel, particularly the implementation of the safe staffing framework.

The panel was established in May 2020 to examine emerging best practice and recommendations to ensure that all protective Covid-19 public health and other measures to safeguard nursing home residents are planned and in place to respond to the ongoing impact of the pandemic over the next six-18 months and into the longer term.

The INMO had set out in its submission to this committee and on many previous occasions to the Department of Health and the HSE, that staff shortages are a major risk in nursing homes and other healthcare settings and could lead to higher rates of Covid-19 infection in staff and patients.

In its recommendations on staffing, the report states: "HIQA should carry out and publish a detailed audit of existing staffing levels (nursing and care assistant) and qualifications in all nursing homes – public, voluntary and private, within six months."

INMO general secretary Phil Ni Sheaghdha said: "Staffing audits are welcome, but the truth is we already know there are staffing shortages and that this is worsened when staff are sick or self-isolating. We also know surges lead to high levels of fatigue, which is a major risk in infection control that puts staff and patients at risk.

"In order to keep patients safe we must keep staff safe. We welcome the recommendation on routine testing for all staff and we have also requested that this process is in place in all healthcare settings, not just in nursing homes.

"We again call on government to confirm that they will amend the health and safety regulations and provide a statutory basis to the Health and Safety Authority to protect nurses, midwives and other frontline workers who acquire this infection in their workplaces".

The full Covid-19 Nursing Homes Expert Panel report can be downloaded from: **www.gov.ie/en/publications/**

INMO candidates for NMBI elections

THE INMO has endorsed and is campaigning for the election of the following three candidates in the Nursing and Midwifery Board of Ireland elections 2020, which take place this month:

- **Moira Wynne**, who is running for the seat in *Category 1 – General nursing engaged in clinical practice*
- **Marian Vaughan,** who is running for the seat in *Category 2 – Children's nursing*
- **Lorraine Clarke-Bishop** who is running for the seat in *Category 3 – Public health education*.

All INMO members are asked to vote for these three candidates when **e-voting takes place from Tuesday, September 15 to Wednesday, September 23 at noon.**

Election and e-voting information will be issued (by September 4) to all nurses and midwives registered as of August 11, 2020 with NMBI.

For further information on the election process, see the NMBI website, **www.nmbi.ie**

Moira Wynne
General Nursing candidate

I BECAME a union rep when I was a student nurse and have been an INMO workplace rep for my entire nursing career. I have served on the INMO Executive Council twice. As a CNM2 in the Emergency Department in Beaumont Hospital I have the opportunity to provide care at all different stages of people's lives, improve their quality of life and outcomes, and provide advice and palliative care when needed. I have never been afraid to stand up for my patients and colleagues. I am so proud of our professions. Together we are stronger. Nurses and midwives are a predominantly female workforce, so it is important we stand together.

Regulation is vital in nursing and the NMBI has a huge role in maintaining standards and advancing the nursing and midwifery professions. I have two key aims for the NMBI. The first is to ensure that education standards are kept high. As more education providers offer courses, I want to maintain strong professional standards and ensure that the already-large clinical supervision workload does not increase or dilute our ability to do the core job.

My second key priority is for the NMBI to offer positive, practical support to nurses and midwives, not just intervene when things go wrong. In the Covid-19 pandemic, for example, that would mean offering accessible guidance and practical support to everyone on the register and preventing problems from happening – rather than just dealing with them after they have happened.

I have always stood up for colleagues in my own workplace and nationally, and I am asking for your vote to apply that experience and passion to the NMBI board.

Marian Vaughan
Children's Nursing candidate

AS WE transition to a new model of care for children's nursing in Ireland, it is vital that our profession is represented by a strong advocate. With over three decades of nursing experience, both in Ireland and overseas, I have actively engaged in the development of many quality and safety initiatives in children's nursing practice. I am a member of several academic-clinical partnership committees and collaborate extensively with my colleagues across Children's Health Ireland.

Being a children's nurse is so rewarding. Over my career I have experienced many changes and positive developments. I am enthusiastic about our future direction and am committed to ensuring we continue to deliver high standards of quality care. I currently have the privilege of working as a clinical placement coordinator, supporting undergraduate nurses in their own journey to becoming a children's nurse.

It is important for all nurses and midwives to be part of a union for support, guidance and representation. The INMO provides educational courses for nurses and midwives and that's really invaluable for our professions, in terms of continuous professional development.

With your vote, I pledge to promote children's nursing as a specialty and ensure that the utmost respect and consideration is given to the voice of children and their families.

I support the development of specialist roles, but will also champion for due recognition to be given to the clinical expertise and knowledge of the bedside staff nurse. One of my key objectives will be to advocate for increased emphasis on mental health and primary care education in children's nursing programmes.

Lorraine Clarke-Bishop
Public Health Education candidate

I HAVE been an NMBI board member since 2005. I have consistently made it my mission to bring the perspective of the nurse and midwife to the board's work – both from my time as a staff nurse and as a CPC and education specialist. I have gained a wealth of experience on the board, but I also still work in clinical practice which gives me hands-on knowledge of nursing on the ground. I have worked internationally and have a great understanding of both the clinical and the academic side of nursing.

I love all aspects of nursing – the camaraderie with colleagues, the professional care we provide for our patients and the education we provide to our students. The education aspect is often overlooked but I see it as vital to our role. It's also one of the most enjoyable parts of our profession.

I joined the INMO in 1997 when I first came to work in the Republic of Ireland. I believe it is essential for all nurses and midwives to be a member of a union, as the union provides strength and power to our collective voice. The support we receive enables us to act professionally and collectively.

There have been huge changes in our professions in recent decades and, as a result, the role of the regulator, the NMBI, is constantly evolving. I want to see through to completion many of the projects I have been working on, such as the digitisation of the NMBI, building a professional competence scheme for our professions and updating the NMBI Code of Professional Conduct.

I see my role as not only protecting our professions but bringing my real-life experience and understanding of nursing and midwifery into the NMBI. I am asking for your vote to put a friendly, experienced and determined nurse on the board.

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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.

IE-NI-2000032

Tony Fitzpatrick, INMO director of industrial relations, reports on

INMO secures specialist allowance for PHNs with paediatric qualification

PUBLIC health nurses who hold a category 2 specialist qualification in paediatric nursing and who use it in their work are now entitled to the specialist qualification allowance, which amounts to €3,349 a year. This follows the INMO pursuing this issue since last year's strike settlement.

This was confirmed by the HSE, which issued a CERS memo stating that PHNs who have a paediatric qualification and who use this qualification in the performance of their duty, should, if they have not done so previously, seek the payment of the specialist qualification allowance.

PHNs with this qualification are urged to ensure they are being paid this allowance and to contact the INMO if they have any difficulty in this regard.

As per the Department of Health Circular 112/99, PHNs with a midwifery qualification should be receiving the specialist qualification allowance. Under the terms of the strike circular and the HSE circular (27/2019) PHNs who do not have midwifery qualification should be in receipt of a location allowance. This was to apply retrospectively to March 1, 2019 and at this stage, all PHNs should be receiving it.

The recent CERS memo adds those holding a specialist qualification in paediatrics to the list of PHNs who are eligible for the specialist qualification allowance.

Therefore, all PHNs including assistant directors of public health nursing who were formally called senior PHNs, should be in receipt of either a location allowance or a specialist qualification allowance for paediatrics or midwifery.

Second round offers for PHN sponsorship programme

The INMO continues to engage with the HSE to ensure all PHN sponsorship places for the academic year 2020-2021 are filled in full.

As at the end of July, 98 individuals had accepted places on the programme, which fell short of the 146 places on offer by Higher Education Institutes.

The INMO has been pursuing the HSE to offer additional places to the panel and a second round of offers was being made in order to ensure all 146 places are filled for this academic year.

The areas which the HSE considers to be priorities are CHO areas 6, 7 and 9 and part of CHO8, which are currently experiencing the greatest staffing deficits.

The INMO will continue to ensure all 146 places are offered and filled.

Implementation of telehealth in CCAs deferred

A PAUSE was put on the roll-out of telehealth in community care areas last month pending greater engagement and consultation between the INMO and the HSE on the matter.

This deferral was agreed between the INMO and the HSE last month, implementing an immediate pause to the further roll out of telehealth within community care areas.

There will also be a pause in areas that are having current difficulties with the implementation of telehealth.

However, telehealth projects that are working well with no difficulties, as agreed between the INMO and management, through immediate local engagement, may continue, including tissue viability.

Local engagement between the INMO and directors of public health nursing will take place on the aforementioned.

In addition, a round-table meeting will be convened in the near future between the INMO and the HSE, with input from INMO reps and directors of public health nursing, to discuss telehealth issues in greater detail.

Updated Covid-19 HSE HR circulars

The INMO, in collaboration with the health sector trade unions, meets with the HSE on a weekly basis with regards to matters relating to Covid-19. I would like to bring to members attention the following revised guidelines:

Guidance and FAQs for Public Service Employers during Covid-19 in relation to working arrangements and temporary assignments across the public service, from the Department of Public Expenditure and Reform, which came into effect on August 24, 2020. This guidance deals with issues including:

- Attendance at work premises during Covid-19
- High risk and very high risk category employees
- Covid-19 special leave with pay arrangements
- Working arrangements during Covid-19
- Employee relations processes during Covid-19.

The HSE also issued two circulars with regards to travel: HR circular 052/2020 and HR circular 056/2020. These circulars deal with matters around the definition of essential and non-essential travel and processes to apply with regards to entering the country or returning to the country once a person has travelled to countries that are on the green list or otherwise.

Members should also refer to the HSE Occupational Health Guideline document on derogation for the return to work of healthcare workers who are essential for critical services, which was produced by the Workplace Health and Wellbeing Unit. This policy has a section titled 'Derogation by senior management following entry to the Island of Ireland', which should be consulted by members dealing with this situation.

current national IR issues

Implementation of strike settlement gets underway for RNIDs

THE INMO has been engaging with the HSE and Section 38 organisations on the implementation of the strike settlement and subsequent circulars with regards to the enhanced practice salary scale.

The HSE has now issued circular 52/2020 which instructs employers to immediately implement upgrading to CNM1 of Registered Nurses of Intellectual Disability (RNID) who work alongside/supervise social care workers. In addition, the circular grants permission on the implementation of the enhanced practice/senior enhanced practice salary scales.

It is important to highlight that a dispute continues between the HSE and Section 38 organisations and the INMO on the breath of application of the upgrading of RNIDs to CNM1 level. The terms outlined within the circular are those agreed to allow the immediate application of the upgrade of RNIDs to CNM1. The parties have agreed to an independently chaired process to address this issue, under the chairmanship of Sean McHugh, and are due to meet in early September.

The INMO's position is that if a location has social care workers, then the staff working in that facility have a liability to work alongside or supervise social care workers and therefore, the upgrade should apply.

A difference of opinion also exists between the INMO and the HSE and Section 38 organisations with regards to the treatments of new-entrant RNIDs and the length of the qualifying period. Again, this matter is to be dealt with in the independently chaired process under Sean McHugh.

For those eligible for immediate upgrade to CNM1 as set out in HSE circular 52/2020, this upgrading will be applied retrospectively to March 1, 2019. INMO officials will be engaging with local reps and management on implementation of same.

Enhanced practice/senior enhanced practice scales

All nurses working within intellectual disability services are now eligible to be placed on the enhanced practice salary scale. Individuals are eligible to be appointed on their next incremental date that occurred after March 1, 2019.

As an example, if you were due an increment on September 1, 2019, you are eligible to apply for the enhanced salary scale and should be placed on it retrospective to September 1, 2019.

This means that there will be significant retrospective payments due to members. All members who have not already done so should apply for the enhanced salary scale.

This is also true of senior staff nurses who are eligible to apply for the senior enhanced practice scale. This applies from November 2019 and significant retrospective payments will be due to members. It is vitally important that eligible members who have not done so already should immediately apply for this to be placed on the higher scale.

Members who have already applied for the enhanced practice scales should follow up with their managers, directors of nursing or HR departments. If you experience any difficulties with this, please contact the INMO.

It is important to stress that there is a significant pay rise available to members which they should avail of. Furthermore, members should scrutinise payments to ensure that they receive the appropriate payment due.

Clarification on Covid-19 redeployment policy

AS part of the collaborative response to Covid-19 in March 2020, a Covid-19 redeployment policy was agreed between the health sector unions and the HSE.

This policy was specific to redeployments which were required at short notice because of Covid-19 and in order to ensure safe service provision across the HSE. The purpose of the Covid-19 redeployment policy was also to respond to emerging requirements at that time.

In recent weeks, members have been reporting to the INMO that management was attempting to redeploy staff under the terms of the Covid-19 redeployment policy, despite the redeployment being required for non-Covid-19 reasons.

Employers were doing so in the absence of the required engagement and consultation with the INMO. The INMO intervened at local level and put a stop management's attempt to abuse the policy and ensured compliance with normal engagement and consultation rules.

The INMO outlined to the HSE at a national level that it is completely unacceptable that local management would be attempting to redeploy staff, seeking to utilise the Covid-19 redeployment policy when the reasons for redeployment were not related to Covid-19.

The health sector trade unions have collectively sought a review of the Covid-19 redeployment policy agreed in March 2020 and a meeting was due to take place specifically on this matter by the end of August 2020.

In the interim, at the request of the INMO and the health sector unions, the HSE issued a clarification document, CERS46/2020. This clarification outlines that the terms of the Covid-19 redeployment policy are specific to the circumstances and the provisions contained therein. Redeployment for any other purpose are subject to the normal information and consultation provisions as outlined in the Public Service Stability Agreement (PSSA).

The INMO will engage with the other health sector trade unions with regards to reviewing the redeployment policy and members should contact the INMO if there is any attempt by local management to abuse the policy.

Industrial action looms in UHL over overcrowding and staffing impasse

INMO members at University Hospital Limerick were balloted on industrial action last month over the refusal of hospital management to attend talks at the Workplace Relations Commission.

The INMO represents over 1,000 nurses on this site who are frustrated at the approach to date by management to resolving the persistent high nurse vacancy rates and other related issues.

Among nurses' concerns are the risks to patients, overcrowding in a Covid-19 environment and excessive workloads arising due to unfilled funded nursing posts in wards, the emergency department and theatres. To date management has declined to provide the INMO with the vacancy rate.

Mary Fogarty, INMO assistant director of industrial relations, said: "It is imperative that these vacancies are filled prior to the opening of 96 much needed additional beds on site. However many of the wards also have historical low staffing levels and need additional nurses to cope with the demands of the Covid-19 environment.

Mary Fogarty, assistant director of IR: *"It is imperative that staff vacancies are filled prior to the opening of 96 much needed additional beds in UHL"*

"Nurses at UHL are exhausted after a very tough winter with record overcrowding levels, followed by a pandemic. They are telling us the vacancy rate is as high as 17-20% in the emergency department and 30% on some wards, making it impossible to maintain patient and staff safety and cope with the Covid environment.

"The ongoing refusal of management to attend the WRC will only lead to delays in opening additional beds at the hospital".

Solidarity with Beirut

The INMO sent a message of sympathy and solidarity to those affected by the horrific explosion in Beirut on August 4, which killed more than 200 people, including nurses, and injured 5,000 people. "We acknowledge the hard work and courage of the Order of Nurses in Lebanon, and stand in solidarity with our nursing and midwifery colleagues as they continue to provide life-saving care at this most difficult time," said INMO general secretary Phil Ní Sheaghdha.

Warning over rising trolley numbers

THE rising number of admitted patients being cared for on trolleys in several hospitals around the country is an extremely worrying trend, particularly in this time of pandemic, the INMO has said.

The worst overcrowding is being seen in University Hospital Limerick and Cork University Hospital, where most days in excess of 30 admitted patients are recorded as being on trolleys in the emergency departments and on wards. As we went to press the number of patients being treated on trolleys in UHL had exceeded 50 on two days running.

High numbers of trolleys are also frequently being seen in Sligo University Hospital, University Hospital Kerry and Midland Regional Hospital, Mullingar.

The INMO trolley/ward watch has continued throughout the Covid-19 pandemic. While the numbers of patients on trolleys has declined significantly in most hospitals in this period, the union is concerned about the upward trend in recent months.

INMO general secretary Phil Ní Sheaghdha said: "Hospital overcrowding is unacceptable at any time, but in this time of the Covid-19 pandemic, the presence of trolleys in emergency departments is particularly alarming. The recent upward trend in trolley numbers is ominous and must be brought under control, especially before the winter months. "

INMO seeking full rights for members as three care facilities close in Dublin

THE INMO held a protest outside St Monica's Nursing Home last month, which is one of three healthcare facilities in Dublin owned by the Religious Sisters of Charity currently being closed, resulting in the loss of 160 beds from the healthcare system as well as almost 200 redundancies.

INMO members with colleagues from Siptu and Forsa outside St Monica's Nursing Home protesting against the treatment of staff on the closure of the three nursing homes

The INMO is representing members affected by the closures of:

- St Monica's, a 46-bed nursing home in Dublin 1
- St Mary's Centre, Telford, a 56-bed nursing home and a disability centre accommodating up to 24 residents in Dublin 4
- Caritas Convalescent Centre, a 54-bed short-stay convalescent facility for post-surgery patients in Dublin 4.

All three facilities are owed by the Religious Sisters of Charity and set up as independent corporate entities. They are primarily funded by the HSE.

Caritas Convalescent Centre was the first facility to close with 64 staff being made redundant on July 27, 2020. The liquidators advised that staff would only receive the minimum statutory redundancy payment through the State's Social Insurance fund.

The INMO, along with Siptu and Forsa, pursued a claim at the Labour Court seeking payment of the enhanced public service redundancy package, ie. three weeks per year of service on top of statutory redundancy and a termination payment for those with less than two years' service. The Labour Court issued its Recommendation (LCR 22237) on July 30, finding in favour of the unions' claim and identified the Sisters of Charity and the HSE as the parties responsible for the implementation of the recommendation.

On July 24 and August 11, the High Court appointed joint provisional liquidators to St Mary's Centre Telford and St Monica's Nursing Home respectively. The unions have referred these cases to the WRC for conciliation seeking that the Caritas Labour Court Recommendation be applied across all three sites. The unions are also corresponding with the Sisters of Charity and the HSE requesting engagement and implementation of the public sector terms to the staff in the three locations who are losing, or have already lost their jobs.

Lorraine Monaghan, assistant director of IR: *"The Sisters of Charity, along with the HSE as the main funder, need to step up to their responsibilities and pay staff what the Labour Court considers appropriate and reasonable"*

In correspondence to the HSE, the unions have requested that they examine the circumstances of these closures, and particularly the manner in which the Sisters of Charity have effectively abandoned residents and the staff who recently worked through a very difficult period. Over 30 staff across the three facilities contracted Covid-19 at work. The unions have highlighted the fact that the State has relied on these providers and their staff to deliver vital services to the public over the years and that the loss of these beds would inevitably have an impact on already overcrowded hospitals and emergency departments.

On a human level, the unions expressed concern that the eviction of elderly and vulnerable people from their homes at this late stage in their lives is a seriously traumatic event and relocation in the middle of a pandemic was proving to be enormously stressful and disturbing to these residents.

The unions firmly believe that the HSE need to step in and take over Section 39 and privately run services that are at threat of closure to ensure that residents and patients are fully protected, and that jobs are maintained.

The INMO continues to work closely with its members across all three facilities, providing guidance and support, assisting them to find new jobs, ensuring they receive their statutory entitlements and arrears outstanding, and in pursuit of redundancy payments beyond the statutory entitlement.

– Lorraine Monaghan, assistant director of IR

Enhanced practice contract finally rolls out in Cork

FOLLOWING a protracted implementation process in the region, the enhanced practice contract and payment of the enhanced salary scale commenced in Cork University Hospital in July.

Over 900 members in CUH alone have chosen to opt in for the new pay scale, which has provided substantial pay increases for members to date, while all members opting in will see significant increases for the rest of their career with a higher pay scale which is significantly shorter.

The medical and surgical location allowances, along with the maternity location allowance, have now been paid with full retrospection on the university hospital campus for INMO members in both CUH and Cork University Maternity Hospital.

Cork Older Person Services

Meanwhile, the month of August saw a belated roll-out of the enhanced practice contract for members working in Cork Older Person Services, with over 500 applicants for the new contract across the region.

Members in the region saw the roll-out frustrated by the HSE locally, with the INMO removing all remaining blocks in recent months to comply with the national agreement following last year's national dispute.

– Liam Conway, INMO IRO

Two in three members recovered from Covid-19 hit by post-viral fatigue

INMO survey backs up safe staffing message delivered to Oireachtas

ALMOST two-thirds (65%) of nurses and midwives who have recovered from Covid-19 are still experiencing post-viral fatigue, according to a recent INMO survey.

As part of the union's submission to the Oireachtas Special Committee on Covid-19 Response, the INMO asked members to respond to a short survey, comprising 15 questions, that ran from July 2-10, 2020. A total of 7,068 nurses and midwives responded to the survey, 9.2% (646) of whom had tested positive for Covid-19 at some point.

Of 545 respondents who said they had recovered from the virus, 497 (91%) stated they continued to experience symptoms, which also included mental health difficulties, headaches and breathing problems. Other post-viral symptoms cited by respondents included: anxiety, trouble concentrating or "brain fog"; dizziness/light headedness; recurring fever; and palpitations.

Four out of five (81%) of all respondents (including those who did not contract Covid-19) said that working in the health service during the pandemic substantially or somewhat impacted their mental health.

The INMO presented these findings to the Oireachtas Special Committee on Covid-19 Response on July 21, highlighting the importance of safe staffing at all times, particularly during a pandemic.

INMO general secretary Phil Ní Sheaghdha said: "Fatigue is a major risk to patient and staff safety – especially in a pandemic. Many of our members are reporting that despite recovery, they are still facing exhaustion. The impact of this virus can be long-lasting, so nurses and midwives returning to work after recovery are going to need support. For many, there will be a long road to full recovery.

"They will also need certainty that past mistakes are being corrected. The government should empower the Health and Safety Authority to investigate cases. As winter approaches, frontline staff face a toxic combination of fatigue and understaffing. Safe staffing levels are the only way to ensure that our health service is not overwhelmed. We urgently need a clear plan to ramp up health service capacity before winter hits."

Overall responses

The majority of respondents (61%) were in the staff nurse/midwife or senior staff nurse/midwife category. The managerial grades CNM/CMM 1-3 made up 17% of respondents. On workplace category, 63% were based in acute facilities and 14% in residential facilities.

Infection rate, symptoms and recovery

A total of 646 people, or 9.2% of respondents across all sectors, stated they had tested positive for Covid-19. More than one-third of respondents (2,411) stated that they were out of work on Covid-related sick or isolation leave; most of those (71%) were out on leave for no more than 14 days. However, the survey revealed that hundreds of nurses and midwives were asked to return to work before the end of their isolation period. This was This was most common in acute facilities, where almost 20% of respondents were asked to go back to work.

Fatigue was the most common Covid-19 symptom reported, affecting 84% of people. Other common symptoms included loss of taste and smell, fever, headaches, respiratory complications, muscle and joint pain, back pain and sore throat. Of those who had recovered from Covid-19, almost two-thirds of respondents stated they were still experiencing fatigue, with anxiety, mental health issues and trouble concentrating also widely experienced post-recovery.

PPE

The majority of respondents at least occasionally had difficulty accessing personal protective equipment (PPE) in their workplace. Of the 4,240 respondents who frequently or occasionally had difficulty accessing PPE, students and interns seem to have been most affected, with 71.7% of this group stating they had trouble in this area. The figures reveal that those who frequently had trouble accessing PPE were more than twice as likely to have acquired Covid-19 (13%) than those who never had difficulty accessing PPE (6%).

Mental health

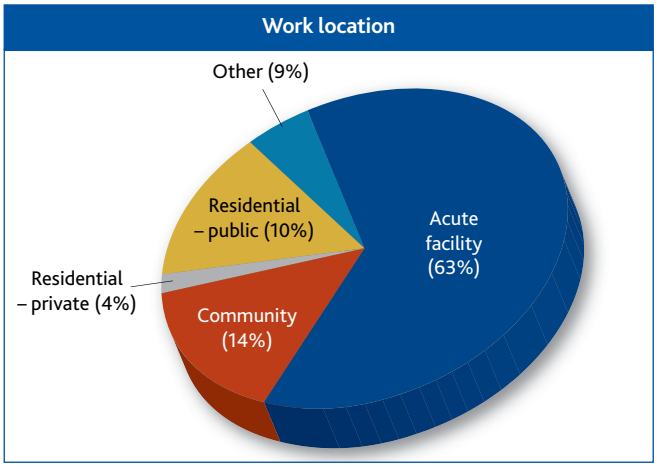
The majority of respondents (81%) stated that working in the health service during the Covid-19 pandemic substantially (22.3%) or somewhat (58.9%) impacted their mental health. The survey revealed that those who frequently had trouble accessing PPE were also more likely to experience a substantial negative impact on their mental health due to working in the health service during the pandemic.

Respondents in the acute sector were most likely to report an impact on their mental health (83%), followed by those in the private residential sector (81%).

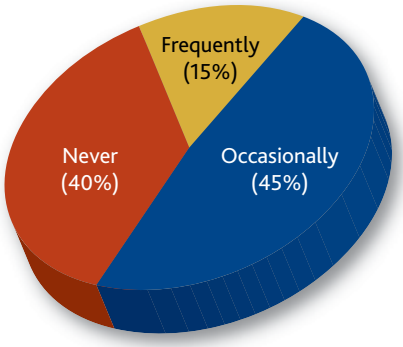
Covid-19 fears

We asked people to select from a list of risks that they were most afraid of while working during the pandemic. The greatest fear overall was of spreading the virus within their households, with 92% of respondents selecting this. The other most common fears were catching the virus at work, risk to their personal health, and risk to patients/service users.

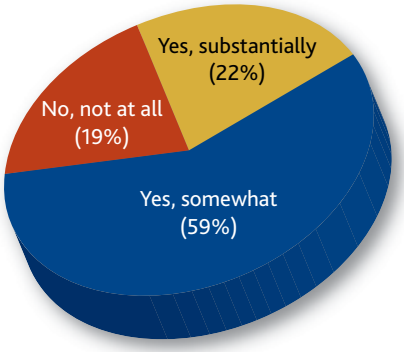
Fears of pandemic risks were greater among those who worked in acute facilities than in residential or community settings. People were also more likely to be fearful of pandemic risks if they frequently had



Difficulty accessing PPE



Negative impact on mental health



difficulty accessing PPE at work, with 94% of people in this group afraid they would spread the virus to their households. This group was also much more fearful about the health service's ability to keep them safe (80.6%, compared to the 63.1% who were fearful of this across all acute services).

Other fears cited by respondents included lack of support, guidance or supervision from management; fears for their own ability to provide support to their teams; and the effects of redeployment. Respondents cited effects on their mental health, including post traumatic stress disorder (PTSD) and anxiety. Many people also found they were short-staffed due to colleagues self-isolating, and that their workload had significantly increased.

One respondent in an acute facility said: "It took too long for wearing of masks to be advised. Many staff would not have been infected if masks were worn earlier".

Preparedness and safety in the workplace

In response to the question "Did you feel you were adequately protected in your workplace?" 12% of respondents stated that they did not feel protected. However, this was much more common among those working in the community, where over 16% said they did not feel adequately protected. Across all facilities, less than one-third of respondents felt "substantially" protected at work, with the lowest proportion in acute facilities.

Did you feel you were adequately protected in your workplace?		
Risk of spreading infection to family or household	91.67%	6,150
Catching the virus at work	78.49%	5,266
Risks to your personal health	77.12%	5,174
Risk to those you care for/patients	69.43%	4,658
The health service's ability to keep you safe	59.20%	3,972
Your ability to cope professionally with the virus	41.87%	2,809
Lack of personal protective equipment	40.86%	2,741
Lack of training	28.28%	1,897

We also asked if people felt confident in their employer's ability to manage future surges of Covid-19. Of 6,716 respondents to this question, those working in acute settings were least confident. Over 1,800 employees in acute settings were not confident their employers could cope. The level of confidence was also low in community settings with only 58.3% of these respondents stating they were confident in their employer's ability to cope.

Comments

Over 2,000 respondents took the time to provide additional information about their experience. Of these, over 200 members said they felt unsupported by management during the pandemic or that there were communication difficulties, including receiving information that was conflicting, inconsistent or rapidly changing.

Lack of facilities for isolation or social distancing were a great concern for members, as were other risks to patient and staff safety, including inadequate PPE and inconsistent or inadequate swabbing of staff returning to work after isolation. Numerous members provided accounts of harrowing experiences in their facilities over recent months, and many respondents cited PTSD, trauma, anxiety, and an acute need for counselling and psychological support following this intense and very difficult period.

Invaluable resource

Due to the high response rate in the area of mental health concerns the INMO has launched a second survey of members to measure the psychological impact of working in the current environment. It is designed to gain an understanding of the psychological impact of Covid-19 on nurses and midwives.

The information will be used to inform the INMO strategy for supporting and representing our members. The overall results will be published as a contribution to the professions' understanding of Covid-19 and its impact. The 12-minute survey can be accessed via **www.inmo.ie** or at: **www.surveymonkey.com/r/ZMZH8H7 INMO COVID-19**.

– Beibhinn Dunne

Personal testimonies

- *"I was redeployed to different areas on a daily basis around the hospital. Social distancing was very difficult due to the old hospital lay out and we have no social, showers or proper changing facility or places to eat."* ***– CNM/CMM2, Acute facility***
- *"I feel that I wasn't protected by the HSE. It should have been mandatory for us to be wearing masks from the beginning. The HSE failed in their duty of care to healthcare workers which resulted in the high numbers of healthcare workers being infected with the virus."* ***– Senior staff nurse/midwife, Community***
- *"I had three of the most stressful weeks of my decades long career during the height of the pandemic. Trying to manage with very reduced staffing and trying to manage the high levels of anxiety among staff was very difficult. I worked about 80 hours per week for two consecutive weeks when we were hardest hit."* ***– CNM/CMM2, Acute facility***
- *"I had to sacrifice seeing my son for 13 weeks as he went to cocoon with my parents away from me as my dad was deemed vulnerable. This was really difficult. I feel that more could have been done for childcare for HSE employees. I felt very let down by this. Working so many hours on the frontline then coming home to an empty house was very tough and was starting to have an impact on my mental health."* ***– Senior staff nurse/midwife, Acute facility***
- *"I am physically and mentally struggling since recovering from Covid-19. My wife is also a nurse and we have two young children. We are constantly either at work or looking after the children on opposite shifts. We have become like a single parent family. Mentally I am breaking down and can't continue this for much longer."* ***– CNM/CMM2, Acute facility***
- *"Understaffing continues and the winter flu is coming. Allocated Covid area isn't suitable for patients with an infectious disease as there is no properly ventilation. This puts staff and all patients on the ward at risk!"* ***– Staff nurse/midwife, Acute facility***
- *"The biggest issue for me is reduced staffing due to retirements, resignation, cocooning, sick leave, with no available replacement impacting on the ability to grant annual leave to staff who are tired and need a holiday before winter season hits us."* ***– CNM/CMM3, Acute facility***

WaterWipes, validated by the Skin Health Alliance as purer than cotton wool and water

Good skin cleansing is important for infant health, as their skin is vulnerable and delicate, particularly during the first year of life.[1] In Ireland, HSE guidelines advise that parents wash their babies using cooled, boiled water and cotton wool.[2] This is often seen in current practice. Current guidelines for cleaning newborn skin varies from country to country, and a common guideline is to use cotton wool and water for the first four to six weeks of life.[3,4] However, this practice and these current guidelines no longer reflect recent evidence on infant skincare.

There is a wealth of evidence showing that certain wipes are equivalent to water and cotton wool in terms of skin hydration, transepidermal water loss (TEWL), skin surface pH, erythema and presence of microbial skin contaminants/irritants.[5]

Following a recent review by a team of independent experts at the Skin Health Alliance, WaterWipes have been validated as purer than cotton wool and water. Communicating this to parents will help them make an informed choice on how to clean their baby's skin, especially those looking for a gentle method coupled with the convenience of a wipe.

Cleansing baby's skin

Healthcare professionals advising parents on how to cleanse their baby's skin should be aware of the latest evidence and research so they can confidently inform parents on the purest method available.

A baby's skin consists of three main layers – the epidermis, dermis and subcutaneous fatty tissue. The epidermis in babies is 20% thinner than that of an adult, and the stratum corneum is 30% thinner,[6] which increases susceptibility to permeability and dryness.[7] Parents should be made aware that some cleansing methods or topical products used may adversely alter or cause dryness in baby's protective skin barrier,[8] and therefore products with as few ingredients as possible are advised.

Multiple studies have been conducted comparing the effectiveness of wipes vs cloth/cotton wool and water, and have demonstrated the benefits of cleaning a baby's delicate skin using a non-medicated wipe.[7,8] One study concluded that wipes are better to use on babies in the neonatal intensive care unit, with the use of wipes resulting in more condition and barrier function of premature baby's skin, rather than the cloth and water option.[9] In another study of infants in the first four weeks postpartum, the use of water-moistened washcloths or wipes on baby's skin were compared, with the evidence demonstrating no increase in nappy rash in either group. The research also showed that skin pH, hydration and microbiological colonisation were comparable in both groups of babies, indicating that the use of wipes didn't harm babies' skin barrier.[10]

For babies with atopic dermatitis, studies have shown the cleansing of baby's skin with atopic dermatitis with wipes resulted in significantly less erythema and roughness of the skin and were gentler on skin compared to using water and cotton wool balls.[11]

Evidence has indicated there is no difference between certain wash products, like cotton wool, and the use of water or certain baby wipes; offering parents a choice in their baby skin care regime.[3]

Impurities of cotton wool

The production process of cotton wool includes a sequence of stages whereby it is processed with various chemicals to clean and remove impurities before it is considered suitable for consumers. This includes bleaching the cotton with hydrogen peroxide to make it white and neutralising the product by using diluted hydrochloric acid or sulphuric acid to reduce excess alkali properties and remove impurities.[12]

Despite this complex process, there is no way to guarantee cotton wool is uncontaminated in its final pack. Although customers typically think that cotton wool is 'pure', it cannot be guaranteed that small pieces of cotton seed or other impurities will not be found in the final product.

Additionally, when using cotton wool and water for cleansing, the general method is to use a piece of cotton wool wetted in the water and wipe the skin clean, and then replace with a new piece of cotton wool each time. This method results in a risk of contamination via the water if the same piece of cotton wool is dipped in the water more than once. There is the risk of hands contaminating the water as well.

Impurities of water

Tap water can contain chemicals such as lead, copper, chlorine, fluoride, zinc and nickel, and does not have oil-soluble material properly removed. Boiling the water is one of the most effective ways to eliminate impurities, but although it removes microbes, it cannot remove certain chemicals or impurities. Dissolved impurities such as lead, arsenic, calcium and magnesium salts and nitrates can sometimes remain.

In addition, boiling does not remove physical suspended impurities like dirt, dust, mud and free particles of rust, which need an effective filtering mechanism. Boiled water also needs enough time to cool before it can be used and during the process of cooling and handling. However, when cooling there is every chance of recontamination, for example when pouring into containers, or if hands or the utensil are unclean.

Water can also be considered a skin irritant that causes itching and dryness.[13] It is rapidly absorbed into the skin, especially through the still-developing infant stratum corneum, which hydrates the skin but only temporarily, since the added water quickly evaporates through TEWL, leaving the skin dryer than before.[14]

Typical raw water

May contain:
- Dissolved minerals & salt
- Pollutants
- Insoluble materials *(such as sand and stone grit)*
- Micro-organisms *(such as viruses or bacteria)*
- Inorganic contaminants *(such as salt and metals)*
- Organic chemicals from industrial processes *(such as salt and metals)*

Typical tap water

Low levels of:
- Chlorine
- Copper
- Fluoride
- Lead
- Nickel
- Zinc

Typical boiled water
- Trace elements
- Impurities

Typical bottled water
- Added salts and minerals

Sterile water for medical use
- Has undergone treatment that leaves water pure and free from all contaminants

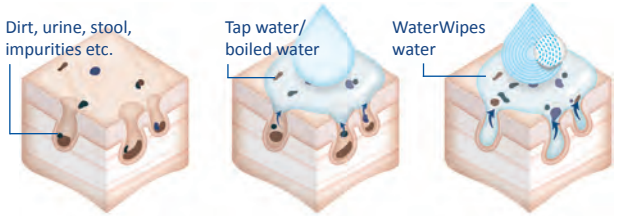
WaterWipes Ultra Pure Water
- Water treated to the highest levels of purity to remove all contaminant types

What makes WaterWipes purer than cotton wool and water?

WaterWipes, headquartered in Drogheda, Co Louth, are manufactured under clean room conditions using a unique purifying technology; the seven-step purification process uses a series of filters to remove physical and chemical impurities in the water, resulting in water that is high quality and ultra-pure.

This unique water-purifying technology results in a solution with lower surface tension. Low surface tension provides increased wettability, access to more dirt and impurities, thus providing a deeper, more effective clean compared to cleaning babies skin with cotton wool and tap water.

The WaterWipes wipe material undergoes a decontamination process, which combined with the formulation, results in a fresh, pure product that is stable for 20 months unopened or four weeks after opening. WaterWipes also undergo stringent quality checks, ensuring the product is of the highest standard and free from contamination before, during and after production. Additionally, WaterWipes have good antimicrobial effectiveness against bacteria and mould, meaning the products stay fresh.



Typical skin surface of an infant contains dirt, urine, stool and impurities

The surface tension of tap water is too high to reach the dirt in deeper pores and crevices

Our 7 stage purifying technology lowers the surface tension of the water, resulting in an increased wetting and a deeper clean

"Whilst cotton wool and water is a suitable method for cleaning babies during nappy changes, the Skin Health Alliance has concluded that WaterWipes baby wipes are a purer method of cleaning for parents looking for an alternative solution."

– James Stalley, Skin Health Alliance

WaterWipes are recommended by healthcare professionals

Further research with healthcare professionals has also demonstrated that 96% of midwives surveyed in Ireland consider **WaterWipes** to be the purest baby wipes.[15] NICE guidelines also recommend that parents should be advised that they should not use medicated wipes for the cleansing of baby's skin.[16]

WaterWipes are non-medicated wipes and contain minimal ingredients. Made from 99.9% high purity water and a drop of fruit extract, **WaterWipes** have been validated as purer than cotton wool and water by the Skin Health Alliance. **WaterWipes** help maintain the important skin barrier function of the stratum corneum, while offering the convenience of a wipe. They provide safe cleansing for the most delicate new-born skin and are so gentle they can also be used on premature babies.
WaterWipes have numerous global accreditations, sponsorships and endorsements, including:

- Allergy UK
- The National Eczema Association of America (NEA)
- The French Association for the Prevention of Allergies
- Eczema Association of Australasia (EAA) sponsorship
- The Vegan Society
- Skin Health Alliance

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SAVE THE DATE

Irish Nurses and Midwives Organisation
Working Together

THE ROYAL COLLEGE OF MIDWIVES

All Ireland Annual Midwifery Conference

Midwifery – adaptable and responsive during a crisis

Thursday, 5 November 2020

Online Interactive Conference

This years event will be delivered online.

The Annual Poster Presentation will be taking place.
Further details will follow, contact jean.carroll@inmo.ie

Section update

Sexual assault forensic examiner (SATU) nurses

THE INMO has been contacted by a group of its SATU nurse members, who wish to establish a formal national networking structure.

At present, this group consists of clinical nurse and midwife specialists, advanced nurse and midwife practitioners, and an assistant director of nursing.

If you are a nurse working in this area and wish to get involved with this group, please email section development officer Jean Carroll at jean.carrroll@inmo.ie

The INMO will be setting up a virtual meeting for early October and looks forward to hearing from interested members.

School PHN group

PUBLIC health nurses (PHNs) working in schools, whose responsibilities include ensuring the full school screening programme is carried out, have made contact with the INMO in relation to re-establishing a national networking group.

This group will be set up specifically for PHNs based in schools, with a view to establishing a more cohesive approach in relation to seeking specialised training, recognition and possible development within these roles.

Please email section development officer Jean Carroll at jean.carroll@inmo.ie with any queries. The INMO will be setting up a virtual meeting for this group in October.

Upcoming events

International Nurses and Midwives Section webinar

THE International Nurses and Midwives Section has organised an online webinar on the black, Asian and minority ethnic (BAME) experience of the Covid-19 pandemic. This event will be taking place on Thursday, September 24 from 11am.

Dame Donna Kinnair, chief executive and general secretary of the Royal College of Midwives, along with INMO general secretary Phil Ní Sheaghdha, will be addressing this session.

Members of the International Section will be presenting their research findings on the effects of Covid-19 on BAME nurses and midwives working in the Irish health system. Participants will also hear from other BAME members of the INMO about their own personal experiences of the Covid-19 pandemic.

There is no charge to participate, however registration is essential. Please visit **www.inmoprofessional.ie** to confirm your place.

All registered participants will receive the link required to join the webinar a couple of days prior to the event.

RNID Section webinar

THE RNID Section is looking forward to its first-ever online webinar, which is taking place on Tuesday, September 15. Please note that bookings are essential – see *page 28* for full details.

INMO International Nurses Section

International Nurses & Midwives Section

BAME WEBINAR

Thursday, 24 September 2020

Online from 11am - 1pm

Welcome Address

Ms Martina Harkin-Kelly,
President, INMO

Speakers:

Dame Donna Kinnair,
Chief Executive & General Secretary, RCN, UK

Ms Phil NiSheaghdha,
General Secretary, INMO

Members of the International Nurses Section will present research findings on the effects of COVID-19 on BAME nurses and midwives working in the Irish health system.

BAME nurses and midwives in Ireland will share their experience of COVID-19

This is a **FREE EVENT,** however, **Bookings are Essential.**

Log onto **www.inmoprofessional.ie** to confirm your place.

Courage to care: members

Freda Hughes, **Lisa Moyles** and **Aiveen Ahern** spoke to INMO members who continue to lead from the Covid-19 frontline

'Resilience has been my guiding principle'

Jeanifer Dizon, theatre nurse, Beaumont Hospital, Dublin

"THE PPE training has provided me with the information I need to deal with Covid-19 and made me aware of the proper use of PPE, including the best way to achieve its full benefit. It has created in me a responsibility to pass on what I've learned in order to maximise PPE, prevent unnecessary expenses, and alleviate fears and stress brought about by this pandemic. This is something I am happy to be able to do.

"Being a member of the INMO has reassured me that even with the pressure and stress of the pandemic, there is a group thinking about our welfare. Everyone has been negatively affected by the pandemic, but it cannot be denied that as frontliners, we have made ourselves more susceptible to acquiring the virus. The INMO has supported us so we can remain driven and safely carry out our duties.

"The skill that has been very valuable to me, not just as a nurse but as person, is resilience. This is not something I have acquired over the past few months. It has been my guiding principle all my life: accepting the reality, feeling the emotions that come with it and, most importantly, seeking answers to solve obstacles. I believe that when you are resilient, you see every problem as an opportunity and, though some situations may rattle you, you can remain strong and hopeful. When we share this with patients and anyone we meet, we can inspire people to see the silver lining in every trial.

"Some positives that I have seen during the pandemic include the highlighted importance of handwashing, hygiene and doing things properly, rather than in a rush. It is also positive to see how our community has accepted the responsibility to help prevent the spread of the virus.

"The pandemic has developed a sense of co-operation and camaraderie in us; it has brought together people of different cultures, beliefs and walks of life. It has united areas in the hospital and unified different fields, all for a common goal – to look after each other and totally eliminate the virus."

'The biggest challenges we face are the restrictions'

Sadbh Creed, midwife, labour ward, Cork University Maternity Hospital

"I HAVEN'T needed to wear full PPE like this before. My training prepared me for many scenarios, but it can never prepare you for the reality of a global pandemic.

"The biggest challenges we face are the restrictions. Not being able to have partners in the hospital is very difficult for the women and the staff. I really hope partners are allowed back on the antenatal and postnatal wards soon, as parents are instant carers for their babies, and it's important for women to get support.

"Some of the changes that have been necessary over the past couple of months have turned out to be quite positive. One of the positive things has been the uptake in outreach clinics. Most women are healthy and well so it's perfectly safe to be going to an outreach clinic rather than coming into the hospital, and the clinics have the benefit of keeping women closer to home and in their own communities.

"We've also changed the way we do inductions – moving them from a five-bed to a three-bed space, which is much more comfortable for the women. It's a very small change that wouldn't have occurred without the need for social distancing, but it's been positive.

"Working safely for patients is our number-one priority, and with all the initial concerns around PPE, redeployment and other issues, it was great to have the INMO to lean on. I say to people: 'to be able to take care of your baby you have to be able to take care of yourself'. It's the same for nurses and midwives; if we don't take care of ourselves, we can't take care of patients. I see the INMO in the same way. It's taking care of us so we can take care of the public."

redouble Covid-19 efforts

'Keeping our residents safe is our absolute priority'

Noreen Watts, senior enhanced nurse, Áras Ronáin, Inishmore, Aran Islands

"ÁRAS Ronáin is the only island-based nursing home in Ireland and is nurse led with the medical support of the Inishmore GP. Covid-19 hit like a thunder bolt and hearing of clusters of cases emerging from nursing homes was so frightening for all the staff and residents here, so we rallied together to keep our unit virus free.

"I'm 40 years a nurse so my knowledge really stood to me when the pandemic hit. I spent 15 years as an ID nurse and unit manager before specialising in care of the older person, so my training really prepared me for adapting quickly. I had to put action plans in place and get to grips with all the information, policies and protocols.

"I'm an advocate for continuing professional development and sharing what you learn. I trained in donning and doffing PPE and I did the 'Train the Trainer' hand hygiene course so that I could impart that knowledge with the doctor, nurses and healthcare assistants here.

"At the start of Covid-19 the low supply of PPE nationally was concerning. With acute hospitals being the priority, we really feared for our remote community unit. Our local INMO IRO stepped in to ensure we got adequate supplies of PPE. Having such proactive support in a crisis is everything.

"As secretary of the Care of the Older Person Section, I've found the support of my fellow section officers hugely beneficial. Having a network of people to discuss the different ways older people may present with Covid-19 was a huge advantage.

"Keeping our residents safe is our absolute priority. Introducing the visiting restrictions was difficult as our unit is nestled in a close-knit island community. We had an open-door policy before Covid-19 and some of our residents were able to go out for drives with their families and got to go back to their family home for a visit. That kind of abrupt withdrawal can really impact an older person, so we've introduced lots of cheerful measures to keep residents upbeat. Facetime and WhatsApp were well received by residents as they knew it was their only way to connect with family and friends.

"Our unit will never be what it was. There's a heightened anxiety no matter how calm you are. We have a small but great team. All staff participated in the serial Covid-19 testing introduced in June for care of the older person units. It wasn't mandatory but everyone here participated and that's testimony to the team's dedication to keeping our unit free of Covid-19.

"I'm concerned about understaffing as we were stretched before the pandemic. While our unit is not big, our residents have complex care needs, so there's a lot of assistance required. I do fear a second wave but for now I'm focusing on the positives and how well we're managing."

'We have really realised what great staff we have'

Mary Escoto, anaesthetic nurse, Tallaght University Hospital, Dublin

"I'M AN anaesthetic nurse trained to take care of patients throughout the perioperative experience, ensuring they are fit and well for surgery. Learning and adapting quickly during Covid brought me back to my training days, when I worked alongside experienced people to learn and practise new skills.

"At the start of Covid-19 I got a quick induction to ICU nursing as our whole theatre department was converted to an ICU. I really had to adapt quickly, but I felt well supported and I've such admiration for the different skills ICU nurses have and how they work on a daily basis.

"My mum is also a nurse and at the start of Covid we both found the PPE issue very stressful, but the INMO's PPE helpline was hugely supportive. It was reassuring to have all the up-to-date information at a time when things were constantly changing. It was great to know they were there.

"Communication has been my most valuable nursing skill. Patients can't read your face between the facemask and the PPE, so I've learned to tune into the tone of my voice and talk slowly and clearly and repeat what I'm saying to ensure the patient hears me and fully understands.

"Theatre has returned to normal now and our schedule has too, so I'm delighted about that. Staff and patient safety is our top priority. I felt reassured by the safe staffing measures. Anaesthetic nurses share skills with recovery nurses and there are recovery nurses who are trained in anaesthetics, so we can share roles if needed and that's a huge advantage.

"Timing will be crucial for managing theatre now. Seamless transition will be key for keeping our patients safe. My main concern is Covid-19 returning to our hospital and theatres closing again, as this causes major disruption.

"Theatre is such a family unit and we have really realised what great staff we have and the excellent skills we have all brought to the Covid-19 frontline. We really are stronger together."

'Our networks play a valuable role in our health'

Donna Hyland, staff nurse, Sacred Heart Home, Castlebar, Mayo

"TEAM cohesion really stood out where I work and I'm really proud of what we achieved there. Communication between the managers and ourselves had to be on point. We are quite adaptable; we didn't know how much until this all happened, and we demonstrated so much resilience. I saw colleagues forego their retirement to stay and help, which shows the level of commitment you have in the workplace.

"Teamwork has really stood out right across all departments, from ourselves as nurses to healthcare assistants, cleaners, physiotherapists, doctors and admin. That couldn't have happened without everyone's co-operation and collaboration.

"Being kept apart has brought into sharp focus how much people need other people. Our networks play a valuable role in our health. When you're wearing PPE you have to be mindful that patients can't see your face. Communication was stifled so we had to look around that and find new ways to communicate and connect with our patients and even our colleagues on the unit. Having that connection is really good for wellbeing and it's really good in recovery, so even when we had the strict no visitors policy, we would have really tried to communicate more with our patients. We made phone calls and sent emails to their families and set up video calls.

"For some people that was the very first time they had ever used a smart phone or communicated in that way, so that has changed things. It really was all about keeping communication open. It seems like a small thing, but it made a huge difference to our patients. It made a huge difference to the people who were trusting us too. People put a lot of trust into the service, especially when they can't be there themselves, so I really focused on that. Having good networks of family and friends is really important to our patients and it is important to bring it back in the correct way so that people can be protected.

"One of the things that really benefited me was being an INMO rep in the hospital. In the beginning the potential to contract the virus was always there and some of my colleagues were very concerned that they would spread it to their families. Some people on the frontline live with vulnerable people as well, so that made it all the more daunting. As an INMO rep, so many staff raised concerns with me, and I was able to bring those concerns to my managers and have them resolved quickly. I felt

more confident in being able to represent people on the frontline and I was able to keep people informed. I do think being a member of the INMO stood to me in this situation. It always stands to me because you get so much benefit from being active, especially in terms of training.

"There's all this talk about going back to normal but I do think the coronavirus has changed everything and maybe we are going to find a new way of working, particularly if we are re-emerging into a society with Covid-19 still present and working alongside it. We must always consider safety as a priority for ourselves and our patients. We have to re-emerge from this emergency with a resolve to have a one-tier health service that is well staffed and adequately funded."

'Things can't go back to the way they were'

Brenda Robb Devlin, staff nurse, Buncrana Community Hospital, Donegal

"WE HAVE a fantastic infection control team, one of whom is now our assistant director of nursing, and that gave us a great footing. She made it easier for us, holding frequent 'donning and doffing' refresher sessions. We felt well trained and equipped.

"Having the INMO there made a world of difference to our jobs. All of us here have a good relationship with the regional INMO office, and we all have the number on our phones and are assured we'll get a quick response if needed. There's such reassurance in that.

"I qualified from my degree in 2017 and during my training I was across every discipline of nursing, so I felt confident when Covid-19 hit. Communication has been my most valuable nursing skill. I always saw myself as a good communicator as I was a carer before becoming a nurse, but Covid-19 has brought another dimension to my communication. We've embraced technology, bringing WhatsApp and Zoom to our patients to keep them connected with their families. Now that restrictions are lifting a bit, we have a room so that one patient and one family member can meet for a maximum of 20 minutes. It's a strict space with temperature checks, social distancing, hygiene etc. Patients and families know they can't touch or hug and they're being so good about it.

"We get outside admissions from Letterkenny University Hospital, so we isolate those patients for two weeks and some of the services within our hospital have opened up again, but I'm confident in the safety measures we've taken to protect our patients and staff.

"I'm conscious that things can't go back to the way they were, especially in a community hospital where you have people in visiting who know a few patients and go from room to room. We didn't encourage it anyway but it does happen, so we don't want to go back to that. We'll have to be a lot stricter coming into the winter months.

"It eases the burden at work when everyone pulls together. Having such a great team to work with makes you feel more confident and efficient at your job. We trust each other to respect the safety measures we have in place to maintain a high standard of care. We're very proud we've kept Covid-19 out of our hospital."

'Good communication and compassion are key'

Mark McGuire, general nurse, oncology, Bon Secours, Cork

"I QUALIFIED last year having returned to education as a mature student. Training is still ongoing as a new graduate, but no amount of training can really prepare you for a pandemic. We put in years of training in college and on placements, but when you're faced with the unknown you end up learning on the job. Patients are in front of you and they're scared, and you're scared too; no amount of training can prepare you for that. We just have to take each day as it comes. Exhaustion is a regular occurrence.

"I work in oncology, so we really have protected our patients from the heightened threat of Covid-19. Many of our patients are critically ill so it can be particularly hard for oncology patients and their families. We keep regular contact with families throughout the day. Keeping lines of communication open between us, the patients and their families is crucial. Psychological needs can be just as important as physical needs.

"Apart from the practical skills that we have as nurses, communication has been the most important skill during this pandemic. Patients are on their own now more than ever, with families not allowed into the hospital for visits. We have to bridge that gap between them and their families. The lack of visitors leads to feelings of isolation and fear. We do a lot more phone and video call communication now, and good communication and compassion are key.

"We're human too and we also get scared. Sometimes just talking about those fears with patients helps them to understand that it's okay to be afraid. It's important to let them talk and communicate their fears.

"We're heading back into the unknown now as the numbers of new cases begin to rise again. We have to put our fears aside to be there for our patients. It's always nice to know someone has our back, so being in a union is really important to me. We do our

best to protect our patients but it's good to know the INMO is there to protect us and watch out for our welfare. Union support around PPE, particularly at the start of this crisis, was really important.

"Public appreciation for what all frontline workers do, not just in the health service but in all sectors, has been great. I think before people might have taken us for granted but there is a greater appreciation and understanding of what we do now. To us it's our job but it is nice to have it recognised and appreciated."

Fictional patient, for illustrative purposes only

For COPD patients on treatment with ICS/LABA and at risk of exacerbation*[1]

*A worsening of symptoms or a history of exacerbation treated with antibiotics or oral corticosteroids in the past 12 months

It's the things you do today that make a big difference to their tomorrows[1-3]

TRELEGY▼ Ellipta provides your patients with statistically superior improvements in lung function and health-related quality of life, and reduction in annualised rate of moderate/severe exacerbations** vs. budesonide/formoterol***[1-3]

**Moderate exacerbation is a worsening of symptoms or a history of exacerbation treated with antibiotics or oral corticosteroids. A severe exacerbation is a worsening in symptoms that required hospitalisation.

Start your patients on TRELEGY Ellipta today, expect more from tomorrow[1,2]

TRELEGY▼ ELLIPTA
fluticasone furoate/umeclidinium/vilanterol

TRELEGY Ellipta (FF/UMEC/VI) 92/55/22 mcg OD is indicated for maintenance treatment in adult patients with moderate to severe COPD who are not adequately treated by a combination of an ICS and a LABA or a combination of a LAMA and a LABA[1]

Today. Tomorrow. TRELEGY.[2-3]

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

***Co-primary endpoints were change from baseline in trough FEV_1 and SGRQ at week 24 (n=1810). A subset of patients (n=430) remained on blinded study treatment for 52 weeks. Trelegy showed an improvement in trough FEV_1 of 171mL versus budesonide/formoterol ($p < 0.001$, 95% CI 148,194) at week 24. Trelegy showed an improvement in health-related quality of life (SGRQ) of 2.2 units ($p < 0.001$, 95% CI 3.5, 1.0) at week 24. At week 52 in a subset of patients Trelegy showed a 44% reduction in annualised rate of moderate/severe exacerbations versus budesonide/formoterol (95% CI 15,63, p=0.006, Absolute difference 0.16).

TRELEGY Ellipta is generally well tolerated. Common adverse reactions include: pneumonia, upper respiratory tract infection, bronchitis, pharyngitis, rhinitis, sinusitis, influenza, nasopharyngitis, candidiasis of mouth and throat, urinary tract infection, headache, cough, oropharyngeal pain, constipation, arthralgia, back pain[1]

FF, fluticasone furoate; ICS, inhaled corticosteroid; LABA, long-acting β_2-agonist; LAMA, long-acting muscarinic antagonist; OD, once-daily; UMEC, umeclidinium, VI, vilanterol

References: 1. TRELEGY Ellipta SmPC 2019. **2.** Lipson DA *et al. Am J Respir Crit Care Med* 2017; 196:438–446. **3.** Lipson DA *et al.N Engl J Med* 2018; 378:1671–1680.

Trelegy ▼ Ellipta (fluticasone furoate/umeclidinium/vilanterol [as trifenatate]) Prescribing information.

Please consult the full Summary of Product Characteristics (SmPC) before prescribing. **Trelegy Ellipta (fluticasone furoate/umeclidinium/vilanterol [as trifenatate]) inhalation powder.** Each single inhalation of fluticasone furoate (FF) 100 micrograms (mcg), umeclidinium bromide (UMEC) 62.5 micrograms and vilanterol as trifenatate (VI) 25 mcg provides a delivered dose of 92 mcg FF, 55 mcg UMEC and 22 mcg VI. **Indications:** Maintenance treatment in adult patients with moderate to severe COPD who are not adequately treated by a combination of an inhaled corticosteroid (ICS) and a long-acting β_2-agonist (LABA) or a combination of a LABA and a long acting muscarinic antagonist. **Dosage and administration:** One inhalation once daily at the same time each day. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients (lactose monohydrate & magnesium stearate). **Precautions:** Paradoxical bronchospasm, unstable or life-threatening cardiovascular disease or heart rhythm abnormalities, convulsive disorders or thyrotoxicosis, pulmonary tuberculosis or patients with chronic or untreated infections, narrow-angle glaucoma, urinary retention, hypokalaemia, patients predisposed to low levels of serum potassium, diabetes mellitus. In patients with moderate to severe hepatic impairment patients should be monitored for systemic corticosteroid-related adverse reactions. Eye symptoms such as blurred vision may be due to underlying serious conditions such as cataract, glaucoma or central serous chorioretinopathy (CSCR); consider referral to ophthalmologist. Increased incidence of pneumonia has been observed in patients with COPD receiving inhaled corticosteroids. Risk factors for pneumonia include: current smokers, old age, patients with a history of prior pneumonia, patients with a low body mass index and severe COPD. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take Trelegy. Acute symptoms: Not for acute symptoms, use short-acting inhaled bronchodilator. Warn patients to seek medical advice if short-acting inhaled bronchodilator use increases. Therapy should not be abruptly stopped without physician supervision due to risk of symptom recurrence. Systemic effects: Systemic effects of ICSs may occur, particularly at high doses for long periods, but much less likely than with oral corticosteroids. **Interactions with other medicinal products:** Caution should be exercised with concurrent use of ß-blockers. Caution is advised when co-administering with strong CYP3A4 inhibitors (e.g. ketoconazole, ritonavir, cobicistat-containing products), hypokalaemic treatments or non-potassium-sparing diuretics. Co-administration with other long-acting muscarinic antagonists or long acting β_2-adrenergic agonists is not recommended. **Pregnancy and breast-feeding:** Experience limited. Balance risks against benefits. **Side effects:** Common (≥1/100 to <1/10): pneumonia, upper respiratory tract infection, bronchitis, pharyngitis, rhinitis, sinusitis, influenza, nasopharyngitis, candidiasis of mouth and throat, urinary tract infection, headache, cough, oropharyngeal pain, arthralgia, back pain. Uncommon (≥1/1,000 to <1/100): viral respiratory tract infection, supraventricular tachyarrhythmia, tachycardia, atrial fibrillation, dysphonia, dry mouth, fractures; Not known (cannot be estimated from the available data): vision blurred. **Marketing Authorisation (MA) Holder:** GlaxoSmithKline Trading Services Limited, Curabinny, Co. Cork, Ireland. MA No. [EU/1/17/1236/002]. **Legal category:** POM B. **Last date of revision:** June 2019. **Code:** PI-2093. Further information available on request from GlaxoSmithKline, 12 Riverwalk, Citywest Business Campus, Dublin 24. Tel: 01-4955000.

Find out more here:

www.trelegy.ie
or request a visit from a GSK representative

A full list of adverse reactions for TRELEGY Ellipta can be found in the Summary of Product Characteristics.

Adverse events should be reported to the Health Products Regulatory Authority (HPRA) using an Adverse Reaction Report Form obtained either from the HPRA or electronically via the website at www.hpra.ie. Adverse reactions can also be reported to the HPRA by calling: (01) 6764971. Adverse events should also be reported to GlaxoSmithKline on 1800 244 255.

TRELEGY Ellipta was developed in collaboration with INNOVIVA

PM-IE-FVU-ADVT-200002 | February 2020

Spotlight on: Toyosi Atoyebi

Nursing now Ireland

'It is through research that we develop new models of care'

AS A clinical research nurse at the HeartBeat Trust in St Michael's Hospital, Dun Laoghaire and secretary of the INMO International Section, Toyosi Atoyebi exudes intelligence and passion for her work. However nursing was not Ms Atoyebi's first career choice. She started her work life as a journalist in her native Nigeria, also working as a banker before moving to Ireland almost 20 years ago.

Ms Atoyebi's mother always wanted her to be a nurse, noticing her empathy and care for older people from a young age. On moving to Ireland, Ms Atoyebi worked in patient services, patient accounts and clinical coding (HIPE) at St Vincent's University Hospital. There she fell in love with the clinical and medical world and was inspired to complete a master's degree in health informatics at Trinity College Dublin. She went on to complete a diploma in clinical and transitional research at UCD.

While working alongside nurses at St Vincent's University Hospital, Ms Atoyebi's first-hand experiences of caring for patients really struck a chord with her.

"This feeling was fuelled in no small measure by my mum's wish for me to become a nurse. I was a bit reluctant about a change as I loved my job at St Vincent's. I had a good career but I didn't feel like I was fulfilling my purpose. In 2013 I made the decision to return to college. I went to UCD and spent four years studying nursing."

Ms Atoyebi started her new career at the Beacon Hospital in Dublin and says this was her foundation in nursing. From there she moved to TCD to work on The Irish Longitudinal Study on Ageing (TILDA) project, work which was put on hold due to Covid-19 as the study's participants were all in the at-risk category. Initially, Ms Atoyebi worked from home before being redeployed to the HeartBeat Trust.

"The beauty of research nursing is that you get to move from one site to another, bringing your skills and knowledge with you. The world is evolving every day and research is something that I love. Everything we do is evidence based and the data we collect are used for policy formation. Research is the backbone of healthcare policy. It is through research that we develop new models of care," she said.

Ms Atoyebi would like to see more nurses in politics and feels that the role of Minister for Health would be greatly enhanced if it was filled by a nurse. She feels that nurses' skills in mentorship, respect, professionalism and management mean that they are well equipped for leadership roles. She would like to see more professionals who work directly with patients in decision-making roles and believes that this would lead to a more streamlined and efficient health service.

Citing the role nurses are playing fighting Covid-19, Ms Atoyebi said: "Logical and critical thinking are crucial components of nursing practice and these traits make for good leaders. Nurses are a key part of care delivery and thus should be in leadership roles. Nurses represent the largest discipline in healthcare. We cannot keep undermining them by not giving them a seat at the leadership table. If nurses are given this opportunity things are going to turn around quickly, and we will see great improvements in healthcare."

Ms Atoyebi is passionate about equality, fairness and justice. In every profession she has worked in she has joined a trade union. She believes it is essential for every nurse to be a member of a union as it provides a united voice, supports ongoing education and allows access to a network of peers.

"Trade unionism and the INMO, for me, are about community, advocacy and a body that speaks for and listens to every nurse. It's a place of identity for nurses where we all understand each other. Being in a union not only supports the nurse but the whole healthcare system. Look at the work of the union during the pandemic; they really supported their members, they stood up for us, met with the Minister and Department of Health on our behalf, demanded appropriate PPE and safe conditions. It really is essential that nurses and midwives join the INMO."

Ms Atoyebi feels that change needs to happen within nursing – and soon. She is acutely aware that it is difficult to recruit and retain nurses in the Irish health service due to low wages and under-resourcing, and says it is not surprising that qualified nurses and midwives are leaving Ireland to work abroad when conditions and pay do not match international best practice. Ultimately, she advocates for better pay.

Toyosi Atoyebi: *"It's time nurses got the recognition and pay we deserve for the work that we do."*

"One thing that we really need to work on is this issue of compassion fatigue. We hear this phrase used frequently in the context of the Covid-19 pandemic. It amounts to burnout, so while discussing the crisis of increased demand in healthcare we need to acknowledge burnout. The workforce is over stretched. We do not have enough beds or equipment, but neither do we have the emotional energy at times because nurses are so burned out.

"It feels like we are sitting on a ticking time bomb and one day it is going to explode. It's time nurses got the recognition and pay we deserve for the work that we do. These are two things that would make a huge difference."

This article is part of our Nursing Now series. Nursing Now is a worldwide campaign that aims to achieve recognition of nurses' contribution to healthcare, gender equality, the economy and wider society. The aim of the campaign is to improve health globally by raising the profile of nurses worldwide and influencing policymakers and supporting nurses to lead, learn and build a global movement. For more information visit ***www.nursingnowireland.ie***

INMO Professional

Nursing now Ireland

Coronavirus COVID-19 Public Health Advice

RNID WEBINAR

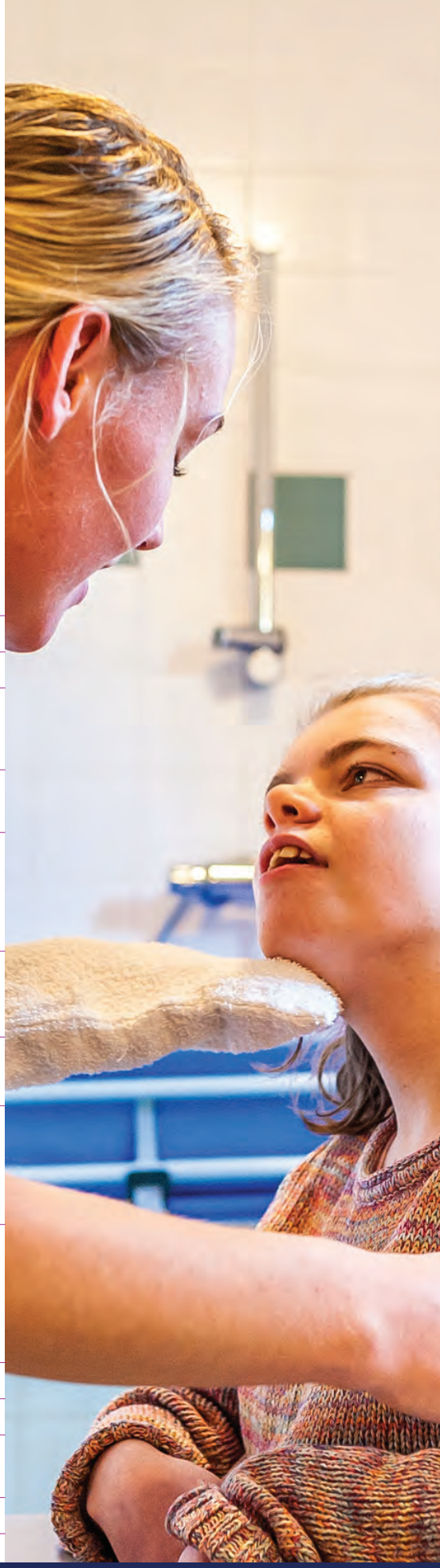
Tuesday, 15 September 2020

Online from 11am - 3pm

Sessions will be available to "watch back" later

Chaired by: Ailish Byrne, National Chairperson, RNID Section

THEME 1	**COVID-19 Experience in ID**
11.00am	Opening Address: **Martina Harkin-Kelly, President,** INMO
11.15am	**Louise Kenny,** CNS in Infection Control, St Michael's House
11.35am	Questions and Answers
THEME 2	**Focus on ID Nursing Now and into the Future**
11.45am	Shaping the Future of Intellectual Disability Nursing in Ireland **Judy Ryan,** Director, NMPDU, South East
12.05pm	The Application of Safe Staffing / Workforce Planning for ID Nursing **Professor Jonathan Drennan,** Chair of Nursing and Health Services Research, UCC
12.25pm	Questions and Answers
THEME 3	**Children with Intellectual Disability**
12.45pm	National children's strategy and how ID nursing will be part of this **Rosemarie Sheehan,** Project Officer Children's Health Ireland
1.05pm	Response to needs of children and their families through Covid-19 crisis **Debbie Hourican & Aoife St. John,** Clinical Nurse Specialists in Autism & Behaviour, Daughters of Charity
1.25pm	**BREAK & VIDEO** Introduction to mixed ability rugby & its benefits **Raymond Dennehy,** RNID, Sundays Well Rebels RFC
THEME 4	**Older Adults with Intellectual Disability**
1.45pm	**Geraldine O'Callaghan,** cANP Elderly Care, Cope Foundation
2.05pm	**Niamh Walsh,** PhD Researcher, University of Ulster
2.25pm	Closing Address **Phil NiSheaghdha,** General Secretary, INMO
2.45pm	Mindfulness Session



BOOKING YOUR PLACE IS ESSENTIAL

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

Book online at www.inmoprofessional.ie or contact linda.doyle@inmo.ie / 01 6640641. No cost for INMO members; €70 for non members.

INMO EDUCATION PROGRAMMES

INMO Professional

Continuing professional development for nurses and midwives

Latest updates on availability of courses during Covid-19

Special Introductory Offer for INMO Members

Book three and get a fourth course free – we are now delivering courses online!

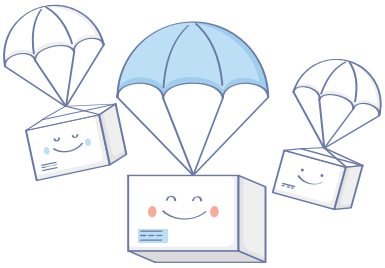
Keep up to date: Continuing professional development courses for nurses and midwives

In response to the challenges posed by Covid-19, INMO Professional is now delivering short online programmes developed by our expert facilitators. These programmes have been created to assist you in broadening your knowledge and keeping your skills up to date. All of our programmes are category 1 approved by the NMBI. Fee: €30 members; €65 non-members. To avail of this special introductory offer please call Tel: 01 6649641/18

On-site Education

Now available online

In these unprecedented times, INMO Professional is here to support you. Our on-site programmes feature the same high-quality content you have come to expect from us. We will continue to monitor the ongoing situation and if you would like the option of us providing these programmes, just choose the date, a suitable venue allowing for social distancing and in full accordance with Covid-19 guidelines and the topic, and the Professional Development Centre will do the rest. You also have the option of us providing online and interactive training for your group. Please call Marian Godley, course co-ordinator at Tel: 01 6640642 or email marian.godley@inmo.ie



Training Delivery and Evaluation – *now rescheduled*

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

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

Steve Pitman
Head of Education and Professional Development

THE Covid-19 pandemic remains a feature of all of our lives, with cases starting to rise again across the country. Almost a third of cases in Ireland have been found in healthcare workers, underlining the importance of continual vigilance, adherence to professional standards and government guidance on the prevention and management of the virus.

Psychological impact of Covid-19

The psychological impact of Covid-19 on nurses and midwives is an important issue that requires further investigation. The INMO has launched an online survey to help understand the current state of psychological wellbeing of nurses and midwives. This information will be used to inform the INMO strategy for supporting and representing members over the coming months. The overall results will be published as a contribution to the professions' understanding of Covid-19 and its impact on nurses and midwives. The survey takes approximately 12 minutes to complete; all members are encouraged to do so. The survey is available on the INMO website.

NMBI Updates

The NMBI has announced it will be introducing a new self-serve online registration system in September 2020. The new system is designed to streamline processes for registration, new registrants, overseas applications and student nurses. Nurses and midwives will be expected to use this new system to pay their annual retention fee for 2021 and update their personal details. Further information will be sent by the NMBI to each nurse and midwife. See **www.nmbi.ie** for further details.

The revised NMBI Guidance for Registered Nurses and Midwives on Medication Administration (2020) was released in August. This is an update on the 2007 guidance document and incorporates many of the changes that have occurred over the last decade, including the Nurses and Midwives Act 2011, NMBI professional standards, HIQA standards, legislation and HSE policy. A copy of the guidance document can be accessed on the NMBI website.

INMO Professional online courses

Due to Covid-19 restrictions, INMO Professional will be launching a wide range of online courses over the coming months. The courses will cover a number of topics and will be delivered live by trainers. Please visit **www.inmoprofessional.ie** for a list of all the latest courses.

Conferences and masterclasses

Over the coming months the INMO sections, in collaboration with INMO Professional, will be offering online conferences and webinars. These virtual events will replace the traditional section conferences for 2020. The RNID Section of the INMO will be hosting its webinar on September 15. A full list of conferences and webinars are published overleaf and at **www.inmoprofessional.ie**

BAME nurses and midwives webinar

The INMO International Nurses and Midwives Section will be hosting a webinar on September 24 on the Covid-19 experience of black, Asian and minority ethnic (BAME) nurses and midwives. Speakers will include Dame Donna Kinnair, general secretary, Royal College of Nursing; Phil Ní Sheaghdha, INMO general secretary and nurses and midwives from the BAME community. For further information visit **www.inmoprofessional.ie.**

LGBT Nurses and Midwives Networking Group

The first meeting of the LGBT Nurses and Midwives Networking Group will take place on September 30 at 6.30pm, following on from the successful Pride webinar in June. The group is open to all members interested in LGBT issues. David Joyce, equality officer with ICTU, will be speaking at the meeting. Email jean.carroll@inmo.ie for further information.

Environmental issues

The INMO has recently agreed to support Nurses Drawdown, a project of the Alliance of Nurses for Healthy Environments. Nurses Drawdown is a campaign led by nurses and midwives to raise awareness of climate and environmental issues and to take action. An article on the campaign will be published in an upcoming issue of *WIN*. More information on Nurses Drawdown can be found at **www.nursesdrawdown.org**

The Daisy Foundation

The Daisy Foundation is a global organisation recognising the contribution of nurses and midwives through a number of activities, including the Daisy Awards. The INMO is now a supportive organisation of the Daisy Foundation. See *page 40* for further information.

On-site education

INMO Professional offers an extensive range of on-site quality programmes facilitated by expert practitioners. If you are interested in booking continuing professional development courses for your organisation, please contact course co-ordinator Marian Godley by email: marian.godley@inmo.ie or Tel: 01 6640642.

Delivering courses and writing for *WIN*

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

We are also interested in hearing from members who would like to write professional and clinical articles for *WIN*. Please email steve.pitman@inmo.ie

Education Programmes

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

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

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

Date	Programme	Fee	CEUs
Sep 9	**Wound Care Management**	**€90 members; €145 non-members**	**5**
	This programme will allow participants to ensure professional competency in the area of wound care as per the NMBI Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which states that nurses must work within their competence. Furthermore, it will provide participants with the knowledge to ensure that their practice is founded in the latest research and guidance.		
Sep 10	**Introduction to Leadership for Nurses and Midwives**	**€90 members; €145 non-members**	**5.5**
	The aim of this course is to introduce participants to leadership concepts, approaches and skills that can be applied to their managerial and leadership practice. At the end of the course participants should be able to identify and understand key leadership concepts, approaches, understand the role of leadership within the healthcare setting, appreciate the relationship between leadership and management, link leadership concepts with their clinical and managerial practice and reflect on their own preferred leadership approach.		
Sep 15	**Best Practice in Medication Management**	**€90 members; €145 non-members**	**5**
	This programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. It will cover topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. It will explore relevant policy and legislation and will present scenarios in order to illustrate the various principles. Participants will have the opportunity to update their knowledge in line with NMBI and HIQA requirements for medication management.		
Sep 15	**Intravenous Administration of Drugs**	**€90 members; €145 non-members**	**5**
	This course educates participants on how to administer drugs by the intravenous route. It will promote awareness of accountability in undertaking this role. The task of undertaking drug calculations will be outlined and demonstrated. Principles of aseptic technique, giving the patient information on the procedure, gaining consent,and complications that may arise before, during and after the procedure will also be explored. While this course will provide the necessary knowledge and skills to undertake intravenous administration of drugs, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on intravenous administration of drugs in their place of work. Students are required to have undertaken a course in the management of anaphylaxis.		
Sep 22	**Strategies for Managing Conflict**	**€90 members; €145 non-members**	**6**
	This programme presents a practical approach for dealing with conflict. Using group work, self-evaluation and case-study based discussion, it will demonstrate the knowledge, skills and confidence needed to intervene at an early stage to resolve conflict situations before they escalate. Real and perceived differences between people can spiral out of control. Conflict is not necessarily destructive; managing conflict effectively may result in positive outcomes such as new ideas and the development of positive communication, active listening and problem-solving skills.		
Sep 23 & 24	**Management in Practice** *(two-day workshop)*	**€230 members; €350 non-members**	**11**
	This programme is a comprehensive and participative workshop developed to improve effectiveness in managing people and processes. The programme is focused on the changing role of management, as well as coaching, motivating and developing participants. It will stimulate participants' thinking and guide them through a review and assessment of how to put managerial skills into practice. Respected well-trained managers boost morale, and improved morale boosts staff retention. The programme will guide nurses and midwives in how best to encourage colleagues to realise their potential so that standards, competency, skills and exceptional care is provided at all times.		

Date	Programme	Fee	CEUs
Sep 29	**Mindfulness and Meditation in Holistic Nursing and Midwifery Care**	**€90 members; €145 non-members**	**5.5**
	This education programme aims to harness the nurse or midwife's ability to provide holistic care with compassion and to bring positive change in the lives of their patients. Participants will learn techniques for incorporating mindfulness and meditation into their work and daily routine, which will facilitate them to promote stress management and relaxation in their patients. Topics explored during this programme include: the role of mindfulness in holistic care, self-awareness, compassion, holistic communication and the power of stillness of mind.		
Sep 30	**Diabetes management for healthcare professionals**	**€90 members; €145 non-members**	**5**
	The increased prevalence of diabetes presents significant challenges for healthcare planners and providers in terms of resource allocation and appropriately skilled staff. This course aims to prepare nurses/midwives with the theoretical knowledge and clinical skills required to facilitate diabetes care consistent with best practice recommendations and meet care participant expectations.		
Sep 30	**Competency-based Interview Skills** *(please note September 23 is now full)*	**€90 members; €145 non-members**	**6**
	This programme assists participants to prepare for a competency-based interview, which is based on the premise that past experience can predict future behaviour. This is an increasingly common style of interviewing that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to, and dealt with, previous workplace situations. The programme will provide an overview of CV development and will outline the steps in the interview process. Role play will be used to ensure that participants are able to communicate their knowledge and experience effectively for any future interviews.		
Oct 6	**Introduction to Clinical Audit**	**€90 members; €145 non-members**	**5.5**
	This education programme equips all participants with the necessary skills to implement clinical audit in their practice and enable them to deliver evidence of improved performance for safer and better care. Participants will be provided with an overview of clinical audit and be informed about each stage in the clinical audit cycle: topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit. A detailed overview will be given on the characteristics of quality as well as how best to measure and monitor quality in the workplace. There will be a specific emphasis on continuous quality and safety improvement in healthcare.		
Oct 13	**Management Skills for Clinical Nurse Managers and Staff Nurses**	**€90 members; €145 non-members**	**6**
	This programme outlines the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. Clinical managers perform both managerial and leadership functions in order to provide effective healthcare delivery to patients. The programme will explore both management and leadership functions and how these are applied in practice to promote quality and safety of care. Key topics covered include: management principles and competencies, team building, delegation and clinical supervision. Participants will gain effective management competencies that can be applied in the workplace to promote quality and safety in healthcare delivery.		
Oct 13	**Epilepsy – its Presentation and Management**	**€90 members; €145 non-members**	**6**
	This education programme will educate participants on the presentation and management of people with epilepsy. The course will cover topics such as awareness of the nurse/midwife's accountability, understanding of epilepsy, patient safety, pharmaceutical and non-pharmaceutical interventions, lifestyle changes and specific issues for women with epilepsy and people with epilepsy and intellectual disability. Epilepsy is a chronic disease that affects 1% of the population and can be associated with significant physical and psychosocial sequelae. The management of patients with complex medical conditions, including epilepsy, is increasingly being overseen by nurses. Nurses who are not specialists in epilepsy can play a central role in providing optimal care, education, and support to their patients with epilepsy, given the proper tools. This course will provide a foundation on which to build increasing knowledge of epilepsy and care of the patient.		
Oct 14	**Academic Writing and Research Appraisal Simplified**	**€90 members; €145 non-members**	**5.5**
	This programme will introduce participants to skills that are essential when completing academic studies. It will explore evidence-based practice, which provides nurses and midwives with a method to use critically appraised and scientifically proven evidence, thus ensuring that practice is based on the most up-to-date appraised evidence. An overview will be provided on information resources, such as journals and databases. Guidance will be provided on methods for critically appraising both qualitative and quantitative studies. Skills for incorporating analysis and critique in written assignments will also be illustrated and various referencing styles will be presented and demonstrated.		

Date	Programme	Fee	CEUs
Oct 15	**Incident Reporting and Investigation in Residential Care Facilities for Older People**	**€90 members; €145 non-members**	**6.5**
	This programme enables participants to implement an effective system of incident reporting and investigation. Participants will be shown how to complete accurate incident reports and investigations using tools such as the 5 Whys and Root Cause Analysis. The programme will also cover how to analyse incidents on a scheduled basis as part of a continuous improvement approach. Professional and legal requirements for incident reporting and investigation based on regulations and best practice guidance will be outlined in detail.		
Oct 21	**Decision-making and the Use of Restrictive Practice in Residential Care Settings for Older People**	**€90 members; €145 non-members**	**6**
	This education programme outlines the requirements of the national policy, national standards and professional requirements for the use of restraint in residential care settings for older people. Against this backdrop, the workshop outlines the decision-making process for consideration of the use of restraint as a therapeutic intervention for individual residents. Older people have the right to live as independently as possible without unnecessary restriction. Nurses often struggle to balance residents' rights to autonomy and liberty with the need to ensure the health and safety of their residents. This study day encourages participants to take a positive and proactive approach in reducing and eliminating the use of restrictive practices in their residential care facility. It also explores the use of alternatives and encourages participants to take a person-centred approach, rather than blanket approach, to the use of appropriate alternatives to restrictive practices.		
Oct 22	**Nursing and Midwifery Documentation**	**€90 members; €145 non-members**	**5**
	This programme will explore a wide range of topics pertinent to documentation, such as accountability and duty of care, and will offer guidance on best practice in documentation. The programme will illustrate the importance of documentation as a basis for assessment, planning and evaluation of care, and its role as credible evidence in the event of legal proceedings. There will also be a practical session where participants will be given the opportunity to apply everything they have learned by working through some real-life examples.		
Oct 23	**Management of Adult Patients with Tracheostomy**	**€90 members; €145 non-members**	**6**
	Participants will be given the necessary knowledge, skills and confidence to assess, manage and evaluate the nursing care of a patient with tracheostomy, including the indications, advantages and disadvantages of tracheostomies. An overview will be given on both surgical tracheostomy and percutaneous dilatational tracheostomy, as well as types of tracheostomy tubes. Topics also covered include tube security, tube changing, suction therapy, humidification, wound care, swallowing, decannulation and management of complications and emergency care.		

All Cork courses are now postponed until further notice

In light of the most-recent government advice regarding Covid-19, INMO Professional training programmes in our Cork office have been postponed with immediate effect until further notice. This is a precautionary measure in the interest of safeguarding public health and we apologise for any inconvenience caused. Our courses and events team has made contact with everyone booked on our training courses in the Cork office by email to advise them of the postponements. In response to the changing circumstances we now face as a result of the Covid-19 pandemic, we are expanding our range of webinars and online/virtual CPD opportunities and moving as many of our courses as possible to an online format. We also provide on-site training which may be of interest to you, provided you have a suitable venue allowing for social distancing and in full accordance with Covid-19 guidelines. If you would like to speak to someone about our online training or on-site training, please email us at education@inmo.ie

Contact us

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

Online resources

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

INMO Professional Cornmarket

FREE
for INMO members;
€20 for non members.

Retirement Planning Webinar

Wednesday, 28 October 2020

(please note Wednesday, 2 September is now full)

Online from10am - 11.15am

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

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

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

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

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

BOOKING YOUR PLACE IS ESSENTIAL

You will require a link which we will send you by email in order to join the online webinar.
Book online at www.inmoprofessional.ie or Call 01 6640618/41.

INMO Professional

We are now delivering courses online!

KEEP UP TO DATE:
Continuing Professional Development for Nurses and Midwives

In response to the challenges posed by COVID-19, INMO Professional is now delivering online/virtual CPD opportunities and moving many programmes online. You can view details of all our online opportunities on www.inmoprofessional.ie

Upcoming short online courses

Fee: €30 INMO members; €65 non members

Time: 10.00 - 13.00

Date	Course	CEUs
Wed, 16 Sept	**Change Management** short training programme	3
Wed, 7 Oct	**Infection Prevention and Control** during COVID-19 Pandemic in residential care settings	3
Thurs, 8 Oct	**Owning your Future** - Taking Control	3
Thurs, 15 Oct	**Wound Management** for nurses and midwives	3
Wed, 21 Oct	Introduction to **Oncology: Terminology and Patient Pathways**	3
Thurs, 22 Oct	Introduction to **Treating and Preventing Pressure Ulcers**	3
Thurs, 29 Oct	**Leg Ulcer Assessment and Management** short programme	3
Wed, 4 Nov	Understanding and Managing **Burnout** for nurses and midwives	3
Thurs, 19 Nov	Navigating your way through **Conflict**	3
Wed, 25 Nov	**Restrictive Practices** in residential care settings for older people	3

Certificates for participation shall be in a digital form and will be sent by email. Places must be booked in advance, you need a reliable computer and internet access and please ensure a correct email is provided when registering.

NEW

4 courses for 3

- Special Introductory Offer for INMO members only
- Book three and get the fourth course free

BOOKING YOUR PLACE IS ESSENTIAL

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

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

Back to education – INMO library services

This month the library team provides incoming nursing and midwifery students with an overview of what the INMO library has to offer

NO matter what length of course you will be studying this autumn, whether it is a module or a longer pre- or post-registration course, the INMO Professional library provides a wide range of services and resources to support you through your educational journey.

We aim to provide a person-centred service to you, not only as a formal student, but also for your continuing professional development as you progress through your career.

The information below describes the services and information provided by the library and its professional staff.

Library services

Literature searches

The library offers a literature searching service, which is available to members for a small fee of €6. The library staff will discuss the search requirements and email you a list of references. This can be useful if you are having difficulty finding relevant articles or if you do not have enough time to complete your search yourself.

Remote search consultations

If you require assistance with searching techniques, the library staff can now facilitate remote consultation. Please contact the library to make an appointment.

Reference desk queries

Are you looking for an incomplete reference for a bibliography or finding it difficult to locate an article? The library's reference desk service will be able to assist in solving those tricky questions.

Library education programme – 'Getting the most from your library: advanced searching techniques' (5.5 CEUs)

The library runs a one-day education programme on library searching techniques and managing information. Facilitated by the librarians, this programme provides essential skills on searching for evidence to assist with policy development and clinical guidelines, as well as evidence-based nursing and midwifery. It also provides skills in relation to managing information and keeping up to date, including the use of reference management software. The programme forms part of the INMO Professional suite of education programmes and is worth 5.5 CEUs. Please contact us for more information on course dates or check out **www.inmoprofessional.ie**

Nurse2Nurse

Nurse2Nurse is an electronic library and portal containing a wealth of e-resources and a wide range of hand-selected materials covering all aspects of nursing and midwifery. The chief aim is to assist in the education and professional development of nurses and midwives with relevant, credible and current information available seamlessly through one website.

Nurse2Nurse features

Journals – this menu provides easy access to more than 1,300 journals available electronically and in print format from the library. Below is a sample listing of the core nursing and midwifery journals currently held:

- *British Journal of Community Nursing*
- *British Journal of Midwifery*
- *British Journal of Nursing*
- *Emergency Nurse*
- *Cancer Nursing Practice*
- *MIDIRS Midwifery Digest*
- *Nursing Children and Young People*
- *Nursing Older People*
- *Nursing Management*
- *Nursing Standard*
- *Nursing Times.*

Search databases – this page provides access to a range of electronic databases/resources covering nursing, midwifery and health topics.

Current databases available through Nurse2Nurse:

- Ebsco CINAHL Complete – the largest and most in-depth nursing research database with a sophisticated searching feature. It provides access to over 1,300 full text articles
- Joanna Briggs Institute Evidence Based Practice Database – evidence-based practice tool providing the nurse or midwife with recommended practices, best practice documents and systematic reviews
- Nursing@OVID – a database containing access to a number of nursing e-journals
- Maternity and Infant Care – database holding literature specifically on maternal health care and midwifery
- Medline – the National Library of Medicines database containing a wealth of information with over 20 million records over a broad range of topics, including medicine, nursing, public health and clinical sciences.

Library assistance

The library is open to members with research and search queries. If any member requires assistance, please contact library@inmo.ie or Tel: 01 6640614/625. The library can provide remote training if required. Open Monday-Thursday, 8.30am-5pm and Friday, 8.30am-4.30pm. **Due to Covid-19, visits to the library are by appointment only.**

Getting the most from your library: Advanced Library Searching Techniques

Next course dates: Tuesday, October 20, 2020

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

Fee: €90 INMO members; €145 non-members

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

Examination of the newborn: Preparation and principles

RCM i-learn presents the first in a series of four modules looking at the examination and assessment of the newborn baby

'EXAMINATION of the newborn (EON1): Preparation and principles' is the introductory module in a series of four modules providing lessons around the theory, skills and techniques required in the examination of full-term newborn babies. These modules provide a framework for the holistic assessment of the healthy newborn baby and for examination at six to eight weeks. The four modules are:

- EON1: Preparation and principles
- EON2: Newborn assessment and maternal and newborn history
- EON3: Physical examination of the newborn
- EON4: Clinical skills and equipment.

This module is focused on the preparation needed for the examination of a newborn baby and the key principles involved. It also looks at the examination environment, essential equipment, health and safety, communication, screening and immunisation, anatomy, physiology and record-keeping. The study time for EON1 is approximately one and a half hours.

Preparing for examination

There are a number of key principles that should underpin everything you do when carrying out an examination. These include:

- Timing of the examination
- A systematic and holistic approach
- Continuing screening process
- Location of examination.

A well-prepared environment is vital for a safe and successful examination. The environment needs to be confidential, private, well lit and warm, as well as safe for the baby and mother.

Before carrying out any examination, you must first make sure that you have all the correct equipment to hand. It is important that you check that equipment is clean, safe and fully functional. For this reason, you need to know your local policy on maintenance and cleaning of equipment. You should also make sure that you know how to report faulty equipment to management.

After the examination

After the examination, talk to the parents, summarising what you have observed and assessed. Emphasise the positive aspects of the examination and the baby's attributes and abilities. If there is a deviation from the normal, explain in very simple terms the findings and what action you will be taking in order to investigate further.

The role of health education

The examination provides an opportunity to share information with the parents about their baby, offering you an opportunity to help parents learn more about the baby and the baby's development, as well as to provide information on factors that will be important over the coming months.

Communicating with parents

Good communication is vital, both before and after the examination. You will need to be able to explain the examination and its purpose to parents in order to receive informed consent. You will also need to be able to explain your findings and deliver bad news.

Learning aims and objectives

The EON modules were created to help midwifery and medical professionals involved in the examination of the newborn. After working through EON1 (and based on the knowledge you have already gained from formal study), you will:

- Have an understanding of how to prepare for the examination
- Have an understanding of the importance of informed consent
- Develop further understanding of the process of the examination itself
- Develop further understanding of the importance of record-keeping
- Know when to refer and to whom
- Be able to communicate well with parents before, during and after the examination
- Be able to develop and record an action plan for future care with the agreement of the parents
- Have an increased understanding of the important role the examination can play in health education and promotion
- Understand how the current newborn and infant physical examination (NIPE) screening programme fits with the examination of the newborn.

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

Road-testing e-rostering

Maura Hickey describes the development and implementation of an e-rostering system at Letterkenny University Hospital

IN DECEMBER 2010, the HSE wished to procure an e-rostering workforce management system for the nursing/midwifery and support staff workforces. This project was set within the context of the Public Service Agreement 2010-2014, with specific reference to "reviews by management, including nurse management of existing rostering arrangements including skill mix, to incorporate changes to achieve the optimal match between staff levels, service activity and patient dependency levels across the working day/week/year".[1]

Origins

Following a scoping process, the Office of the Nursing and Midwifery Services Director produced a document specifying the requirements of all systems forming part of a supplier's proposal.

An e-rostering working group was established in the Donegal integrated service area (ISA), the over-arching purpose of which was to modernise and automate staff rosters for nursing, midwifery and support staff within one ISA. The project also aimed to ensure that the e-rostering system selected had the capacity to expand to support other employee groups within the HSE.

The documented rationale for an e-rostering system was the effective utilisation of the skills of nurses, midwives and support staff in achieving a match between staffing levels, patient acuity and patient dependency. The system was to have the capacity to empower individuals in relation to achieving work-life balance.

The working group comprised the director of the Nursing and Midwifery Planning and Development Unit (NMPDU) HSE West (chairperson), directors of nursing with representation from acute, older person, mental health, intellectual disability and public health services, staff representatives, the ISA manager, representatives from human resources, employee relations, ICT, finance/payroll and representatives from the NMPDU Donegal and West. The working group was to present its findings within two months.

Developing the system

Following a restructuring of the HSE, ISAs ceased to exit. Letterkenny University Hospital (LUH) was chosen as a pilot site and an e-rostering governance committee was formed there. A tendering process was conducted, in which a UK company called Allocate was successful.

The role of this committee was to oversee the implementation and effective use of the e-rostering system, to maximise staffing rota quality and efficiency, reporting and budgetary control, while taking staff work-life balance into consideration. A project lead and an administrator were appointed to oversee and implement the project.

A roster management policy for nursing and midwifery services was developed in agreement with all stakeholders, providing a framework for rostering and recording of hours at LUH and containing key elements of fairness and equity, patient safety, organisational requirements and appropriate skill mix. It would also afford employees input into their planned roster. Members of this committee include the directors of nursing and midwifery, human resources, ICT, staff representatives, a member of the Allocate team, the project lead, the project administrator and the finance officer.

Information and training on the proposed system was given on a unit-by-unit basis prior to the implementation of the project. The implementation consisted of five work packages: HealthRoster (with employee online), Bank Module, Roster Perform, SafeCare Module and Interface Project. Some members offered their perspectives and identified difficulties within the system, eg. insufficient training in its use, limits on duty requests, cumbersome to use, inaccuracies in roster and incorrect payment for shifts worked. Some CNMs continued to use the old system of handwritten rosters. In light of these concerns, the INMO sought a review of the project in 2017.

Review

In 2017, the University of Jordanstown undertook an independent review of the implementation of e-rostering at LUH, issuing its findings in September 2018.[2] The review concluded that the implementation of e-rostering required technical, social,

organisational and economic support, underpinned by a clear implementation and communication strategy to ensure success.

The review said that e-rostering, therefore, is not a function in isolation, rather it is only as effective as the infrastructure that supports it, ie. the organisation's wider systems, leadership, staff engagement and investment in technology. In other words, to be successful, it must sit at the heart of the organisation to ensure its effective and proper utilisation.

The review found that while offering insights into the implementation process, the review itself had its limitations; it was conducted in a single, large-scale hospital. Therefore, the review's findings cannot be generalised to all settings.

The frontline staff and key stakeholders were purposely selected by representatives from the implementation team and research group, a sampling strategy that may have biased the results.

It concluded that the findings were derived from participants' perception rather than actual data on effective implementation. Mitigating this, saturation of themes was reached via a large sample of participants.

The study made eight recommendations based on a consideration of the information gained from this study and from the implementation literature:[3]

- Assessment
- Shared vision
- Engagement
- User-centred design
- Resource planning
- Embedment
- Organisational intelligence
- Further evaluation.

The study finds that collectively they are relevant for future organisations implementing e-rostering. For INMO ward/unit-based members at LUH, the first five elements are the most relevant, as had they been applied at the outset, the difficulties in using the system may have been limited significantly. The review recommends future reviews of the system, allowing for the bedding-in period.

e-rostering survey

In November/December 2018, the INMO conducted a survey of staff experiences of e-rostering at LUH, the purpose of which was to gather information on the experiences of nursing and midwifery staff in using the system. It consisted of 16 questions directed to all respondents, and a further three questions posed to CNMs/

CMMs preparing the roster. The survey found the following:

Satisfaction score

- Some 32.11% of respondents were dissatisfied with the e-rostering system, while 50.46% were satisfied

IT support and system limitations

- 58.33% of respondents said IT support was not adequate
- 17.74% of respondents said the workplace did not provide access to the necessary IT facilities and internet access to fully utilise the e-rostering system
- 25% of respondents who were responsible for preparing the roster said they made a paper draft of the roster prior to inputting it into the e-rostering system

Positive feedback

- 76.14% of respondents said that knowing the roster well in advance was a benefit of the e-rostering system
- 87.5% of those responsible for preparing the roster said the e-rostering system was the most appropriate and efficient rostering system

Identified issues

- 47% of the sample surveyed had negative experiences in the six months prior to the survey as a result of system errors, system limitations and user errors
- Almost 45% of respondents found the previous rostering system better, fairer and more effective for the purpose of requesting days off
- 75.58% of respondents found that restrictions on requesting days off was a negative of the e-rostering system
- 35.78% said that e-rostering has had a negative impact on their work-life balance
- 36.7% said that e-rostering has had a positive effect on their work-life balance
- 39.25% of respondents were not consulted regarding the change of rostering systems.

The survey concluded that it was evident that staff using the e-rostering system have had varied experiences and opinions regarding its implementation and management. A number of significant issues were identified, which highlighted potential breaches of the Organisation of Working Time Act 1997, the Payment of Wages Act 1991 and the Provision of Information and Consultation Act 2006 for a large cohort of the staff involved.

The survey also found that the system had significant benefits and potential benefits, however there was a concerning split in staff satisfaction and experiences. The survey did not identify individual areas of the hospital where the system was working well, or where there were issues. Instead it was a general overview of the system.

The survey made six recommendations regarding the e-rostering system:

- Adherence to the Information and Consultation Act 2006
- Audit of e-rosters to ensure adherence to employment law and capture poor skill mix and staff shortages
- Capturing system errors
- Acknowledgement by management of failings in implementation of the system, along with correction of errors
- Sound human resource management
- Addressing the dissatisfaction with the method for requesting days off.

These findings were presented by the e-rostering governance committee on December 19, 2019. The project lead and administrator committed to bringing forward an action plan to the governance committee, which would address the issues identified in the INMO recommendations. This has not yet occurred, due to the Covid-19 pandemic. Currently there are 13 wards/areas that are not on HealthRoster.

Moving forward

There has been a great deal of work done at LUH on the introduction and implementation of e-rostering. The reviews demonstrate the system has positives and negatives for all involved. From an organisational perspective, the system clearly meets senior management's needs, however it is too early to say whether it meets the needs of ward/unit-based nurses and midwives.

Maura Hickey is a former industrial relations officer with the INMO

Acknowledgement
I would like to thank Neal Donohue, INMO IRO, for assisting me in carrying out this review

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Celebrating care

Founders of the Daisy Foundation, **Bonnie** and Mark Barnes aim to bring meaningful recognition of extraordinary care to nurses in Ireland

IN 1999, our 33-year-old son Patrick died of complications of the auto-immune disease idiopathic thrombocytopenic purpura (ITP). He was in hospital for eight weeks and we had the gift of spending that time with him.

During his hospitalisation, we saw what nurses really do every day. We expected they would be excellent clinically, and they were. What we didn't expect – and what really took our hearts – was the way his nurses delivered their care. Their compassion and sensitivity to Patrick and all of us in his family made a great difference to us throughout those eight worst weeks of our lives.

When Patrick died, we needed to find something positive that would keep his wonderful spirit alive. The one positive thing we could think of about the last weeks of his life were his nurses. We had to say thank you to nurses. So, we created the Daisy Foundation (an acronym for Diseases Attacking the Immune System) and our programme of ongoing recognition of above-and-beyond compassionate care, the 'Daisy Award for Extraordinary Nurses'.

We never imagined that today, 20 years later, there would be over 4,500 healthcare facilities and schools of nursing honouring their nurses with us – in 29 countries. More than 144,000 nurses have received the Daisy Award so far, having been nominated by their patients, family members and co-workers for delivering outstanding care that made a difference in someone's life.

The fact that more than 1.8 million nurses have been nominated is proof that we are not the only people who want to say thank you to nurses. We honour nurses across the continuum of care: wherever nurses practise, Daisy is there to provide meaningful recognition of their extraordinary care.


Patrick Barnes


Bonnie and Mark Barnes

The Daisy Award recognises nursing faculty for inspiring compassionate care in their students, nursing students for delivering great care when they are doing their clinical work, and nurse leaders for creating environments where compassionate care thrives. We have a Daisy Team Award for nurse-led teams that together do extra-special things for patients and families.

At each of our partner facilities, nurses are selected for recognition all year long, creating a culture of recognition and positivity that makes a difference in the work environment. We have 20 years of experience that we bring to ensure that the programme is effective and sustainable for the long-term. We help each partner create their own criteria to select honourees – criteria that, in addition to compassionate care, reflect the mission, values and way of talking about nursing excellence of each organisation.

We provide templates for customisable nomination forms and materials that create awareness among patients and families that they may say thank you to their nurses by nominating them for the Daisy Award. And we guide the committee assigned to implement Daisy by sharing best practices that make Daisy recognition truly meaningful.

Presentations of the award take place where the honouree works, usually as a surprise, in front of her/his co-workers.

Often the person who wrote the nomination is in attendance and always organisation leaders are there to help the honouree know that they are being recognised with something very special. The nomination story is read aloud for all to understand what this nurse did to make a difference in a patient's care. These stories are also posted on the foundation's website, **www.daisyfoundation.org**.

Each honouree receives a Daisy Award certificate signed by the organisation's nursing director, a Daisy Award pin, and a hand-carved stone sculpture we call 'A Healer's Touch'. We provide a banner that congratulates the honouree and hangs

publicly for the month of the recognition.

Importantly, we honour everyone who has been nominated for the award. Each nominee receives a copy of their nomination and a Daisy nominee pin to wear on their ID badge. Recognising nominees is an important part of the foundation's culture-changing celebration of nurses throughout the year.

There is evidence describing the award's impact on organisations, nurse engagement, resilience and retention, and on patients and families. By shining a light on all the right going on in an organisation, Daisy makes a meaningful difference in its culture. One key to Daisy's impact is that nominations consist of a story of extraordinary care delivered to a patient or family member – care that administrators know is going on every day, but they may not have a way of capturing it in narrative form so it may be shared and celebrated.

The nomination stories written by patients and families paint a vivid picture of what 'extraordinary' care looks like – care that nurses are inspired to emulate. Themes of compassion, contagious positive attitude, calming presence and connection to the family are among the top 10 identified in research conducted on Daisy Award nominations. Sharing these stories publicly reminds all staff of the quality of care the organisation aims for and promotes a culture of gratitude and recognition.

Burnout

We at Daisy are deeply concerned about nurses being burned out by the very difficult work they do and the highly pressured environment in which they work – especially given the pandemic. Could meaningful recognition have a positive effect on burnout?

Research conducted among more than 1,100 intensive care unit nurses revealed that nurses nominated for the Daisy Award had lower levels of compassion fatigue and higher levels of compassion satisfaction. Why might this be? Our qualitative research revealed that nurses' emotional energy may be recharged by meaningful expressions of gratitude, strong teamwork, patients' clinical improvement and especially nurses understanding that they made a difference they may not have realised they made. The awards and its nomination stories support all of this.

When our son Patrick died, like so many families around the world who endure this kind of loss, we needed to do something to fill the gaping hole in our hearts his death had left. All we wanted to do was to say thank you to nurses for the kind of care they provide every day to patients and families like ours.

We thought our programme would be successful if we could bring it to nurses in 10 hospitals in the US. However, over time, nurses took hold of what the Daisy Foundation is really about and taught us the strategic value of what meaningful recognition could do for nurses and their organisations. The Foundation has been built by nurses as an evidence-based practice over the past 20 years, bringing their expertise and creativity to our mission.

We have learned as the Daisy Foundation has grown internationally, that nurses are nurses everywhere around the world. They take care of the rest of us not only with their brains through evidence-based practice but also with their hearts. The science is balanced with the art of nursing. Daisy stories are filled with emotion and gratitude that nurses need to hear to help sustain them in the profession. We know nurses throughout Ireland are making a tremendous difference to patients and families. We hope we have the opportunity to partner with numerous Irish healthcare organisations and schools of nursing to honour their extraordinary compassionate care and bring the many benefits of Daisy recognition to the nursing profession in Ireland.

For more information, please visit:

- **www.daisyfoundation.org**
- **www.daisyfoundation.org/daisy-award/evidence-impact.**

INMO announces support for Daisy Foundation

THE INMO is proud to announce its support for the Daisy Foundation. The Foundation works in partnership with healthcare organisations to celebrate nurses and to recognise the contribution of nurses and midwives to healthcare.

Nurses and midwives in Ireland provide extraordinary care on a daily basis to patients, clients and families. Compassion, caring and commitment are at the heart of the values of nursing and midwifery in Ireland. This has been exemplified during the current Covid-19 pandemic with nurses at the forefront of caring for those most affected by the virus. The Daisy Awards provide ongoing recognition of the clinical skill and especially the compassion nurses provide to patients and families all year long.

Meaningful recognition has been shown to impact on improving nurse engagement, contributing to a healthy work environment and enhancing patient and family experience. In a recent study an association was found between lower levels of burnout and higher level of engagement when nurses felt they made a difference in the lives of others – referred to as 'professional mattering'.

Nurses experience 'professional mattering' through positive interactions with patients and through organisational recognition. There is growing evidence that recognition from patients, colleagues and workplaces can make a difference.

In Ireland, the Daisy Awards are already established in the Mater Hospital, Dublin and in the RCSI Hospitals Group. In March 2019, Rob Lynch from the Mater Hospital became the first nurse in Ireland to receive the Daisy Award. The award was made by Daisy co-founder Mark Barnes and Tanya King, deputy chief nursing officer of Ireland.

Together with the Daisy Foundation the INMO hopes healthcare organisations throughout Ireland, across all sectors will adopt the Daisy Foundation programme that supports the meaningful recognition of nurses and midwives.

The impact that the compassion care of nurses and midwives can have on patients, clients and their families can leave an indelible mark. As the US poet and civil right activist, Maya Angelou famously observed, 'I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel'.

– Steve Pitman,
INMO head of education

Coaching: a support in challenging times

Eithna Coen explains how professional coaching can play a vital role in offering support to healthcare workers in the context of Covid-19

COACHING as a concept has a long history that can be traced back to Socrates, who believed that individuals are at their best when they have ownership of a situation. However, coaching in the health service as an intervention for support and development of staff is a relatively new and growing concept. It is distinct from counselling or psychotherapy in that it focuses on setting and achieving goals in the present and the future, rather than dealing with the past.

In the HSE South East there are 21 active internal coaches, representing a variety of disciplines and grades, who, alongside their regular HSE role, provide a multidisciplinary coaching service offering coaching conversations, one-to-one coaching, team coaching, coaching skills for managers, and coaching workshops.

What is coaching?

The International Coach Federation defines coaching as partnering with clients in a thought-provoking and creative process that inspires individuals to maximise their personal and professional potential.[1] The European Mentoring and Coaching Council defines coaching as "facilitating the client's learning process by using professional methods and techniques to help the client to improve what is obstructive, and nurture what is effective, in order to reach the client's goals".[2]

Based on the practice and experience of our coaches over the past seven years as internal coaches, we define coaching as a working partnership between an individual or a team and a professional coach, using tools and techniques within a co-created relationship to reach mutually agreed outcomes.

The coach partners with the coachees in the coaching process, using the skills of contracting, active listening, asking questions, acknowledging, witnessing, clarifying, reframing, resourcing and co-creating the coaching space and relationship, so that coachees can work toward their desired outcomes.

Coaching uses different theoretical approaches, tools and techniques adapted for different contexts. It has its roots in a range of disciplines, including social psychology, learning theory, theories of human and organisational development, existential, phenomenological philosophy and, more recently, neuroscience.

Covid-19

Like every aspect of the health service in recent times, internal coaches have had to adapt and stretch their practice in the context of the global Covid-19 pandemic. Fundamentally, what we have heard is that during this pandemic, each individual healthcare worker has had a unique experience.

For some it was contracting the virus and becoming ill, for others it was waiting for test results at home and feeling guilty and helpless. For many it was the fear of their family contracting the virus or losing a loved one and not being able to say goodbye in the traditional way. For some it was cocooning in an office isolated from colleagues as they managed the services, for others it was sleepless nights worrying how they would cover the rosters or source PPE. For many more it was the feeling of not being able to do an adequate job. Everyone who made contact for a coaching session or conversation had their own concerns and experiences.

Coaches engaged in coaching sessions in a variety of settings, including by phone, Zoom, Microsoft Teams, email, across corridors and on walks in hospital/care facility grounds. Coaching conversations were often started with a single question such as: What's on your mind? How useful is this thinking to you right now? What's this really about for you?

Normally a coaching session takes about an hour, with the coachee attending four to six sessions, although it could be fewer. However, during the pandemic sessions were brief and coachees often attended just one or two sessions, which impacted the establishment of the coaching relationship.

The coaching relationship

Coaching is all about the relationship between the coach and coachee. The co-created relationship should be authentic, confidential, trusting and hold a positive intention for the coachee. The relationship is built on the belief that coachees are the experts on themselves and that they have access to the solutions to figure out what needs to happen next. The coach facilitates the coachee's thinking and processing, and reminds the coachee of their innate resources as the coach witnesses it for them within this relationship.

During the session the coach and coachee will agree the terms of the coaching conversation, their respective roles and what the outcome of the conversation will be for the coachee. This is referred to as 'contracting' in coaching terms, and it usually takes one full session (an hour), however during the pandemic period we often agreed the contract within the first five minutes of a session.

In coaching language, we also refer to the psychological level of the contract. This is where we bring the psychological level of the contract to a social level, creating an understanding of what all parties are committing too (mutual consent). Useful questions here might be: How will you know coaching is useful for you? What if we don't get on, what will we agree to do? What are you not talking about here?

The coaching conversation

The coaching conversation focuses on what is important to the coachee. What is our conversation today for you? The coach's responsibility to the coachee in their moments of angst, indecision and uncertainty, is to listen deeply – not just for the words but also for non-verbal communication, to notice breathing, hand and eye movement and facial expression – and acknowledge what they notice and hear.

People use their senses to show the world their unconscious or subconscious internal processes. Observing these enables the coach to mirror back information through the words or gestures the coachee has used. This exchange allows the coachee to develop a deeper conversation with themselves.

People also use their senses to interpret and give meaning to their experiences. They then file these interpretations or beliefs in their minds. A coaching conversation gives a coach the opportunity to pull their personal files to check if their interpretations are useful. If they are not, coaches can change and update the file to make them more useful.

During the pandemic, conversations were often motivated by a fight-or-flight response. This is a physiological reaction activated by the sympathetic nervous system that occurs in response to a perceived harmful event, attack or threat to survival, first described by Walter Bradford Cannon.[3] This response floods the 'whole being' with cortisol and adrenaline in order to increase strength and speed in anticipation of fighting or running. However, with Covid-19 the world is fighting something unknown that nobody can run from.

How coaching can help

Our physiological system has had weeks of this threat to our survival. This has evoked an intense emotional response often experienced as anger, fear, sadness and frustration. Coaching can help healthcare workers by acknowledging what they are feeling and asking questions so they can make sense of what they are feeling and thinking, and understand their reactions.

Active listening is an important tool. By asking key questions the coach can help the coachee understand their existing skills, such as: What is important here? What resources do you already have that might help you in this situation?

This kind of conversation activates the 'rest and digest' response so that the coachee can start to make sense of what they are feeling and thinking. Through coaching conversations, coaches have learned that some staff want to talk about their experience of the pandemic in an environment where they will not be judged or have someone 'fix it' for them. They want to express what it has been like from their perspective and have someone listen and acknowledge what they are saying. In some instances, they want to cry, to express emotions loudly and remove this burden from already burdened families or colleagues. They want confidentiality and kindness.

It must be noted that coaches offer confidentiality with a caveat – if the coachee tells a coach something unlawful, unethical or unprofessional, this must be taken back through the governance system for action.

Coaching offers practice based on non-directive, non-judgemental communications to benefit and support the coachee. If you wish to avail of the coaching service in the south-east, you can email: south-east.coaching@hse.ie For other areas, email: hr.nationalcoachingservice@hse.ie

Eithna Coen is an NMPD officer and professional coach at the Nursing and Midwifery Planning and Development Unit

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1. International Coach Federation 2020. ICF definition of coaching accessed at https://coachfederation.org/about
2. EMCC (2011) The professional charter for coaching and mentoring, EMCC
3. Bradford Cannon W. 1915 Bodily Changes in Pain, Hunger, Fear and Rage: An Account of Recent Researches into the Function of Emotional Excitement. Appleton-Century-Crofts

The Future Direction of Children's Nursing in Ireland

Children's healthcare in Ireland is changing with the development of the new children's hospital, urgent care centres, an integrated national network for paediatrics and Sláintecare's focus towards a community-led model that is responsive and focused on outcomes with a greater emphasis on prevention and population health improvement. In this rapidly changing environment, the role of the children's nurse must evolve to ensure the needs of children and their families are met. This presents both opportunities and challenges for children's nursing and the role of the Registered Children's Nurse (RCN) and the other nursing disciplines who care for children.

Children's Health Ireland and the Office of the Nursing and Midwifery Services Director, HSE have initiated a national project to outline a vision and a strategic framework for the future direction of children's nursing in Ireland. A national project steering group has been established to oversee the project on an ongoing basis and this group is supported by an expert advisory panel of senior RCN.

In the coming months we will be running a series of workshops, webinars, twitter chats and inviting submissions from relevant stakeholders to hear their unique perspectives on the future direction of children's nursing in Ireland. If you are a RCN or care for children, please watch out for events in your area and get involved. Alternatively, contact **Rosie Sheehan, Project Officer E: rosemarie.sheehan@nchg.ie** or via **Twitter @RosieShhehan1.**

Children's Health Ireland

Office of the Nursing & Midwifery Services Director

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ABRIDGED PRODUCT INFORMATION Refer to Summary of Product Characteristics before prescribing. **PRESENTATION** KEYTRUDA 25 mg/mL: One vial of 4 mL of concentrate contains 100 mg of pembrolizumab. **INDICATIONS** KEYTRUDA as monotherapy is indicated for the treatment of advanced (unresectable or metastatic) melanoma in adults. KEYTRUDA as monotherapy is indicated for the adjuvant treatment of adults with Stage III melanoma and lymph node involvement who have undergone complete resection. KEYTRUDA as monotherapy is indicated for the first-line treatment of metastatic non-small cell lung carcinoma (NSCLC) in adults whose tumours express PD-L1 with a ≥50% tumour proportion score (TPS) with no EGFR or ALK positive tumour mutations. KEYTRUDA, in combination with pemetrexed and platinum chemotherapy, is indicated for the first-line treatment of metastatic non-squamous NSCLC in adults whose tumours have no EGFR or ALK positive mutations. KEYTRUDA, in combination with carboplatin and either paclitaxel or nab-paclitaxel, is indicated for the first-line treatment of metastatic squamous NSCLC in adults. KEYTRUDA as monotherapy is indicated for the treatment of locally advanced or metastatic NSCLC in adults whose tumours express PD-L1 with a ≥1% TPS and who have received at least one prior chemotherapy regimen. Patients with EGFR or ALK positive tumour mutations should also have received targeted therapy before receiving KEYTRUDA. KEYTRUDA as monotherapy is indicated for the treatment of adult patients with relapsed or refractory classical Hodgkin lymphoma (cHL) who have failed autologous stem cell transplant (ASCT) and brentuximab vedotin (BV), or who are transplant-ineligible and have failed BV. KEYTRUDA as monotherapy is indicated for the treatment of locally advanced or metastatic urothelial carcinoma in adults who have received prior platinum-containing chemotherapy. KEYTRUDA as monotherapy is indicated for the treatment of locally advanced or metastatic urothelial carcinoma in adults who are not eligible for cisplatin-containing chemotherapy and whose tumours express PD L1 with a combined positive score (CPS) ≥ 10. KEYTRUDA as monotherapy or in combination with platinum and 5-fluorouracil (5-FU) chemotherapy, is indicated for the first-line treatment of metastatic or unresectable recurrent head and neck squamous cell carcinoma (HNSCC) in adults whose tumours express PD-L1 with a CPS ≥ 1. KEYTRUDA as monotherapy is indicated for the treatment of recurrent or metastatic HNSCC in adults whose tumours express PD-L1 with a ≥ 50% TPS and progressing on or after platinum-containing chemotherapy. KEYTRUDA, in combination with axitinib, is indicated for the first-line treatment of advanced renal cell carcinoma (RCC) in adults. **DOSAGE AND ADMINISTRATION** See SmPC for full details. Therapy must be initiated and supervised by specialist physicians experienced in the treatment of cancer. The recommended dose of KEYTRUDA as monotherapy is either 200 mg every 3 weeks or 400 mg every 6 weeks administered as an intravenous infusion over 30 minutes. The recommended dose of KEYTRUDA as part of combination therapy is 200 mg every 3 weeks administered as an intravenous infusion over 30 minutes. KEYTRUDA must not be administered as an intravenous push or bolus injection. When administering KEYTRUDA as part of a combination with intravenous chemotherapy, KEYTRUDA should be administered first. Treat patients until disease progression or unacceptable toxicity. Atypical responses (i.e., an initial transient increase in tumour size or small new lesions within the first few months followed by tumour shrinkage) have been observed. Recommended to continue treatment for clinically stable patients with initial evidence of disease progression until disease progression is confirmed. For the adjuvant treatment of melanoma, KEYTRUDA should be administered until disease recurrence, unacceptable toxicity, or for a duration of up to one year. KEYTRUDA, as monotherapy or as combination therapy, should be permanently discontinued (a) For Grade 4 toxicity except for: endocrinopathies that are controlled with replacement hormones; or haematological toxicity, only in patients with cHL in which KEYTRUDA should be withheld until adverse reactions recover to Grade 0-1; (b) If corticosteroid dosing cannot be reduced to ≤10 mg prednisone or equivalent per day within 12 weeks; (c) If a treatment-related toxicity does not resolve to Grade 0-1 within 12 weeks after last dose of KEYTRUDA; (d) If any event occurs a second time at Grade ≥ 3 severity. Patients must be given the Patient Alert Card and be informed about the risks of KEYTRUDA. ***Special populations.*** *Elderly:* No dose adjustment necessary. Data from patients ≥ 65 years are too limited to draw conclusions on cHL population. Data from pembrolizumab monotherapy in patients with resected Stage III melanoma, from pembrolizumab in combination with axitinib in patients with advanced RCC, and from chemotherapy combination in patients with metastatic NSCLC, and from pembrolizumab (with or without chemotherapy) in patients receiving first line treatment for metastatic or unresectable recurrent HNSCC ≥ 75 years are limited. *Renal impairment:* No dose adjustment needed for mild or moderate renal impairment. No studies in severe renal impairment. Hepatic impairment: No dose adjustment needed for mild hepatic impairment. No studies in moderate or severe hepatic impairment. *Paediatric population:* Safety and efficacy in children below 18 years of age not established. **CONTRAINDICATIONS** Hypersensitivity to the active substance or to any excipients. **PRECAUTIONS AND WARNINGS** *Assessment of PD-L1 status* When assessing the PD-L1 status of the tumour, it is important that a well-validated and robust methodology is chosen to minimise false negative or false positive determinations. *Immune-related adverse reactions* Immune-related adverse reactions, including severe and fatal cases, have occurred in patients receiving pembrolizumab. Most immune-related adverse reactions occurring during treatment with pembrolizumab were reversible and managed with interruptions of pembrolizumab, administration of corticosteroids and/or supportive care. Immune-related adverse reactions have also occurred after the last dose of pembrolizumab. Immune-related adverse reactions affecting more than one body system can occur simultaneously. See SmPC for full details. *Immune-related pneumonitis:* Patients should be monitored for signs and symptoms of pneumonitis.. Suspected pneumonitis should be confirmed with radiographic imaging and other causes excluded. Refer to SmPC for information on management of immune-related pneumonitis. *Immune-related colitis:* Patients should be monitored for signs and symptoms of colitis, and other causes excluded. Consider the potential risk of gastrointestinal perforation. Refer to SmPC for information on management of immune-related colitis. *Immune-related hepatitis:* Patients should be monitored for changes in liver function (at the start of treatment, periodically during treatment and as indicated based on clinical evaluation) and symptoms of hepatitis, and other causes excluded. Refer to SmPC for information on management of Immune-related hepatitis. *Immune-related nephritis:* Patients should be monitored for changes in renal function, and other causes of renal dysfunction excluded. Refer to SmPC for information on management of immune-related nephritis. *Immune-related endocrinopathies:* Severe endocrinopathies, including adrenal insufficiency, hypophysitis, type 1 diabetes mellitus, diabetic ketoacidosis, hypothyroidism, and hyperthyroidism have been observed with pembrolizumab treatment. Long-term hormone replacement therapy may be necessary in cases of immune-related endocrinopathies. Hypophysitis has been reported in patients receiving pembrolizumab. Patients should be monitored for signs and symptoms of adrenal insufficiency and hypophysitis (including hypopituitarism) and other causes excluded. Patients should be monitored for hyperglycaemia or other signs and symptoms of diabetes. Thyroid disorders, including hypothyroidism, hyperthyroidism and thyroiditis, have been reported in patients receiving pembrolizumab and can occur at any time during treatment. Hypothyroidism is more frequently reported in patients with HNSCC with prior radiation therapy. Patients should be monitored for changes in thyroid function (at the start of treatment, periodically during treatment and as indicated based on clinical evaluation) and clinical signs and symptoms of thyroid disorders. Refer to SmPC for information on management of immune-related endocrinopathies. *Immune-related skin adverse reactions:* Patients should be monitored for suspected severe skin reactions and other causes should be excluded. Based on the severity of the adverse reaction, pembrolizumab should be withheld for Grade 3 skin reactions until recovery to Grade ≤ 1or permanently discontinued for Grade 4 skin reactions, and corticosteroids should be administered. Cases of Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) have been reported in patients receiving pembrolizumab. For suspected SJS or TEN, pembrolizumab should be withheld and the patient should be referred to a specialised unit for assessment and treatment. If SJS or TEN is confirmed, pembrolizumab should be permanently discontinued. Caution should be used when considering the use of pembrolizumab in a patient who has previously experienced a severe or life-threatening skin adverse reaction on prior treatment with other immune- stimulatory anticancer agents. *Other clinically significant immune-related adverse reactions:* The following additional clinically significant, immune-related adverse reactions, have been reported in clinical studies or in post-marketing experience: uveitis, arthritis, myositis, myocarditis, pancreatitis, Guillain-Barré syndrome, myasthenic syndrome, haemolytic anaemia, sarcoidosis, encephalitis and myelitis. For Grades 3 or 4 myocarditis, encephalitis or Guillain Barré syndrome, pembrolizumab should be permanently discontinued. Refer to SmPC for information on management of significant immune-related adverse reactions. Solid organ transplant rejection has been reported in the post-marketing setting in patients treated with PD-1 inhibitors. The benefit of treatment with pembrolizumab versus the risk of possible organ rejection should be considered in these patients. *Complications of allogeneic Haematopoietic Stem Cell Transplant (HSCT): Allogeneic HSCT after treatment with pembrolizumab:* Cases of graft-versus-host-disease (GVHD) and hepatic veno-occlusive disease (VOD) have been observed in patients with classical Hodgkin lymphoma undergoing allogeneic HSCT after previous exposure to pembrolizumab. Until further data become available, careful consideration to the potential benefits of HSCT and the possible increased risk of transplant-related complications should be made case by case. *Allogeneic HSCT prior to treatment with pembrolizumab:* In patients with a history of allogeneic HSCT, acute GVHD, including fatal GVHD, has been reported after treatment with pembrolizumab. Patients who experienced GVHD after their transplant procedure may be at an increased risk for GVHD after treatment with pembrolizumab. Consider the benefit of treatment with pembrolizumab versus the risk of possible GVHD in patients with a history of allogeneic HSCT. Infusion-related reactions: For Grades 3 or 4infusion reactions including hypersensitivity and anaphylaxis, stop infusion and permanently discontinue pembrolizumab. With Grades 1 or 2 infusion reactions, infusion may continue with close monitoring. Premedication with antipyretic and antihistamine may be considered. *Overdose:* There is no information on overdose with pembrolizumab. In case of overdose, monitor closely for signs or symptoms of adverse reactions and treat appropriately. **INTERACTIONS** No formal pharmacokinetic drug interaction studies have been conducted with pembrolizumab. No metabolic drug-drug interactions are expected. The use of systemic corticosteroids or immunosuppressants before starting pembrolizumab should be avoided because of their potential interference with the pharmacodynamic activity and efficacy of pembrolizumab. Corticosteroids can be used as premedication, when pembrolizumab is used in combination with chemotherapy, as antiemetic prophylaxis and/or to alleviate chemotherapy-related adverse reactions. **FERTILITY, PREGNANCY AND LACTATION** *Women of childbearing potential* Women of childbearing potential should use effective contraception during treatment with pembrolizumab and for at least 4 months after the last dose of pembrolizumab. *Pregnancy* No data on use in pregnant women. Do not use during pregnancy unless the clinical condition of the woman requires treatment with pembrolizumab. *Breast-feeding* It is unknown whether pembrolizumab is secreted in human milk. A risk to newborns/ infants cannot be excluded. *Fertility* No clinical data available. **SIDE EFFECTS** Refer to SmPC for complete information on side effects. Pembrolizumab is most commonly associated with immune-related adverse reactions. Most of these reactions resolved with appropriate medical treatment or withdrawal of pembrolizumab. The most serious adverse reactions were immune-and infusion-related adverse reactions. **Monotherapy:** *Very Common:* anaemia, hypothyroidism, decreased appetite, headache, dyspnea, cough, abdominal pain, nausea, vomiting, constipation, musculoskeletal pain, arthralgia, asthenia, oedema, pyrexia, diarrhoea, rash, pruritus, fatigue. *Common:* pneumonia, thrombocytopaenia, lymphopaenia, hyponatraemia, hypokalaemia, hypocalcaemia, insomnia, neuropathy peripheral, lethargy, dry eye, cardiac arrhythmia (including atrial fibrillation), hypertension, hyperthyroidism, insomnia, dizziness, dysgeusia, pneumonitis, colitis, dry mouth, severe skin reactions, vitiligo, dry skin, alopecia, eczema, dermatitis acneiform, erythema, myositis, pain in extremity, arthritis, influenza like illness, chills, AST and ALT increases, hypercalcaemia, increase in blood alkaline phosphatase, blood bilirubin increased, blood creatinine increased, infusion related reaction. *Frequency not known:* solid organ transplant rejection. **Combination with chemotherapy:** *Very Common:* anaemia, neutropaenia, thrombocytopaenia, hypokalaemia, decreased appetite, dizziness, neuropathy peripheral, dysgeusia, headache, dyspnoea, cough, abdominal pain, alopecia, diarrhoea, nausea, vomiting, constipation, rash, pruritus, musculoskeletal pain, arthralgia, pyrexia, fatigue, asthenia, oedema, blood creatinine increased. *Common:* pneumonia, febrile neutropaenia, leukopaenia, lymphopaenia, infusion related reaction, hypothyroidism, hyperthyroidism, hyponatraemia, hypocalcaemia, insomnia, lethargy, dry eye, cardiac arrhythmia (including atrial fibrillation), hypertension, pneumonitis, colitis, dry mouth, severe skin reactions, erythema, dry skin, myositis, pain in extremity, arthritis, nephritis, acute kidney injury, chills, influenza-like illness, hypercalcaemia, ALT increase, AST increased, blood alkaline phosphatase increased. **Combination with axitinib:** *Very Common:* hyperthyroidism, hypothyroidism, decreased appetite, headache, dysgeusia, hypertension, dyspnoea, cough, dysphonia, diarrhoea, abdominal pain, nausea, vomiting, constipation, palmar-plantar erythrodysaesthesia syndrome, rash, pruritus, musculoskeletal pain, arthralgia, pain in extremity, fatigue, asthenia, pyrexia, alanine aminotransferase increased, aspartate aminotransferase increased, blood creatinine increased. *Common:* pneumonia, anaemia, neutropaenia, leukopaenia, thrombocytopaenia, infusion related reaction, hypophysitis, thyroiditis, adrenal insufficiency, hypokalaemia, hyponatraemia, hypocalcaemia, insomnia, dizziness, lethargy, neuropathy peripheral, dry eye, cardiac arrhythmia (including atrial fibrillation), pneumonitis, colitis, dry mouth, hepatitis, severe skin reactions, dermatitis acneiform, dermatitis, dry skin, alopecia, eczema, erythema, myositis, arthritis, tenosynovitis, acute kidney injury, nephritis, oedema, influenza like illness, chills, blood alkaline phosphatase increased, hypercalcaemia, blood bilirubin increased. **PACKAGE QUANTITIES** KEYTRUDA 25 mg/mL: 4 mL of concentrate in a 10 mL Type I clear glass vial. **Legal Category:** POM. **Marketing Authorisation numbers:** EU/1/15/1024/002. **Marketing Authorisation holder:** Merck Sharp & Dohme B.V., Waarderweg 39, 2031 BN Haarlem, The Netherlands. **Date of revision:** June 2020. Further information is available on request from: MSD, Red Oak North, South County Business Park, Leopardstown, Dublin D18 X5K7 or from www.medicines.ie. **Date of Preparation:** July 2020. PSUSA.

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: 01-2998700)

References: 1. KEYTRUDA Summary of Product Characteristics available at www.medicines.ie
2. Merck And MSD Oncology Statistics Tracker, figure reflects year-end 2019

MSD Oncology

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IE-KEY-00270

Advice for first year students

Catherine O'Connor shares advice with incoming first year nursing and midwifery students joining the INMO

I WOULD like to extend a very warm welcome to all of the incoming first year nursing and midwifery students joining the INMO. You are entering a challenging yet hugely rewarding and valued profession and the INMO is here to support you during your training and career.

The role of the union is to promote the interests of nurses and midwives. As a student member you can contact the union for free advice, information, support and representation if you experience any issues while on clinical placement. You can also access a variety of services, such as our library, continuing professional development courses and discounts on expenses like car insurance through INMO Rewards.

As your student and new graduate officer, I am here to answer questions that you may have in relation to your clinical placements and I can advise you on your rights and entitlements. I will update you on issues that may affect you through a *Student Link* e-zine, which will be emailed to you regularly. If you would like to learn more about how the union works and how you can get involved as a rep for your class, please do contact me. Please read below to hear advice from some of your fellow students based on their experience.

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

Laura Henry, final year midwifery student and chair of the INMO Student Section

"To the new student midwives and nurses: congratulations! This is one of the first steps on an important path. Things are uncertain (a word I never used so much before this year), but there is so much help for you. I'm nearly finished my undergraduate journey – this is my advice to you as you begin yours.

"Remember why you started. Think about where you want to end up, and who you hope to be when you get there. Understand the system – who is in it, how it works, how you can fit in and how you can improve it. Find your people: friends, classmates, colleagues, other union members, people on other courses and in other colleges. Celebrate the small stuff. Be proud of what you achieve on the way to qualifying. Reach out when you need help and don't be afraid to ask questions."

Maria Tservjatsuk, RGN and member of the Dublin Youth Forum

"Well done on making it here! While you are at the beginning of your journey, the best piece of advice I can give you is to be patient with yourself. Everything may seem hard at first, but know that you are not alone. We all felt that way, and eventually things fall into place. You will be able to link theory and practice, but it might take a little bit of time.

"Ask questions. No question is too silly. Taking notes of things you learn as you go along while on placement also really helps. I used to have a mini notebook that went to every placement with me. Nursing is hands on, so don't be afraid to ask to get involved on the wards, and if you are not sure about something, please ask. Preceptors can be very busy, so even offering to help is great. We know you are there to learn and we love the enthusiasm.

"Don't be afraid to ask for help. College can be a lonely time; try to keep in touch with old friends and make some new ones. If you are struggling with something or an experience you had on placement, chances are you are not alone, so talk about it. Don't forget to enjoy your time in college. The four years go by so fast, so try to remember that while the studies are very important, you can still have fun. Join societies and clubs, and make memories!"

Melissa Plunkett, midwifery mature student and student rep on the INMO Executive Council

"I know it's cliché, but go to your lectures. So many times I've been in an exam looking at a question and have remembered the lecturer talking about that topic. Honestly, you'll be amazed at how much you take in, even on your slow days. I wouldn't describe myself as organised, but for college it really helps to put the effort in. I find that taking notes on the lecture slides is the best way to learn, whether that's digital or with a pen and paper. It makes revision easier as your notes are already linked to the topic and you're not left wondering what that random note is about! For those of you not blessed with organisational skills, get yourself a diary and write your deadlines into it. This has saved me more than once. I have been known to pretend the deadline is earlier so that procrastination won't stress me out! Do whatever works for you. Your lecture hall might be massive but the people you chat to in there will become your second family. You will support each other throughout the course, offering encouragement, coffee and hugs when needed. I'm proud to say that I have made lifelong friends.

"When it comes to placement it's normal to be nervous. You're not alone and this is where your support network of classmates will help. Don't be afraid to speak to other students; we were once in your shoes and are probably just as nervous for our placement. Small notebooks are really handy to keep in your pocket and jot things down while on placement. Invest in comfy shoes – your feet will thank me later. Ask questions; honestly, it may seem scary but ask anyway. Your preceptor will appreciate it and you'll learn loads.

"To my fellow students who are also parents: you can do it. Take a breath and remind yourself that this is but a moment in time and that the kids will survive."

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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)

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Quality & Safety

A column by Maureen Flynn

Q community membership opens in Ireland

IN THIS month's column we introduce a really exciting initiative that will be of interest to all nurses and midwives with experience, an interest and passion for quality improvement (QI).

The HSE National QI Team and the Health Foundation UK are working in partnership to launch the Q community in Ireland. It is an exciting opportunity for improvers to connect and collaborate with fellow improvers, use Q as a source of innovation and practical problem solving, and get involved with a range of activities and benefits that are on offer. In May 2020, applications to join Q opened in Ireland.

What is Q

Q is a way of connecting people who have improvement expertise. Q is an ambitious, long-term initiative that brings together people working to improve health and social care. It is led by the Health Foundation and supported by partners across the UK and Ireland. There are currently almost 4,000 individual members (including many nurses and midwives) and the community continues to grow.

Q's mission is to foster continuous and sustainable improvement in health and social care. By creating opportunities for people to share ideas, enhance skills, and collaborate, Q supports members to use and develop the wealth of ideas and expertise that currently exists in every part of the UK and Ireland.

How does Q work

The diverse community, includes health and care professionals, patient leaders, managers, commissioners, researchers, policymakers and others with a passion for improvement. There is no membership fee to join Q. It has been designed with busy people in mind and therefore there is no specific time commitment – members have the flexibility to commit and participate in ways that fit with their lives and their improvement work. It is not a taught programme, but a network of support for those already knowledgeable in undertaking improvement work.

Get involved

This is an exciting time to join Q with plenty of different ways to connect, mobilise, develop and support each other. Q welcomes applications from nurses, midwives and all disciplines and a variety of roles from people with improvement expertise based anywhere in the UK and Ireland.

At your next team, ward or department meeting you might like to talk about Q and share this opportunity with your networks and contacts who may be interested in joining Q.

Opportunity to join

Opportunities to join Q are open on a continuous basis. Using an online portal, you can complete an application that is then assessed by people experienced in improvement from a range of different backgrounds. When applying you are asked to demonstrate knowledge and experience of using different approaches and methodologies to improve the quality of health and care and reflect (complete a short statement) on how you might benefit from and contribute to the community. Once you submit your application, you'll hear the outcome within a few weeks.

More information

An information leaflet and further information is available on the National QI Team website at: **www.hse.ie/eng/about/who/qid/resourcespublications/**

You can find all the information on joining Q at: **https://q.health.org.uk/join-q/**

If you would like any further information or a chat about Q in Ireland, please contact me by email at: maureena.flynn@hse.ie

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

Acknowledgement: A special thank you to the Q team members at the Health Foundation and partner countries for including Ireland and supporting us in this exciting development.

Benefits of Q membership

- You can connect, share and learn with people from different disciplines and sectors, from across the UK and Ireland to help create real change
- You can become part of a diverse community that brings together those from the front line of health and social care, patient leaders, managers, researchers, commissioners and policy makers and others
- You can tap into Q as a source of innovation and practical problem solving, using toolkits and creative approaches
- Develop your improvement skills and help lead and develop others beyond Q
- Enjoy benefits including access to journals and learning resources, Q visits, annual Q gathering and inspiring events scheduled throughout the year
- Apply to the Q Exchange funding programme, (opens on 1 September 2020), offering Q members the chance to develop project ideas and submit bids for up to £30,000 of funding, for project ideas on the theme 'Embedding positive changes emerging through new collaborations or partnerships during Covid-19'
- Get involved in other Q activities including special interest groups, Q Labs and Randomised Coffee Trials with others in the community
- Let Q grow with you as your career progresses – participate in ways that fit with your life and improvement priorities

Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

Query from member

I have a question in relation to the enhanced nurse/midwife salary. I approached my manager to seek an application form for senior enhanced staff nurse/midwife increment and was advised that I do not have the correct number of years' service. I have currently 17.5 years of service but was told by my manager that service requirement is 20 years. I had read in the INMO updates that it was part of the strike settlement and that nursing/midwifery service was reduced to 17 years. Which is correct?

Reply

From November 1, nurses and midwives with 17 years of service will be eligible for the senior salary – instead of the current 20 years. If you have at least 17 years of service, you may qualify for the senior staff nurse/midwife increment or the senior enhanced nurse/midwife increment.

All staff nurses/midwives and enhanced nurses/midwives who have 17 years of post-qualification service are eligible for payment of either the senior staff nurse/midwife increment or the senior enhanced nurse/midwife increment.

All service, inclusive of part-time/job sharing service, is reckonable. Please note the following:

- Service constitutes all genuine nursing/midwifery experience in Ireland and abroad
- The reference date for determination of service and payment is November 1 each year
- Application forms can be obtained from your human resources department.

Query from member

I am a new graduate and will start employment as a staff midwife in the public health service in September. I have heard about measures that were introduced for new graduates and would like to know how they will affect me?

Reply

As a new graduate, when you commence employment you will be placed on the first point of the scale. Sixteen weeks later, in lieu of having previously completed 36 weeks of clinical placement, you will be due to move to the second point of the scale, however because of the new entrant measures you will skip point 2 and move to point 3. You remain there for one year before moving to point 4 of the scale and at that stage become eligible for the enhanced practice midwife contract and salary scale, subject to meeting the criteria.

The location allowance was extended to three areas: medical wards, surgical wards and maternity departments. As a newly graduated midwife you will be eligible for the location allowance of €2,230 in addition to your salary.

Know your rights and entitlements

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

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

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

Supporting breastfeeding

Brenda Pieper-Callan discusses the effect that Covid-19 has had on the ability to provide breastfeeding support to new mothers

AS WE celebrate both WHO World Breastfeeding Week and National Breastfeeding Week 2020, it is timely to look at what is happening with breastfeeding in Ireland at the moment and what has changed under Covid-19 restrictions.

The WHO recommends breastfeeding, exclusively for the first six months of life and up to two years.[1] Breastfeeding is the optimum way to feed a baby, providing both nutrition and immunity to baby. Breastmilk is a live substance and has myriad benefits that can be applied to three domains – mother, baby and society.

Breastfeeding is the natural way to feed a baby but that is not to say that it is easy. It is a learned experience and therefore mothers need support. We are primarily a bottlefeeding culture in Ireland but in the past 10 to 20 years we have seen a shift in women choosing to breastfeed.

The HSE Breastfeeding Action Plan sets out the priority areas to be addressed over the next five years, increasing the breastfeeding rate by 10%.[2] Data collection and achieving key performance indicators helps set and maintain standards. The document *Breastfeeding Action Plan for Ireland 2016-2021*[2] is ambitious in its attempt to achieve this change, while it is encouraging for those working within the health sector promoting, supporting and protecting breastfeeding.

The HSE's 'National Infant Feeding Policy for Maternity & Neonatal Services for optimum infant feeding' and 'The National Infant Policy for Primary Care Teams and Community Health Organisations'[3] guide breastfeeding support and protection both in the hospital and in the community setting. Both documents are based on the WHO's 'Ten Steps to Successful Breastfeeding'.

Healthy Ireland, a government initiative advocates for a healthy island and recognises the importance of breastfeeding in achieving a healthy nation.[4] The National Maternity Strategy advocates for breastfeeding support in the hospital setting providing women in their care with the best possible information to make informed choices regarding infant nutrition. As healthcare professionals, we are reminded of the importance of imparting information and education during all our encounters with expectant families through, the 'make every contact count initiative'.

Reflecting on providing breastfeeding support during the pandemic, for me, is best summed up in recognising the restrictions that Covid-19 has placed on us, and how we adapted care provision to overcome the obstacles.

By its nature breastfeeding support is a counselling process involving a one-to-one encounter between the mother and the lactation consultant. It is a process that normally requires time. Communication skills are vital. Observation of a breastfeeding dyad is very important in taking a feeding history. Time is of the essence and the lactation consultant's role is a key and a luxury. Sitting with a mother and baby, listening and drawing up a care plan together is fundamental to the consultant's role. There can be a moment of touch, where you can lay your hand on to provide reassurance in a tearful moment.

Changes due to Covid-19

Covid-19 has changed all of this. Consultations now take place at a distance. Time became a restriction on practice. Facemasks hide our faces. We lose that encouraging prompt for mum to continue talking. Babies are also missing out on our facial expression. "We could not touch; there was no lying on of a caring hand."[5]

The restrictions led us to use and embrace technology. Short educational videos were made by staff to replace the educational classes usually provided in a classroom setting to the expectant mothers and fathers. These videos are accessible online through the hospital's Facebook page.

In the recordings, we aim to support women and their partners to recognise the importance of breastfeeding and relationships for the health and wellbeing of their baby, as well as what to expect when breastfeeding. We drafted a letter with links to both breastfeeding and antenatal education. Any mother who contacted us by phone or completed a class application form received a copy of the letter by post. In every telephone conversation we took the opportunity to talk about the book *My Pregnancy,* a resource from the HSE, and highlighted the parts relating to establishing relationships with your unborn child. Using information from this book and UNICEF's Baby Friendly initiative, we displayed supporting information in waiting and clinical areas.

Covid-19 has raised anxiety in people and we were able to help reduce it by encouraging pregnant women to develop positive relationships with their growing baby *in utero.* We encouraged mothers to avail of the HSE website **Mychild.ie** The introduction of the early transfer home (ETH) team also provided an opportunity to provide continuing support to breastfeeding mothers in the comfort of their own home. This service facilitates a smooth transition from hospital to home through ongoing support in breastfeeding from staff to the mothers met while in hospital. This new service strengthened relationships with staff on the ETH team and in lactation support.

Changing times encouraged us to look deeper for ways to help our clients while learning ourselves. Letting mother know that support and help is available is key to promoting, supporting and protecting breastfeeding. There is still a way to go and in the future we may be providing education and breastfeeding support via 'anywhere clinics'.

Brenda Pieper-Callan is a midwife and lactation consultant in Our Lady of Lourdes Hospital, Drogheda

References
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2. Canny M, Hourigan S. The HSE Breastfeeding Action Plan 2016-2021. Int J Integrated Care 2017; 17(5):A272
3. Health Service Executive (2015) Infant Feeding Policy for Maternity and Neonatal Services HSE and Infant Feeding Policy for PCTs and CHOs 2019. Available at www.breastfeeding.ie; www.babyfriendly.ie
4. Healthy Ireland in the Health Services. National Implementation plan 2015-2017
5. Dr Rangan Chattergee (2017). The Stress Solution. Penguin Life

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IDACIO® is an adalimumab biosimilar, which is approved for use in the same conditions as the biologic reference product, including the treatment of moderate to severe chronic plaque psoriasis.[1, 2] Patients prescribed IDACIO can access KabiCare, a web-based resource developed with a holistic approach to patient support.

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References:
1. IDACIO 40mg solution for injection in pre-filled syringe and pre-filled pen. Summary of Product Characteristics. Fresenius Kabi Deutschland GmbH.
2. Humira 40mg solution for injection in pre-filled syringe and pre-filled pen. Summary of Product Characteristics. AbbVie Deutschland GmbH & Co. KG.

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Date of preparation: July 2020
Job code: BIO/IDACIO/012.20
Additional information is available on request

Abbreviated Prescribing Information. Consult the Summary of Product Characteristics for full information. Additional information is available on request.
Idacio (adalimumab) 40 mg

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See below for how to report adverse reactions.

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Idacio 40 mg solution for injection in pre-filled pen
Idacio 40 mg solution for injection in vial for paediatric use

Presentation and method of administration: Each single dose 0.8 ml pre-filled syringe, 0.8 ml pre-filled pen or 0.8 ml vial contains 40 mg of adalimumab for subcutaneous injection. **Indications and Dosage:** Please refer to SmPC for full information. Idacio treatment should be initiated and supervised by specialist physicians experienced in the diagnosis and treatment of conditions for which Idacio is indicated. Ophthalmologists are advised to consult with an appropriate specialist before initiation of treatment with Idacio. Patients treated with Idacio should be given a patient alert card. After proper training in injection technique, patients may self-inject with Idacio if their physician determines that it is appropriate and with medical follow-up as necessary. During treatment with Idacio, other concomitant therapies (e.g., corticosteroids and/or immunomodulatory agents) should be optimised. **Rheumatoid arthritis (RA), adults:** In combination with methotrexate (MTX) for moderate to severe, active RA with inadequate response to disease-modifying anti-rheumatic drugs (DMARDs) including MTX. In combination with MTX for severe, active and progressive RA when not previously treated with MTX. Can be given as monotherapy if intolerance to or when continued treatment with MTX is inappropriate. Reduces rate of progression of joint damage on X-ray and improves physical function, in combination with MTX. Dosage:40 mg single dose every other week (EOW). Concomitant MTX should be continued. In monotherapy, patients may require 40 mg every week or 80 mg EOW if they experience a decrease in clinical response. Treatment beyond 12 weeks should be reconsidered if no clinical response in that time. Consider need for dose interruption, e.g. before surgery or if serious infection occurs. Reintroduction after 70 days or longer of discontinuation gave same magnitudes of clinical response and similar safety profile as before dose interruption. **Polyarticular juvenile idiopathic arthritis (pJIA), paediatrics 2 years and above:** In combination with MTX for active pJIA with inadequate response to one or more DMARDs. Can be given as monotherapy if intolerance to or when continued treatment with MTX is inappropriate. Dosage: 10 kg to < 30 kg 20 mg single dose EOW. If ≥ 30 kg: 40 mg single dose EOW. Treatment beyond 12 weeks should be reconsidered if no clinical response in that time. **Enthesitis-related arthritis (ERA), paediatrics 6 years and above:** For active ERA with inadequate response to or intolerance to conventional therapy. Dosage: 15 kg to < 30 kg: 20 mg single dose EOW. If ≥ 30 kg: 40 mg single dose EOW. **Ankylosing spondylitis (AS), adults:** For severe active AS with inadequate response to conventional therapy. Dosage: adults: 40 mg single dose EOW. Treatment beyond 12 weeks should be reconsidered if no clinical response in that time. **Axial spondyloarthritis without radiographic evidence of AS (nr-axSpA), adults:** For severe nr-axSpA with objective signs of inflammation (elevated CRP and/or MRI), and an inadequate response to or intolerance to nonsteroidal anti-inflammatory drugs. Dosage: 40 mg single dose EOW. Treatment beyond 12 weeks should be reconsidered if no clinical response in that time. **Psoriatic arthritis (PsA), adults:** For active and progressive PsA with inadequate response to DMARDs. Reduces rate of progression of peripheral joint damage on X-ray in polyarticular symmetrical subtypes of the disease and improves physical function. Dosage: 40 mg single dose EOW. Treatment beyond 12 weeks should be reconsidered if no clinical response in that time. **Psoriasis, adults:** For moderate to severe chronic plaque psoriasis in candidates for systemic therapy. Dosage: 80 mg initial dose at Week 0, followed by 40 mg EOW from Week 1. Treatment beyond 16 weeks should be reconsidered if no clinical response in that time (refer to SmPC). **Paediatric Plaque Psoriasis, 4 years and above:** For severe chronic plaque psoriasis with inadequate response to or if topical therapy and phototherapies are inappropriate. Dosage: 15 kg to < 30 kg: 20 mg dose initially followed by 20 mg EOW starting one week after initial dose. If ≥ 30 kg: 40 mg dose initially followed by 40 mg EOW starting one week after initial dose. Treatment beyond 16 weeks should be reconsidered if no clinical response in that time. **Hidradenitis suppurativa (HS), adults and adolescents from 12 years and above:** For active moderate to severe HS (acne inversa) with inadequate response to conventional systemic HS therapy. Dosage: HS, adults: 160 mg dose initially at Day 1, followed by 80 mg two weeks later at Day 15. Two weeks later (Day 29) continue with a dose of 40 mg every week or 80 mg EOW.HS, adolescents 12 years and above ≥ 30 kg: 80 mg initial dose at Week 0, followed by 40 mg EOW from Week 1. If there is inadequate response to 40 mg EOW, an increase in dosage to 40 mg every week or 80 mg EOW may be considered. Antibiotics may be continued if necessary. Concomitant topical antiseptic wash on HS lesions is recommended to be used on a daily basis. Treatment beyond 12 weeks should be reconsidered if no improvement in that time. Reintroduction of Idacio after treatment interruption as appropriate. Evaluate periodically the benefit and risk of continued long-term treatment. **Crohn's disease (CD), adults:** For moderately to severely active CD with no response despite a full and adequate course of, intolerance to or contraindication for a corticosteroid and/or an immunosuppressant therapy. Dosage: Induction: 80 mg dose at Week 0, followed by 40 mg at Week 2. For a more rapid response: 160 mg at Week 0, followed by 80 mg at Week 2; risk of adverse events higher during rapid induction. Maintenance: 40 mg dose EOW. During maintenance, corticosteroids may be tapered in accordance with clinical guidelines. If decrease in clinical response, can increase dosage to 40 mg every week or 80 mg EOW. Patients with no response by Week 4 may benefit from continued maintenance therapy to Week 12. Treatment beyond 12 weeks should be reconsidered if no clinical response in that time. **Paediatric Crohn's disease (CD), 6 years and above:** For moderately to severely active CD with inadequate response to, intolerance to or contraindication for conventional therapy including primary nutrition therapy and a corticosteroid and/or an immunomodulator. Dosage: < 40 kg: Induction: 40 mg dose at Week 0, followed by 20 mg at Week 2. For a more rapid response: 80 mg at Week 0, followed by 40 mg at Week 2; risk of adverse events higher during rapid induction. Maintenance: 20 mg dose EOW from week 4. If insufficient response, consider an increase in dosing frequency to 20 mg every week. If ≥ 40 kg: Induction: 80 mg dose at Week 0, followed by 40 mg at Week 2. For a more rapid response: 160 mg dose at Week 0, followed by 80 mg at Week 2; risk of adverse events higher during rapid induction. Maintenance: 40 mg dose EOW from week 4. If insufficient response, consider an increase in dosage to 40 mg every week or 80 mg EOW. Treatment beyond 12 weeks should be reconsidered if no clinical response in that time. **Ulcerative colitis (UC), adults:** For moderately to severely active UC with inadequate response to, intolerance to or contraindication for conventional therapy including corticosteroids and 6-mercaptopurine (6-MP) or azathioprine (AZA). Dosage: Induction: 160 mg dose at Week 0, followed by 80 mg at Week 2. Maintenance: 40 mg dose EOW. During maintenance, corticosteroids may be tapered in accordance with clinical guidelines. If insufficient response, consider an increase in dosage to 40 mg every week or 80 mg EOW. Treatment beyond 8 weeks should not be continued if no clinical response in that time. **Uveitis, adults:** For non-infectious intermediate, posterior and panuveitis with inadequate response to corticosteroids, in patients in need of corticosteroid-sparing, or in whom corticosteroid treatment is inappropriate. Dosage: 80 mg initial dose at Week 0, followed by 40 mg EOW from Week 1. Treatment can be initiated in combination with corticosteroids and/or with other non-biologic immunomodulatory agents. Concomitant corticosteroids may be tapered in accordance with clinical practice starting two weeks after initiating treatment with Idacio. Evaluate on a yearly basis the benefit and risk of continued long-term treatment. **Paediatric Uveitis, 2 years and above:** For chronic non-infectious anterior uveitis with inadequate response to or intolerance to conventional therapy, or in whom conventional therapy is inappropriate. Dosage: < 30 kg: 20 mg dose EOW in combination with MTX. Optional 40 mg (for patients < 30 kg) or 80 mg (for patients ≥ 30 kg) loading dose one week prior to start of maintenance therapy. No clinical data in use of loading dose < 6 years of age (see SmPC). If ≥ 30 kg: 40 mg dose EOW in combination with MTX. Evaluate on a yearly basis the benefit and risk of continued long-term treatment. Idacio may be available in other strengths and/or presentations depending on the individual treatment needs. **Contraindications:** Hypersensitivity to the active substance or to any excipients (see SmPC); Active tuberculosis (TB) or other severe infections such as sepsis and opportunistic infections; Moderate to severe heart failure (NYHA class III/IV). **Warnings and precautions:** Clearly record the name and batch number of administered product to improve traceability of biological products. **Infections:** Patients taking TNF-antagonists are more susceptible to serious infections. Impaired lung function may increase the risk for developing infections. Monitor for infections, including TB, before, during and for at least 4 months after treatment. Treatment with Idacio should not be initiated in patients with active infections including chronic or localised infections until infections are controlled. In patients who have been exposed to tuberculosis and patients who have travelled in areas of high risk of tuberculosis or endemic mycoses, such as histoplasmosis, coccidioidomycosis, or blastomycosis, the risk and benefits of treatment with Idacio should be considered prior to initiating therapy. Evaluate new infections during treatment and monitor closely. Stop treatment if new serious infection or sepsis and treat appropriately. Exercise caution in patients with a history of recurring infections or who are predisposed to infections, including the use of concomitant immunosuppressive medications. **Serious infections:** Serious infections, including those associated with hospitalisation or death, were reported in patients receiving treatment. **TB:** Consult SmPC for details. Reactivation and new onset TB, both pulmonary and extra-pulmonary (disseminated), were reported. Screen all patients before therapy initiation for active or inactive (latent) TB. Appropriate screening tests (i.e. tuberculin skin test and chest X-ray) should be performed in all patients. If latent TB is suspected, consult physician with appropriate expertise and follow local treatment recommendations for prophylaxis prior to initiation of Idacio. Despite prophylaxis, TB reactivation has occurred on adalimumab. If active TB is diagnosed, do not initiate Idacio treatment. **Other opportunistic infections:** Opportunistic infections were observed in patients receiving adalimumab. Stop treatment in patients with signs and symptoms of such infections. Consult with physician with appropriate expertise for diagnosis and administration of empiric antifungal therapy in these patients. **Hepatitis B reactivation:** Reactivation of HBV has occurred in chronic carriers (surface antigen positive). Patients should be tested for HBV infection before initiating treatment. HBV carriers should consult a specialist physician and be closely monitored for reactivation of HBV infection throughout therapy and for several months following termination of treatment. If reactivation occurs, stop treatment and initiate appropriate antiviral and supportive treatment. **Neurological events:** Caution in patients with pre-existing or recent-onset central or peripheral nervous system demyelinating disorders. Discontinuation of treatment should be considered if any of these disorders develop. Neurologic evaluation should be performed in patients with non-infectious intermediate uveitis prior to initiation of treatment and regularly during treatment, to assess for pre-existing or developing central demyelinating disorders. **Allergic reactions:** Reports of serious allergic reactions including anaphylaxis received. For serious allergic or anaphylactic reaction, stop Idacio immediately and initiate appropriate therapy. **Malignancies and lymphoproliferative disorders:** A possible risk has been reported of malignancy, including lymphomas and leukaemia, in all patients, including paediatric patients, treated with Tumour Necrosis Factor (TNF) antagonists. Examine all patients, especially those with a medical history of extensive immunosuppressant or PUVA treatment, for non-melanoma skin cancer prior to and during treatment; caution in COPD patients, and in patients with increased risk for malignancy due to heavy smoking. Consider the potential risk with the combination of azathioprine or 6-mercaptopurine and adalimumab (hepatosplenic T-cell lymphoma has occurred). Risk of hepatosplenic T-cell lymphoma cannot be excluded. Caution in patients with a history of malignancy. Risk of developing dysplasia or colon cancer is unknown. Patients with UC with increased risk of dysplasia or colon carcinoma, or history of dysplasia or colon carcinoma, to be screened for dysplasia before treatment and throughout disease course. **Haematological reactions:** Adverse events of the haematological system reported with adalimumab. Patients should seek immediate medical attention if signs and symptoms of blood dyscrasias develop while on treatment. **Vaccinations:** Patients may receive concurrent vaccinations, except for live vaccines. Bring paediatric patients up to date with all immunisations prior to initiating Idacio treatment. **Congestive heart failure:** See contraindications. Caution is advised with mild heart failure (NYHA class I/II). Discontinue treatment if new or worsening symptoms of congestive heart failure. **Autoimmune processes:** Autoimmune antibodies may form with Idacio. Stop treatment if development of a lupus-like syndrome with positive antibodies against double-stranded DNA. **Surgery:** Consider the long half-life of Idacio for planned surgical procedures. Monitor closely for infections. Elderly patients: Serious infections were higher in patients over 65 years of age, some of which had a fatal outcome. Consider risk of infections in these patients. **Interactions:** Antibody formation was lower when adalimumab was given together with MTX in comparison with use as monotherapy. Combination of Idacio with other biologic DMARDs (e.g. anakinra and abatacept) or other TNF-antagonists is not recommended. **Fertility, pregnancy and lactation:** Idacio should only be used during pregnancy if clearly needed. Women of childbearing age should consider the use of adequate contraception and continue its use for at least 5 months after the last treatment. No administration of live vaccines (e.g. BCG) to infants exposed to Idacio in utero for 5 months following mother's last Idacio treatment during pregnancy. Idacio can be used during breast-feeding. **Adverse Reactions:** Very common ≥ 1/10: Respiratory tract infections (including lower and upper respiratory tract infection, pneumonia, sinusitis, pharyngitis, nasopharyngitis and pneumonia herpes viral), leukopenia (including neutropenia and agranulocytosis), anaemia, lipids increased, headache, abdominal pain, nausea and vomiting, elevated liver enzymes, rash (including exfoliative rash), musculoskeletal pain, injection site reaction (including injection site erythema). Common ≥ 1/100 to < 1/10: Systemic infections (including sepsis, candidiasis and influenza), intestinal infections (including gastroenteritis viral), skin and soft tissue infections (including paronychia, cellulitis, impetigo, necrotising fasciitis and herpes zoster), ear infections, oral infections (including herpes simplex, oral herpes and tooth infections), reproductive tract infections (including vulvovaginal mycotic infection), urinary tract infections (including pyelonephritis), fungal infections, joint infections, skin cancer excluding melanoma (including basal cell carcinoma and squamous cell carcinoma), benign neoplasm, leucocytosis, thrombocytopenia, hypersensitivity, allergies (including seasonal allergy), hypokalaemia, uric acid increased, blood sodium abnormal, hypocalcaemia, hyperglycaemia, hypophosphatemia, dehydration, mood alterations (including depression), anxiety, insomnia, paraesthesias (including hypoesthesia), migraine, nerve root compression, visual impairment, conjunctivitis, blepharitis, eye swelling, vertigo, tachycardia, hypertension, flushing, haematoma, asthma, dyspnoea, cough, GI haemorrhage, dyspepsia, gastroesophageal reflux disease, sicca syndrome, worsening or new onset of psoriasis (including palmoplantar pustular psoriasis), urticaria, bruising (including purpura), dermatitis (including eczema), onychoclasis, hyperhidrosis, alopecia, pruritus, muscle spasms (including blood creatine phosphokinase increased), renal impairment, haematuria, chest pain, oedema, pyrexia, coagulation and bleeding disorders (including activated partial thromboplastin time prolonged), autoantibody test positive (including double stranded DNA antibody), blood lactate dehydrogenase increased, impaired healing. Serious, including fatal, adverse reactions have been reported including infections/sepsis, TB, opportunistic infections, allergic reactions (including anaphylaxis), HBV reactivation and malignancies (including leukaemia, lymphoma and hepatosplenic T-cell lymphoma). Serious haematological, neurological and autoimmune reactions have also been reported. These include rare reports of pancytopenia, aplastic anaemia, central and peripheral demyelinating events and reports of lupus, lupus-related conditions and Stevens-Johnson syndrome. Other less common and rarely reported adverse reactions are listed in the SmPC. **Legal Category:** POM. **Marketing Authorisation Holder:** Fresenius Kabi Deutschland GmbH, Else-Kröner-Straße 1, 61352 Bad Homburg v.d.Höhe, Germany. **Marketing authorisation numbers:** EU/1/19/1356/001, EU/1/19/1356/002, EU/1/19/1356/003 **Package size and cost:** UK / ROI - Idacio 40mg/0.8ml vial x 1: £316.93 / €309.31, Idacio 40mg/0.8ml pre-filled syringe x 2: £633.86 / €618.63, Idacio 40mg/0.8ml pre-filled pen x 2: £633.86 / €618.63 **Further information:** available from Fresenius Kabi Ltd., Cestrian Court, Eastgate Way, Manor Park, Runcorn, Cheshire, WA7 1NT. Tel +44 (0)1928 533 533 **Date of preparation of PI:** April 2020 001/API/IDACIO/FKUK-IRL

Adverse events should be reported.
Reporting forms and information can be found at: yellowcard.mhra.gov.uk
www.hpra.ie/homepage/about-us/report-an-issue
Adverse events should also be reported to Fresenius Kabi Ltd.
Cestrian Court, Eastgate Way, Manor Park, Runcorn, Cheshire, WA7 1NT
Tel +44 (0)1928 533 533

Covid-19 risk in chronic bowel disease

Guidance says patients with inflammatory bowel disease are not at increased risk of Covid-19

RECENT advice has stated that patients with inflammatory bowel disease (IBD), including Crohn's disease and ulcerative colitis, are not at any increased risk of developing Covid-19.

Prof Laurence Egan, consultant gastroenterologist and IBD lead at the National Clinical Programme in Gastroenterology and Hepatology, said that while patients with IBD and their healthcare providers should be mindful of Covid-19 symptoms that might mimic an IBD flare up, they are not at increased risk of Covid-19.

While patients with IBD have similar symptoms to non-IBD patients, ie. fever, dry cough, muscle pain and the other usual features of the disease, Chinese data shows us that about 4% of Covid-19 patients report diarrhoea, abdominal cramping or vomiting. Therefore, one should keep an open mind about symptoms that might mimic an IBD flare and a test should be arranged for any patient with symptoms of Covid-19 in accordance with HSE testing guidance.

Who should 'cocoon'?

Those IBD patients over 70 years of age, with other chronic diseases or with active disease on immunosuppressant agents, biologics or systemic corticosteroids should stay at home and 'cocoon' because these medicines weaken the immune system and may make it harder to fight Covid-19.

To date, worldwide more than 2,000 IBD patients who tested positive for Covid-19 have been reported to the Secure-IBD registry (**covidibd.org**), the database to monitor and report on outcomes of Covid-19 in IBD patients. Thus far, the data do not suggest that having IBD indicates a greater risk of contracting the virus. There is also no evidence to suggest a more severe case of the infection for those with IBD.

Further advice in the guidelines includes:

- If the patient with IBD is an essential worker and taking one of the medicines listed below, they should discuss with their occupational health department before working
- If symptoms of Covid-19 develop, such as fever, cough or shortness of breath, the patient should immediately contact their GP or consultant
- If the patient's symptoms of IBD are getting worse (flaring), they should contact their GP or consultant. Any IBD patient who tests positive for Covid-19 should be registered on Secure- IBD (**covidibd.org**)

Those taking any of the following medicines should cocoon as these medicines lower your immune system and may make it harder to fight Covid-19:

- Ustekinumab
- Vedolizumab
- Methotrexate
- Infliximab
- Adalimumab
- Golimumab
- Azathioprine
- Mercaptopurine
- Tacrolimus
- Ciclosporin
- Tofacitinib
- Clinical trial medications
- Prednisolone at a daily dose of 20mg or greater.

Hospital preparedness

Standard operating procedure teams should also develop standard procedures for Covid-19, which contains local protocols. This should be shared with the hospital multidisciplinary Covid-19 preparedness committee. The National Clinical Programme in Gastroenterology and Hepatology recognises that staff from endoscopy units may need to be redeployed to other duties as part of response planning. It advises including contingency plans to facilitate continued delivery of services in the standard operating procedure.

Scheduling, risk assessment and vulnerable groups

Infusion units should continue to treat all patients. For patients attending for IV treatment, consideration should be given to telephone pre-assessment 24 to 48 hours in advance of attendance to identify patients with risk factors and avoid attendance. Any patient who reports possible Covid-19 symptoms should be referred for testing and IV treatment should be delayed until negative swab results are available.

Special consideration should be given to the appropriateness of scheduling IV treatments for people over 70 years and those extremely medically vulnerable to Covid-19. IBD patients over 70 years of age, with significant co-morbidities or with active disease on any immunosuppressant agents, biologics or systemic corticosteroids should stay at home.

This guidance was issued by the National Clinical Programme in Gastroenterology and Hepatology of the Royal College of Physicians of Ireland and the HSE. It has been endorsed by the Irish Society of Gastroentrology. Check the HSE Repository for Interim Clinical Guidance intended for the Clinical Community for the latest version of all clinical guidance: **https://hse.drsteevenslibrary.ie/Covid19V2**

– Alison Moore

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The range features: U-Life 5, moisturising – smoothing face cream; U-Life 10, moisturising body cream for dry skin; U-Life 20, moisturising body cream for very dry and rough skin with a tendency to peel; U-Life 30, ultra-regenerating hand cream; U-Life 40, moisturising – smoothing foot cream; U-Life 50, cream for localised hyperkeratosis.

**Not to be used on broken skin*

IR-REL-13-2020 IE20007 Date of Item Apr 2020

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Focus on: Dermatology

WIN takes a look at some recent dermatology research

INCREASED depression, suicidal thoughts and stress are reported in patients with chronically itchy skin. Itch is a common symptom in patients suffering from skin diseases. In a new multicentre cross-sectional study on the psychological burden of itch published in the *Journal of Investigative Dermatology*, researchers reported that the presence of itch in dermatological patients was significantly associated with clinical depression, suicidal ideation and stress. The researchers recommend providing patients with access to a multidisciplinary team to prevent and manage problems associated with itch.

The burden of itch has already been described in conjunction with a number of specific skin diseases including eczema, psoriasis, nodular prurigo, hidradenitis suppurativa and in chronic itch patients in general.

"There are already studies showing evidence of a correlation between itch and mental health problems in general, and in specific skin disorders, but there is a lack of a cross-sectional study across chronic skin diseases," explained lead investigator Florence J Dalgard,from the Department of Dermatology and Venereology, Skåne University Hospital in Malmö, Sweden.

Part of a large European multicentre study conducted by the European Society for Dermatology and Psychiatry, the present study compared the psychological burden of disease and health-related quality of life between dermatological patients with itch and those without itch, as well as with healthy controls.

Investigators collected data from dermatological clinics in 13 European countries on 3,530 patients with skin diseases and compared the results with more than 1,000 healthy controls. Patients were asked to complete questionnaires and were examined clinically also. Outcome measures included: the presence, chronicity and intensity of itch; the Hospital Anxiety and Depression Scale, sociodemographics, suicidal ideation and stress, including negative life events, and economic difficulties. The prevalence of itch in dermatological conditions was nearly 90% in prurigo and related conditions, 86% in atopic dermatitis, 82% in hand eczema, 78% in other eczema, 76% in urticaria and 70% in psoriasis.

The prevalence of depression was 14% in patients with itch compared to 5.7% in patients without itch, 6% in controls with itch and 3% in controls without itch. The prevalence of suicidal thoughts was 15.7% in patients with itch, 9% in patients without itch, 18.6% in controls with itch and 8.6% in controls without itch. The reported occurrence of stressful life events was higher in individuals with itch than in those without itch. Patients with itch were also likely to experience more economic problems.

"Our research shows that itch has a high impact on quality of life," said Dr Dalgard. "This study illustrates the burden of the symptom of itch and its multidimensional aspect. The management of patients with itch should involve access to a multidisciplinary team when necessary, as is already the case in several European countries," he added.

The investigators also recommend preventive measures, such as psoriasis education programmes or targeted web-based information. In many chronic inflammatory skin disorders, early aggressive treatment tailored specifically for the patient might help to reduce itch at the earliest possible opportunity and prevent the development of mental health problems. Existing anti-itch interventions should be implemented more frequently in the routine care of dermatological patients.

DOI: 10.1016/j.jid.2019.05.034

Geometry of a common skin disease

Hives afflict one in five people, but the exact mechanisms behind the itchy red rashes are not well known. In a recent study from Hiroshima University published in *Computational Biology*, researchers turned to mathematics to predict hive patterns in humans. The research team studied the patterns of hives in patients and reproduced the hive patterns using a mathematical model called a reaction-diffusion model, a common prototype for understanding how patterns develop. Their model is a single equation type which had never before been used to generate complex patterns.

In response to injury, allergens or stress, hives can form when mast cells in the skin release a compound called histamine. The red swollen mark or wheals can range from a few millimetres to the size of a hand or even larger. While research has shown that histamine itself helps mast cells release histamine, this study considers for the first time that certain mechanisms might also inhibit histamine release and that there may be more going on behind the disease than previously thought.

"Our model succeeded in creating complex pattern of urticaria, which is a very surprising result from both mathematical and biological points of views," said lead author Sungrim Seirin-Lee.

To create the equation, the researchers gave rashes to eight healthy volunteers and measured the time it took for the rash to form and determined the velocity of formation. The team then looked at 14 patients with urticaria and measured them, using the same model as the healthy patients.

Rather than relying solely on biological studies to investigate hives, which often requires inducing hives in patients, the mathematical focus provides a new avenue for skin disease research. In the future, the mathematical model could possibly be used as a tool to find the molecules which play a role in the inhibition process, as well.

"Finding the mechanism of urticaria is difficult only by biological methods," said Seirin-Lee. "Thus, we tried a completely different approach – mathematics. The approach using mathematical model for urticaria is the first trial in the world."

Ultimately, the findings from the study will help put together a more detailed picture of how the common skin disease develops and how to effectively deliver treatments.

DOI: 10.1371/journal.pcbi.1007590

The only licensed treatment for the reduction in recurrence of overt hepatic encephalopathy (OHE)[1]

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UK&IE Prescribing Information: Targaxan 550mg (rifaximin-α)
REFER TO FULL SUMMARY OF PRODUCT CHARACTERISTICS (SmPC) BEFORE PRESCRIBING
Presentation: Film-coated tablet containing rifaximin 550 mg.
Uses: Targaxan is indicated for the reduction in recurrence of episodes of overt hepatic encephalopathy in patients ≥ 18 years of age.
Dosage and administration: Adults 18 years of age and over: 550 mg twice daily, with a glass of water, with or without food for up to 6 months. Treatment beyond 6 months should be based on risk benefit balance including those associated with the progression of the patients hepatic dysfunction. No dosage changes are necessary in the elderly or those with hepatic insufficiency. Use with caution in patients with renal impairment.
Contraindications: Contraindicated in hypersensitivity to rifaximin, rifamycin-derivatives or to any of the excipients and in cases of intestinal obstruction.
Warnings and precautions for use: The potential association of rifaximin treatment with *Clostridium difficile* associated diarrhoea and pseudomembranous colitis cannot be ruled out. The administration of rifaximin with other rifamycins is not recommended. Rifaximin may cause a reddish discolouration of the urine. Use with caution in patients with severe (Child-Pugh C) hepatic impairment and in patients with MELD (Model for End-Stage Liver Disease) score > 25. In hepatic impaired patients, rifaximin may decrease the exposure of concomitantly administered CYP3A4 substrates (e.g. warfarin, antiepileptics, antiarrhythmics, oral contraceptives). Both decreases and increases in international normalized ratio (in some cases with bleeding events) have been reported in patients maintained on warfarin and prescribed rifaximin. If co-administration is necessary, the international normalized ratio should be carefully monitored with the addition or withdrawal of treatment with rifaximin. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation. Ciclosporin may increase the rifaximin C_{max}
Pregnancy and lactation: Rifaximin is not recommended during pregnancy. The benefits of rifaximin treatment should be assessed against the need to continue breastfeeding.
Side effects: Common effects reported in clinical trials are dizziness, headache, depression, dyspnoea, upper abdominal pain, abdominal distension, diarrhoea, nausea, vomiting, ascites, rashes, pruritus, muscle spasms, arthralgia and peripheral oedema. Other effects that have been reported include: Clostridial infections, urinary tract infections, candidiasis, pneumonia cellulitis, upper respiratory tract infection and rhinitis. Blood disorders (e.g. anaemia, thrombocytopenia). Anaphylactic reactions, angioedemas, hypersensitivity. Anorexia, hyperkalaemia and dehydration. Confusion, sleep disorders, balance disorders, convulsions, hypoesthesia, memory impairment and attention disorders. Hypotension, hypertension and fainting. Hot flushes. Breathing difficulty, pleural effusion, COPD. Gastrointestinal disorders and skin reactions. Liver function test abnormalities. Dysuria, pollakiuria and proteinuria. Oedema. Pyrexia. INR abnormalities. Prescribers should consult the SmPC in relation to all adverse reactions.
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Cost: Basic NHS price £259.23 for 56 tablets
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Cost: €262.41 for 56 tablets
Marketing Authorisation holder: Norgine B.V. Antonio Vivaldistraat 150, 1083 HP, Amsterdam, Netherlands
Marketing Authorisation number: PA 1336/009/001
For further information contact: Norgine Pharmaceuticals Limited, Norgine House, Moorhall Road, Harefield, Middlesex UB9 6NS
Telephone: 01895 826 606 E-mail: Medinfo@norgine.com
Ref: UK/XIF5/0519/0509
Date of preparation: May 2019

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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Medical Information at Norgine Pharmaceuticals Ltd on: Tel. +44 (0)1895 826 606 Email Medinfo@norgine.com

Ireland
Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie. Adverse events should also be reported to Medical Information at Norgine Pharmaceuticals Ltd on: Tel. +44 (0)1895 826 606 Email Medinfo@norgine.com

References:

1. National Institute for Health and Care Excellence. Rifaximin for preventing episodes of overt hepatic encephalopathy: appraisal guidance TA337 for rifaximin. Available from: http://www.nice.org.uk/guidance/ta337
2. TARGAXAN® 550 Summary of Product Characteristics. Available for the UK from: https://www.medicines.org.uk/emc Available for Ireland from: www.medicines.ie
3. Mullen KD, *et al*. Clin Gastroenterol Hepatol 2014;12(8):1390-97.

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

NORGINE
Partner for a healthy life

Research focus

This month we take a look at some new findings from recent research in the area of Crohn's disease

Early detection of Crohn's disease flare-ups leads to improved therapy options

CROHN'S disease is a chronic inflammatory disorder of the intestine that, in most cases, relapses episodically. As of now, there is no cure for this disease. A research group led by the Technical University of Munich (TUM) in Germany has discovered a marker at a microscopic level, that can be used to identify patients who show a high probability of suffering from an inflammation recurrence in the immediate future. With this insight, they believe that therapeutic counter-measures may be employed at an earlier stage.

Intestinal stem cell metabolism is facilitated by mitochondria – the in-cell power plants. Chronic inflammation processes inhibit the cells' metabolism and lead to functional loss of these stem cells.

In collaboration with the Helmholz Zentrum München and the Université de Paris, the TUM research team discovered this connection by analysing intestinal epithelial cells of Crohn's disease patients and comparing them to mouse-model findings.

Interrelated role of stem cells and Paneth cells

Stem cells are indispensable for the maintenance and regeneration of tissues. Intestinal stem cells inside the intestines are intermingled with so-called Paneth cells, which are responsible for the local immune defence and for creating an environment in which the stem cells can prosper, thus termed guardians of the stem cell niche.

Patients suffering from Crohn's disease have fewer Paneth cells and furthermore, those that they do have are limited in their functionality.

The research group examined the causes for alterations in Paneth cells and attempted to determine the importance of stem cell metabolism in this context.

In addition, the researchers also analysed intestinal biopsies from Crohn's disease patients, characterising the stem cell niche meticulously. After six months, the patients' intestines were examined again endoscopically, focusing on finding signs of inflammation.

Predicting Crohn's disease recurrence by observing the appearance of stem cells

The study showed that microscopic alterations in stem cell niche were particularly prevalent in those patients who showed symptoms of a relapse of inflammation after six months.

"These changes in the stem cell niche are a very early indicator for the start of inflammatory processes. Therefore, the appearance of the stem cell niche can be used to evaluate the probability of a disease recurrence after the resection of originally affected parts of the small intestine. This presents a reasonable starting point for therapeutic intervention," said Dirk Haller, professor for nutrition and immunology at TUM.

Restoring stem cell function

In both human patients and mouse models, alterations in Paneth and stem cells coincided with decreased mitochondria functionality.

Armed with the knowledge that a lowered mitochondrial respiration leads to alterations in the stem cell niche, the researchers used dichloracetate (DCA), a substance applied in cancer therapy leading to an increase in mitochondrial respiration.

The shift in cellular metabolism induced by DCA was able to restore the intestinal stem cell functionality of mice suffering from inflammation, as demonstrated in intestinal organoids, organ-like structures cultured *ex vivo*.

Therapeutic approach for prolonging the inflammation-free phases of Crohn's disease

"These findings point to a new therapeutic approach for prolonging the inflammation-free remission phases of Crohn's disease," said Eva Rath, scientist at the TUM School of Life Sciences Weihenstephan and co-author of the study.

The aim of further research is to investigate the effect of DCA in animal models and patients in more detail. A so-called metabolic intervention – making targeted changes in the cells' metabolism – could prevent functional loss of stem cells and Paneth cells, which both maintain the intestinal barrier. This could lead to preventing subsequent inflammation.

DOI:10.1136/gutjnl-2019-319514

Reference

1. Khaloian S, Rath E, Hammoudi N, Gleisinger E, Blutke A, Giesbertz P, Berger E, Metwaly A, Waldschmitt N, Allez M, Haller D. Mitochondrial impairment drives intestinal stem cell transition into dysfunctional Paneth cells predicting Crohn's disease recurrence. Gut 2020; 0:1-13

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SATURDAY 12TH SEPTEMBER, 2020
11.00 A.M. - 2.00 P.M.

Keynote speaker: Dr. Carina Venter
Topics include: Foods allergies in adults and teens, cow's milk allergy in infants and allergy prevention in 2020.

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This event is intended for healthcare professionals

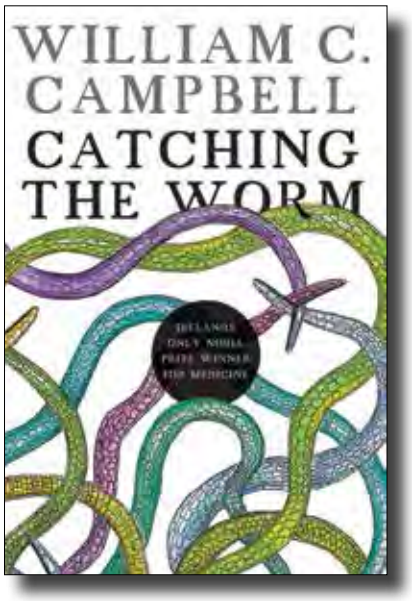
Nobel laureate who caught the worm

RETIRED Irish-born biologist Dr William C Campbell wasn't expecting the call from Sweden in October 2015 informing him that he had won a Nobel Prize. Recently celebrating his 90th birthday, he remains Ireland's only Nobel Prize winner in the field of medicine and one of a small number of Irish Nobel laureates across various fields.

Catching the Worm Dr Campbell's memoir, written with Claire O'Connell, is an absorbing and clearly-written account of the Nobel laureate's life and work, encompassing rural Ireland, the war years, life at university and among the scientific community in the US.

Born in Donegal and educated at TCD, he has lived and worked in the US for most of his life. Dr Campbell is best known for his work on parasitic diseases. He was awarded the Nobel Prize along with Dr Satoshi Omura for his work on anti-infective therapies aimed at roundworm parasites.

In the late 1970s, when working with microbe strains that Dr Omura sent for evaluation, Campbell and his team developed the drug ivermectin (later named



Mectizan) designed to treat parasites in animals. He then discovered that the treatment was also effective in humans.

Working with the Merck Institute for Therapeutic Research he helped develop the drug for treating river blindness in humans. In the 1980s, Merck donated Mectizan to developing countries to treat the common illness. To date, millions of people have been treated with ivermectin to avoid the disabling symptoms of river blindness and the disease has now been eliminated in many parts of the developing world. Dr Campbell stresses that Merck's decision to donate the drug was the morally correct thing to do and argues that this action runs counter to the often negative public view of 'Big Pharma'. Throughout his career, Dr Campbell has helped develop a number of treatments for parasitic worms as well as treatments for potato blight and trichinosis in humans.

William Campbell is a bit of a Renaissance man. Not only has he made a major contribution to science and medicine, he also writes poetry and paints.

Catching the Worm is illustrated with some colourful paintings of parasites, such as 'Tapeworms in a Glass Vase' – which is actually much more beautiful than the description would indicate!

– Niall Hunter

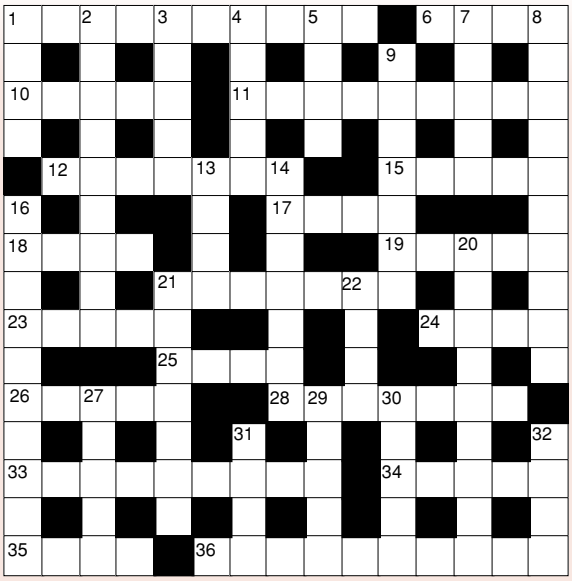
Catching the Worm, by William C. Campbell (with Claire O'Connell), is published by the Royal Irish Academy
ISBN: 9781911479338

CROSSWORD Competition

WIN a €50 gift voucher

Across
1 This may cause your downfall? How yellow is that! (6,4)
6 Produced an egg (4)
10 No bag has been returned to an African country (5)
11 Toxic (9)
12 A diary including astronomical events (7)
15 Is one awarded this for being badly lamed? (5)
17 The site of the Taj Mahal (4)
18 The person who has thrown the party (4)
19 Paintings of naked subjects (5)
21 Marked cattle with hot iron (7)
23 Relating to the countryside (5)
24 A ruler of Russia? The supreme, authoritarian ruler from the start-off! (4)
25 Statue of some Rimini dolphins (4)
26 Spoken tests (5)
28 Pantomime hero who found a magic lamp (7)
33 This European might cause a wino anger (9)
34 A gourd or cantaloupe (5)
35 A sign of tiredness or boredom (4)
36 Not the best policy! (10)

Down
1 Insects or teething problems of a computer programme (4)
2 As it changes medicine to mist, it may alter bile, nurse (9)
3 Oriental warrior (5)
4 Brown part of those pianos (5)
5 Wading-bird seen in the hibiscus (4)
7 In an audible fashion (5)
8 The divulging of information hitherto unknown by others (10)
9 Order (7)
13 Close by (4)
14 Is any part of the body able to take the insertion of this helpful tube? The ulna can, strangely enough! (7)
16 Popular white wine (10)
20 Religious followers (9)
21 Bubble or bladder on the skin (7)
22 Singer George appears in a Suez raft (4)
27 Archery projectile (5)
29 Hang someone as part of a mob action (5)
30 Devil, fiendish type (5)
31 Type of car or type of skirt (4)
32 The sole way to get out of Lyon (4)



July/August crossword solution

Across: 1 Cat burglar 6 Juno 10 Got it 11 Austerity 12 Greeted 15 Thyme 17 Erie 18 Read 19 Gloom 21 Cycling 23 Nasal 24 Lens 25 Oder 26 Idris 28 Enlarge 33 Cabin crew 34 Ozone 35 Nine 36 Molybdenum

Down: 1 Cage 2 Tutorials 3 Untie 4 Grave 5 Apse 7 Unity 8 Oxygen mask 9 Nest-egg 13 Tray 14 Declare 16 Franciscan 20 Overgrown 21 Closing 22 Nail 27 Robin 29 Newry 30 Avoid 31 Trio 32 Seam

The winner of the July/August crossword is: Liz Watson Co Galway

You can now email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included.
Closing date: Monday, September 21, 2020
If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:
Address:

Digital module will support infection control in community services

THE Health Information and Quality Authority (HIQA) has launched a digital module to support staff in community health and social care services to implement safe practice in infection prevention and control and antimicrobial stewardship, such as appropriate antibiotic use.

These services include residential services for older people and people with a disability, day care services, general practices and homecare.

The module aims to support services to implement the national standards for infection prevention and control in community services.

Rachel Flynn, HIQA director of health information and standards, said: "Infection prevention and control is about supporting people to access care that is as safe as possible. The coronavirus pandemic has further highlighted the importance of good infection prevention and control practices in all health and social care services to prevent the spread of infection.

"While overall responsibility for infection prevention and control and implementing the national standards rests with senior management, everyone working in health and social care services has a responsibility to provide care and support that is in line with good infection prevention and control practices."

The module – which has been designed to help frontline staff working in community services to implement the standards in their day-to-day practice and to identify barriers to good hygiene practices – aims at highlighting the importance of effective communication between people and services, as well as the importance of ensuring standard precautions are in place at all times.

Ms Flynn continued: "Preventing the spread of infection depends on everyone working within a service understanding their responsibilities and engaging in ways to reduce the risk of infection, such as ensuring hands, equipment and the environment are kept clean. It is also essential that antibiotics are used appropriately to reduce antibiotic resistance and ensure antibiotics remain effective.

"We hope that people will use this digital learning module to strengthen and improve standard infection prevention and control practices in community services across the country."

The module can be completed online at **www.hiqa.ie**.

HIQA publishes latest evidence on detection and spread of Covid-19

Reported transmission rates for children remain low

THE latest evidence on the detection and transmission of Covid-19, including the spread of the virus among children, was published recently by the Health Information and Quality Authority (HIQA).

Testing

Among the evidence, which will support the National Public Health Emergency Team's (NPHET) pandemic response, includes a new summary examining the effectiveness of testing saliva and nasal specimens to detect SARS-CoV-2.

Dr Maírín Ryan, HIQA deputy CEO and director of health technology assessment, said: "The current standard for detecting the virus in Ireland comprises a combined nasopharyngeal-oropharyngeal (back of the nose and throat) specimen which is collected by a healthcare professional. We looked at whether saliva or nasal specimens may offer a viable alternative as they are less invasive, so may be more acceptable in terms of comfort, particularly for children. Supervised self-testing, where the person takes the swab themselves, may also be an option with these specimen types. This could reduce the risk of infection for healthcare professionals.

"The research suggests that, in certain circumstances, saliva or nasal specimens may offer viable alternatives to the traditional test specimens pending validation studies by the National Virus Reference Laboratory and the HSE to establish performance in the Irish setting."

Transmission

HIQA also published reviews on contact versus droplet transmission and whether airborne transmission contributes to the spread of the virus.

On transmission, Dr Ryan said: "Respiratory viruses typically transmit through contact, droplets or aerosols (airborne). Understanding the contribution of different routes of transmission is important to inform infection prevention and control measures. We found limited, low-certainty evidence that SARS-CoV-2 may be transmitted via aerosols. However, it is not known if this is restricted to specific contexts, such as in low temperature or enclosed or poorly ventilated environments.

"While spread appears to be primarily by contact and droplet transmission, the relative importance of aerosol transmission is unclear and is likely context-specific."

Spread among children

HIQA has also updated its evidence summary on the potential spread of the virus by children.

Dr Ryan said: "While transmission from children to adults and other children does occur in households and schools, reported transmission rates for children remain low."

The reviews and evidence summaries published by HIQA are available online at: **bit.ly/33L0FvE**

DCU launches study on impact of pandemic on care homes

DUBLIN City University (DCU) has launched a new research study to examine the impact of Covid-19 in residential care settings for older people in Ireland, which have been disproportionately affected during the pandemic.

Researchers want to hear from individuals who were working in this sector during the pandemic, such as owners, managers, nursing staff, medical staff, healthcare attendants and support staff. The views and experiences of residents themselves and their family members are also sought as part of the study.

The research team will conduct interviews with relevant stakeholders from the HSE and the Department of Health. The study is being led by Dr Mary Rose Sweeney, from DCU's School of Nursing, Psychotherapy and Community Health, and includes researchers Dr Bríege Casey and Prof Anthony Staines. They will examine what happened, how it impacted and what lessons have been learned in the event that we experience future waves of the virus.

It is a mixed-methods study which will combine a national online anonymous survey and qualitative interviews. Phase one commenced on July 13, 2020 with an online anonymous survey to explore the Covid-19 related experiences and perceptions of owners, managers and staff working in these settings, as well as the experiences and perceptions of residents and family members.

Phase two will commence after the survey data has been collected and analysed. This will involve semi-structured interviews with residents and family members, and policy makers and health officials from the HSE and the Department of Health. For further information email: claire.egan@dcu.ie

ICN lauds 'real-life heroes' on World Humanitarian Day

ON World Humanitarian Day on August 19, the International Council of Nurses (ICN) declared its support of the United Nation's (UN) efforts to address increased pressures on healthcare staff during the pandemic. World Humanitarian Day commemorates humanitarian workers killed and injured in the course of their work. This year, special tribute is being paid to health workers on the frontlines of the Covid-19 pandemic. ICN president Annette Kennedy said: "World Humanitarian Day reminds us of selfless workers who leave their loved ones to travel to the most dangerous places on the planet to provide help and care for the world's most vulnerable people. Many nurses are counted among their number, and each faces risks from which most of us would walk away."

September

Thursday 3
Nurse/Midwife Education Section meeting via Zoom. 2pm

Saturday 12
Midwives Section meeting via Zoom. 2pm

Tuesday 15
RNID Section webinar. See *page 28* for further details

Thursday 17
Assistant Directors Section meeting via Zoom. 2pm

Saturday 19
School Nurses Section meeting

Thursday 24
International Section BAME webinar. See *page 21* for details

Wednesday 30
LGBT Networking Group inaugural meeting via Zoom. 6.30pm. See *page 25* or contact steve.pitman@inmo.ie for further details

October

Friday 9
INMO special delegate conference

Tuesday 13
Telephone Triage Section webinar. From 11am

Wednesday 14
Third Level Student Health Nurses Section meeting via Zoom. 10am

Thursday 15
Student Allocation Liaison Officers meeting via Microsoft Teams. 12pm

Saturday 17
PHN Section online meeting. 11am

November

Thursday 5
All Ireland Annual Midwifery Conference (online)

Thursday 12
Directors and Assistant Directors Masterclass webinar

Wednesday 25
CPC Section online meeting. 10am

Saturday 28
PHN Section conference (online). 11am

For further details on any listed meetings or events, contact jean.carroll@inmo.ie

Clarification

- In the July/August issue of *WIN*, a message of condolence for the family of Pat Bollard, who sadly passed away recently, contained a misprint in the name of his wife. We extend our apologies to Jennifer Bollard, a former member of the INMO Executive Council, and reiterate our deepest condolences on her husband's passing.

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

Condolences

- The INMO expresses its deepest sympathy and condolences to the O'Connor family on the death of John M O'Connor, solicitor. John O'Connor Sr headed up O'Connor Legal, the official solicitors for the INMO and previously the INO. It was John who guided and represented the INO at the High Court when it first got its trade union licence. For more than half a century, John provided his expertise, guidance and wisdom to the Organisation in the many ups and downs which developed into today's 40,000-strong principal voice of nurses and midwives in Ireland. May he rest in peace.
- The INMO extends its deepest and most heartfelt condolences to Geraldine Mullan, oncology nurse in Letterkenny University Hospital, on the tragic death of her husband and two children in a recent fatal car crash. May the souls of John, Amelia and Tomas rest in peace. The entire INMO community offers Geraldine our support in this unbearable situation.
- The INMO sends its deepest sympathies to the family of **Gladys Velasco**, who sadly passed away on August 22. Gladys was a nurse at the Daughters of Charity on Navan Road, Dublin. Deepest condolences to her husband Jason and children Marianne, Christian and Nathan. May she rest in peace.

Retirement: Eileen Philbin

EILEEN PHILBIN recently retired from the Sacred Heart Hospital, Castlebar after many years of service.

Eileen was a considerate co-worker who served the nursing profession with distinction, and was much respected by all who worked alongside her. Eileen was due to retire in February before the Covid-19 pandemic broke. Being the dedicated person she is, Eileen offered to forego her retirement to help her colleagues face the coming challenges. This action alone demonstrates the depth of Eileen's commitment to her work as a nurse.

She regularly voiced her support for the professions of nursing and midwifery at INMO branch meetings, workplace meetings and at various union campaigns over the years. An excellent advocate for residents and staff alike, Eileen was kind and caring to all who knew her in her working life and all her colleagues at the Sacred Heart Hospital would like to wish her a long and happy retirement.

It is now the time for Eileen to look forward and spend time with her family, her wonderful grandchildren and doing the things that she enjoys. We could not be happier for you Eileen. We will miss working with Eileen at the Sacred Heart. We thank her for simply being our colleague.

– Donna Hyland, INMO Rep, Sacred Heart Hospital, Castlebar

Retirement: Mary Cotter

MARY COTTER, a stalwart INMO rep at both local level in Kinsale Community Hospital and through her local branch, retired recently. INMO IRO Liam Conway acknowledged Ms Cotter's strong commitment to her profession, the INMO and trade union activities. "Mary has been a dedicated rep, flying the flag for older person services and her colleagues in Kinsale Community Hospital. She will be missed by us all. We thank Mary for all her years of service."

WIN Recruitment & Training

Mailed directly to Irish nurses and midwives every month

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

A REMINDER

INMO
Irish Nurses and Midwives Organisation
Working Together

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

If you have any questions, please contact;

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

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

Respiratory nurse required

The Asthma Society of Ireland requires a full-time Respiratory Nurse with a postgraduate qualification in respiratory nursing. You will need a minimum of two years in respiratory clinical practice. You will also have at least two years' experience in chronic disease management.

Contact deirdre.lennon@asthma.ie with CV and Cover letter by 14th September 2020

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 any other expenses incurred in purchase of a wheelchair or other medical aids.

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

ABU DHABI UAE

International Council of Nurses 2021

Congress and Exhibition, June 5-9, 2021

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

INMO Professional

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

Nursing now Ireland

Webinars and Conferences 2020

Coronavirus COVID-19 Public Health Advice

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

RNID Section

Tuesday,
15 September 2020

Online Interactive Webinar

International Nurses and Midwives Section

Thursday,
24 September 2020

Online Interactive Webinar

Telephone Triage Nurses Section

Tuesday,
13 October 2020

Online Interactive Webinar

All Ireland Annual Midwifery Conference

Thursday,
5 November 2020

Online Interactive Conference

Directors and Assistant Directors Section

Thursday,
12 November 2020

Online Interactive Webinar

Public Health Nurse Section

Saturday,
28 November 2020

The Richmond
Education and Event Centre,
Dublin

Operating Department Nurses Section

Date to be confirmed

Venue to be confirmed

Occupational Health Nurses Section

Date to be confirmed

Venue to be confirmed

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

We are Recruiting, and we need you

for exciting new developments

We are seeking ambitious and motivated staff nurses, midwives and healthcare assistants to join our team across UL Hospitals Group, in particular for our new state-of-the-art single room wards at University Hospital Limerick and Croom Orthopaedic Hospital.

We would like to hear from staff nurses with an interest in the following areas:

- **Oncology**
- **Orthopaedics**
- **Critical Care**
- **Dialysis**
- **General Medicine**
- **Theatre**
- **Coronary Care**
- **Neonatal**
- **General Surgery**
- **Emergency Care**
- **Paediatrics**
- **Endoscopy**

Opportunities to advance to clinical specialist roles are also available.

Advance your career with us
We can support you, together with our academic partner, the University of Limerick.

• Single room ward, UHL

• Croom Orthopaedic Hospital

• New 60 Bed Block at UHL

To apply, please send your CV to **uhlrecruitment@hse.ie** *quoting reference ULH01012020SN and your NMBI pin number. Visit* **www.ulh.ie** *for more information.*

HSE Building a Better Health Service | Seirbhís Sláinte Níos Fearr á Forbairt

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Buy online & save €50* on your car insurance.

Offer applies when you buy online and switch your cover to Cornmarket. Policy must start between 01/09/20 & 31/12/20. Subject to a minimum premium of €399.76.

visit cornmarket.ie

Protect your home

Buy online & save €80* on your home insurance.

Offer applies when you buy online and switch your cover to Cornmarket. Policy must start between 01/09/20 & 31/12/20. Subject to a minimum premium of €335.52 (Allianz) or €279.92 (Aviva).

Call us on (01) 408 6202

Discounts inclusive of Government levy, underwriter T&Cs apply.

Cornmarket

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 discount is only available to new car & home insurance customers of Cornmarket. Aviva Insurance Ireland Designated Activity Company, trading as Aviva, is regulated by the Central Bank of Ireland. A private company limited by shares. Registered in Ireland No. 605769. Registered Office: One Park Place, Hatch Street, Dublin 2, Ireland, D02 E651. Allianz p.l.c. is regulated by the Central Bank of Ireland.Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland. A member of the Irish Life Group Ltd. which is part of the Great-West Lifeco Group of companies. Telephone calls may be recorded for quality control and training purposes.

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