

WIN



Journal of the
Irish Nurses and
Midwives Organisation

*WIN talks to
INMO members
on the frontline
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World of Irish Nursing & Midwifery

**One in 10
Covid-19 cases
are nurses**

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nurses and
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fatigue at
work**

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Courage to care

INMO members on the Covid-19 frontline



Irish Nurses and Midwives Organisation
Working Together

Covid-19

Take care of yourself at this time

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

Tips

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

Physical Wellbeing

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

Emotional and Psychological Wellbeing

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

Social Wellbeing

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

Support

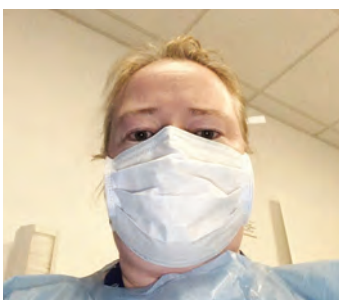
- Talk to someone you trust or seek assistance from a counsellor
- If you feel you require further support. You can contact the INMO Members 24 Hour Counselling Helpline 1850 670407 or 01 8818047.
- Support is also available from the HSE Employee Assistance and Counselling Services <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/>

PPE

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

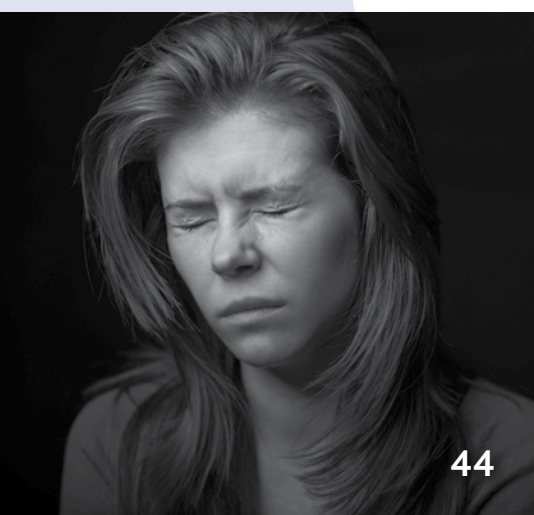
Sources: WHO, 2020; RCN, 2020, www.hse.ie

-  **BEFORE LEAVING WORK**
Shower if possible and change out of work clothes
-  **ARRIVING HOME**
Wipe steering wheel, controls and door handles
-  **AT FRONT DOOR**
Pause, Breathe, Reset, Take your time
-  **KNOCK ON DOOR**
Open from inside
- Step in
-  **PLASTIC BOX AT DOOR**
Doff your work/commute shoes, outer clothes/coat/bag, keys, pens and glasses. Wipe down with damp soapy cloth
-  **PHONE**
Kept at work in clear zip lock bag. Empty out of bag into box - wipe phone clean and throw the bag away
-  **WORK BAG**
Has to be machine washable - keep in a locker at work and a box by the front door at home
-  **WALK STRAIGHT TO SINK/SHOWER**
Don't touch doors, get someone else to open them for you. Wash or shower especially hands, arms and face with soap and hot water
-  **YOU ARE CLEAN**
Relax and enjoy your evening



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





On the cover this month:
INMO members from around the country working on the frontline during the Covid-19 pandemic

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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.

The world knows our value



WE ARE living through a global health crisis that none of us could have imagined when we entered the professions of nursing and midwifery. Nurses and midwives have participated in redeployment, re-assignment, retraining and returning to practice. All the while retaining a cool professional eye on the core elements of our professions: compassion, dignity and advocacy in all circumstances for our patients.

In these past weeks, many of you will have been in situations that you have never faced before – experiences shared by nurses and midwives all over the world. Seeing and sharing their stories on our social media, it became clear how small our world is and how brave nurses and midwives in every country are.

In Ireland, the main lesson to be learned from this period is that it is not tenable to have two health systems – especially in a pandemic. Despite the incredible work by many INMO members, the additional supports required by many private older person services became evident very early. For the past two years we have raised the problems caused by growing privatisation of these services with the HSE and government. It is not sufficient to assume all is well because HIQA has inspection authority. The fundamental issue is that there are two separate governance models: one state system catering for 18% of the older population and a private one for 82%.

A national, state-governed policy with uniform standards and staffing requirements in care of older person services must be the future. This a clear message we have received from members in private nursing homes. Those of you in the public sector who have redeployed as part of a rescue mission will have seen the need for such a policy. A national clinical governance policy across services is an essential first step. A scientific basis for determining staffing levels and skill mix is long overdue.

We must reverse the growth in private, for-profit services in healthcare. The essence of Sláintecare is healthcare provided as a public service. It is very disappointing that it has taken a pandemic to bring this into focus.

The other lesson we can learn from this crisis is that we cannot repeat the mistakes of recruitment embargoes, unequal pay and poor conditions in nursing and midwifery. We know that some nurses and midwives are still not benefiting from the settlement terms of the strike. We recently met the Minister for Health and set out the issues that are delaying implementation.

The HSE has issued the circulars and has instructed hospitals to get on with it. The delay is clearly at local hospital, group and CHO level. Especially given our frontline commitment during Covid-19, this delay is unacceptable. We called on the Minister to direct the implementation as part of the next payroll term and report back when it was done. We have sought the commencement of the expert review. We also met with the leader of Fianna Fáil to ensure that these issues will be part of the next programme for government.

It is crucial that staff nurses and midwives who have not yet made an application for the enhanced practice salary scale, do so as a matter of priority. Do not accept any attempts to dissuade you from making this application – it is a simple fact that nurses and midwives are working at an enhanced level.

As we continue to fight against Covid-19, take heart from the recoveries and the patients under your care. Take heart from the professional care you provide at all stages – including being the person standing with those whose lives are coming to an end. Your skills, training and professionalism come to the fore at times like these as you battle this virus. The numerous examples of nurses and midwives stepping up when needed demonstrate true bravery and focus in the eye of the storm.

You are the best person to provide the care where it is needed when it is needed. Keep it up, it is working – and the world knows it.

Phil Ní Sheaghda
General Secretary, INMO

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Irish Nurses and Midwives Organisation
Working Together

Enhanced Salary Scale

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

Do it now!

The enhanced scale has higher pay at every single point of your career! All staff nurses and midwives with 1 year and 16 weeks experience (or more) can apply. You can apply to join now and it will mean higher pay from any increment date you have after 1st of March 2019. If that date has already passed – you'll get back pay! Full details are available from the INMO, with some common questions below.

What do I have to do?

1. Complete the verification form and return it to your Director of Nursing/Midwifery
2. Tick the 6 boxes, sign and date. It is important that you do this **IMMEDIATELY** as delaying puts at risk the monies due to you. Please ensure that you retain a copy/photo of your application.
3. You will be asked to sign the contract.

New Contract

The new scale comes with a new contract. But there are no negative consequences of signing the new contract. Below are answers to some of the common questions the INMO has received.

Will this affect my pension?

Only in a good way. There are no negative effects upon your pension as a result of signing the new contract. Your service is maintained. You remain on your present pension scheme. There is no break in service and the enhanced scale is not a promotional post. There are no negative consequences for your pension, there are only benefits, as you will be earning a higher salary and your pension will be based on this higher salary.

Do I have to serve a new probationary period?

No. If you've completed your probation as a staff nurse/midwife, you won't have to serve probation again. Section 3.3 of the new contract clearly states that "where you have already completed a probationary period with the employer, or completed 12 months temporary employment, no period of probationary employment applies to this contract of employment."

Can I be redeployed to a new location?

The present protections around redeployment still exist within the new contract so therefore there is no greater risk of redeployment than what currently exists.

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

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

Your priorities with the president

Martina Harkin-Kelly, INMO president



Pride in the professions

FIRSTLY, I want to say I hope that this issue of *WIN* finds you all safe and healthy. Our lives and the landscape of our health service have changed beyond recognition in a matter of a few short weeks, and the process of adapting has not been easy. I also want to acknowledge how many of you have voluntarily redeployed and upskilled to meet the challenges faced by our country and the courage this takes. On behalf the Executive Council I want to thank you all. I am immensely proud of our professions and the bravery you have shown in the past number of weeks, particularly in the face of so many unknowns and in circumstances none of us could have been prepared for.

Despite fears for your own loved ones and the unique challenges of this period, you have, as always, done what needs to be done and I appreciate this is not easy. Fears for our own health and the health and wellbeing of the most vulnerable people in our lives has become a constant for many of us. I want you to know that this union has your back. The management team has been tirelessly negotiating and advocating on your behalf and remains at the table to represent you on all issues relating to your safety and your working conditions. We will continue to advocate for the greatest provision of PPE and for clinical practice determined by need rather than availability of resources. We will continue to advocate for protection of pregnant workers and we will ensure that childcare is at the top of the agenda until it is adequately taken care of.

Although we do not know when, we do know that this situation will pass, and we know that when it is over we will look back with pride on the vital work that we have done. We will know that every day, when we were most needed, we demonstrated pride in our care, pride in our patients and pride in our professions. During this difficult time I urge you all to stay safe and stay informed.

Joe Mullen – condolence

I WAS deeply saddened by the passing of our colleague Joe Mullen. I attended his funeral in the shadow of Benbulbin in Co Sligo on behalf of the Organisation. Joe was principal tutor in Sligo General Hospital in the 1980s and later in Galway University Hospital until he retired. He also served on the INMO Executive Council as vice president and was the INMO representative to the European Federation of Nurses (EFN) where he gained unquantifiable knowledge in his quest to develop the diploma and degree programmes in nursing. His curricular ability was unmatched and nursing and midwifery today owe their many academic progressions to Joe's primary framework. Joe was a genius and a trailblazer who has greatly influenced our professions. *Ar dheis Dé go raibh a anam.*

State of the World's Nursing report 2020

A NEW report entitled *State of the World's Nursing 2020*, published in Geneva in April by the WHO provides an in-depth look at the largest component of the international health workforce. The findings of the report identify nursing as essential to meeting the current and projected health needs of the global population. According to the report, there are almost 28 million nurses worldwide, with an increase of 4.7 million nurses seen between 2013-2018. This still leaves a global shortfall of 5.9 million nurses. The report recommends an average 8% increase in nursing graduates annually in every country worldwide, as well as significant investment in education, leadership, and advanced practice. The report also highlights the importance of decent working conditions, remuneration and retention measures as key issues. Dr Tedros Adhanom Ghebreyesus, WHO director general, said at the launch that: "Nurses are the backbone of any health system. This report is a stark reminder of the unique role they play, and a wake up call to ensure they get the support they need to keep the world healthy" (see page 12).

Quote of the month

"We must adjust to changing times and still hold to unchanging principles"

– Jimmy Carter

Report from the Executive Council

The Executive Council meetings have, like much of our lives, had to change radically over the past number of weeks. Subcommittee meetings have been suspended, as have plans for Nursing Now and the Year of the Nurse and Midwife celebrations. Executive Council meetings continue to be held by conference call on a weekly basis or as needed, with matters relating to childcare provision, PPE and pregnant workers among the highest on the agenda. The focus of the Executive now and in the coming weeks is on ensuring the highest level of protection to members and facilitating the best possible representation of our professions at a time when they are most needed.

Communication remains a top priority, and the regular updates to the INMO website are a vital tool for keeping members informed of the latest decisions and issues. The implementation of the PPE helpline has also allowed members to alert the union to difficulties in accessing appropriate equipment, providing an invaluable picture of the situation across the country, and helping the union to better represent members at both a local and national level. We all agree that this is a fast-changing environment and that two-way communication is crucial to our working effectively. We urge you to stay in contact with your union locally and to pay close attention to all communications on the evolving situation.

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

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

Counselling Advice Line

1850 670 407

www.arag.ie

Are you struggling emotionally? Feeling stressed or anxious in work or at home? Need support in dealing with the Covid-19 outbreak?

In these challenging times, ARAG Legal Protection Limited, wish to remind the membership of the INMO of our free Counselling Advice Line which is available for you (and your family members, aged 16 or over, who live with you) to call at any time for confidential support from a qualified counsellor.



Call us on 01 670 7470



ARAG Legal Protection Ltd

ARAG

One in 10 Covid-19 cases are nurses

NEARLY one in 10 (9.2%) diagnosed Covid-19 cases in Ireland are nurses, according to HSE figures obtained by the INMO.

The figures show that healthcare workers make up over a quarter of the Covid-19 positive cases tested in Ireland.

Out of the 9,599 cases diagnosed by April 11, 2020, this amounted to 2,501 healthcare workers (26%) – over a third (883) of whom were nurses.

Ireland faces one of the highest rates of diagnosed healthcare worker infection in Europe. The European Centre for Disease Prevention and Control found on April 8, 2020 that across Europe “between 9% and 26% of all diagnosed Covid-19 cases are in healthcare workers”.

The INMO has called for action and clarity on the figures, including:

- A universal facemask policy for all workers in healthcare settings
- More frequent and detailed publication of statistics on

healthcare worker infection, including the source of transmission

- Updated guidance on personal protective equipment (PPE) and for occupational health, ensuring that healthcare staff are given appropriate and safe time for self-isolation.

INMO general secretary Phil Ní Sheaghdha said: “The overall public health measures are having a welcome and substantial impact on the spread of Covid-19. Worryingly, rates of healthcare worker infection are on the rise.

“We need to urgently see a detailed breakdown of where the infection is occurring, in order to take rapid corrective action. That should include a review of policy to ensure everyone working in a healthcare facility has the appropriate level of PPE. It is consistently our members’ top concern.

“We also need to see these figures for healthcare

Table 1. Number and proportion of Covid-19 cases in healthcare workers (HCWs) by week (Ireland)

Week (calendar date)	No of HCWs	Total No of cases	Proportion of HCWs
10 (March 1-7)	2	16	13%
11 (March 8-14)	23	129	18%
12 (March 15-21)	202	691	29%
13 (March 22-28)	427	1645	26%
14 (March 29 - April 4)	824	2471	33%
15 (April 5-11)	1023	4647	22%
Total	2,501	9,599	26%

Table 2: Number and proportion of Covid-19 cases in healthcare workers by role

HCW Role	Number	Percentage
Nurse	883	35.3%
Other allied HCW	639	25.5%
Healthcare assistant	445	17.8%
Doctor	287	11.5%
Porter	37	1.5%
Unknown	210	8.4%
Total	2,501	100.0%

workers published officially and regularly. Clarity and transparency on this issue will prevent unhelpful, runaway

speculation which has caused great fears among our members and their colleagues in other professions.”

Mater Private refuses nurses equal Covid-19 conditions

THE Mater Private Hospital, Dublin is refusing to give special sick leave to nurses who are self-isolating due to COVID-19, the INMO has revealed.

Nurses in the public sector who are asked to self-isolate receive special leave with pay, which has no impact on their wider sick leave entitlement or basic pay.

However, the Mater Private is insisting that nurses use their ordinary sick leave to cover any time in self isolation. This is a policy which the INMO says would put staff in great difficulty should they fall ill later in the year.

The Mater Private is also

refusing to discuss implementing new pay rates secured by the INMO strike last year. This is despite a recent government agreement for use of private hospitals for public patients.

The union is calling on the Mater Private to match the conditions in the public sector, as other private sector hospitals have done.

The INMO has referred the Mater Private to the Workplace Relations Commission to secure progress.

Albert Murphy, INMO assistant director of industrial relations, said: “Nurses face equal risk at work. They should not be treated as second-class citizens simply because they

work in the private sector. The Mater Private will now be treating public patients – it is grossly unfair that their staff will not receive equal treatment.

“Covid-19 is a national emergency. It is a time for solidarity and for everyone to work together, not to play cynical games with rights at work.

“Nurses – in the private or public sector – face substantial risks from their work. It is not their fault if they are instructed to self-isolate and they should not be punished for it.

“The Mater Private should urgently reconsider this approach and treat all nurses equally.”

Update

- Members in the Brothers of Charity Southern Services have voted to accept a proposal that emanated from the WRC adjudication process to a tiered compensation package to resolve their claim for retrospective of a location allowance not applied properly in the past.
- Members in Mercy University Hospital have commenced sign off of the enhanced nurse practice contracts and expect to receive their new pay scale in May 2020.
- Negotiations continue with Cork and Kerry Healthcare Services to have the enhanced practice scale applied to INMO members without any additional pre-conditions applied.

– Mary Power, assistant director of IR

Tony Fitzpatrick, INMO director of industrial relations, reports on

Clear protections agreed for staff deployment to nursing home sector

ON Easter Saturday following a meeting between the INMO, other health sector unions and the HSE, an agreement was reached on the voluntary redeployment of staff to assist in emergency situations in the private nursing home sector.

The INMO sought clear protections for members and stressed that this had to be a voluntary process.

The terms of the agreement are set out below and any members requiring assistance should contact their local IRO.

Prior to any healthcare worker being deployed from the HSE Section 38 sector, important prerequisites must be understood and agreed:

- This is a voluntary deployment and volunteers should be sought
- An appropriate triggering mechanism activates such a request, eg. through HIQA's regulatory function or the National Public Health Emergency Team (NPHE)
- This is a last resort with all other options to source staff exhausted, which must be shown in writing and strictly policed by the public service
- Deployment must not create unacceptable risk or service impairment or short staffing in the public service
- Staff who are deployed continue to report to HSE management, which must

be clearly described and recorded

- Staff will not be deployed alone on a shift – deployment should be multidisciplinary and involve a minimum of two staff. For the purposes of maintaining safety and security standards, no HSE/S38 healthcare worker should be deployed on their own in any circumstances
- Written confirmation must be supplied that staff will be indemnified by the state clinical indemnity scheme for their work in the area of redeployment
- Staff only to be deployed if it is within their scope of practice to undertake the roles expected of them
- Staff must have full details and disclosure of the facility they are being deployed to, including patient profiles, number of deaths, number of confirmed and suspected Covid-positive patients
- All staff will be provided with appropriate personal protective equipment (PPE) and supply as required based on the healthcare worker's own clinical judgement
- All HSE/S38 terms and conditions continue to apply, e.g. Covid-19 leave, etc
- Volunteers should be maintained on a register in each area for each category of staff identified within the policy.

Only this register should be used for the redeployment of staff. Additional volunteers can be sought to supplement the register as deemed necessary

- Volunteers should be given the option to be assigned to a facility and reserve the right to refuse same. A refusal to a specific redeployment by a volunteer will not constitute a ground for the use of the Disciplinary Procedure
- Volunteers should be given a minimum of three days notice of being assigned to a facility so they can make necessary arrangements
- Volunteers should be assigned hours of work in line with their existing contract of employment, unless they agree to increase same. Existing overtime rates will be paid for any additional hours worked as per existing national guidelines
- Volunteers will be informed of the intended duration of the redeployment
- Volunteers must be paid a minimum of their average earnings (six weeks prior to March 20, 2020) unless the redeployed shift pattern attracts higher levels of remuneration
- Volunteers will be paid any additional travel to the redeployed base from their current workplace

• Volunteers will receive subsistence, at the appropriate rate, for each day of redeployment.

- Post-redeployment, on return to normal place of work, volunteers will not be required to work hours in excess of their contract of employment level unless they agree to do so. Rates of overtime will be paid if appropriate as per existing guidelines
- At all times during a redeployment, all existing conditions of employment pertaining to the volunteer will be honoured and respected.

A twice weekly monitoring meeting of the NJC staff panel/HSE/S38 will oversee this process.

The staff panel said its cooperation will be dependent on strict adherence to this agreement and if matters raised are not speedily resolved, it reserves the right to withdraw from the agreement. The staff panel pointed out that redeployed staff will be operating in excess of their contractual obligations and this must be recognised.

This agreement was reached in order to ensure the protection of patients and residents at this time while balancing the protection of our members.

Members should contact their local IRO with any difficulties regarding redeployment.

Policy on pronouncement of death by RGNs

THE National Policy for Pronouncement of Expected Death by Registered Nurses (2017) is the only policy which allows for a nurse's pronouncement of death.

Prior to implementing this policy all RGNs must have undertaken the relevant training and have participated in a competence assessment. There must also be the involvement

of a general practitioner in the process, as per the policy.

It is expected that an amended process may be developed in the context of the current circumstances, and the

INMO is consulting with the HSE on this. However, prior to any new guidance being issued, the 2017 Policy remains the only one applicable within the health services.



PPE an absolute priority for all members

INMO welcomes new universal facemask policy across health service

ENSURING the provision of appropriate personal protective equipment (PPE) has been a top priority for the INMO throughout the emergency Covid-19 period. Our position is that members – no matter where they work – must be protected.

Thanks to your reports via the INMO's PPE hotline on freephone **1800 320 087** or text **087 719 7188**, the union has intervened in many workplaces where there were shortages or problems, securing corrections to mistaken guidance and proper supplies from the HSE of appropriate equipment.

If you have concerns about the availability of PPE at your workplace, please contact the INMO so that we can get the information to the highest levels of the HSE.

Many reports to the helpline were circumstances that cannot be tolerated, such as artificial restrictions on PPE or

managers not allowing staff to wear masks.

The HSE guidelines on PPE are an important standard, but they do not substitute for your professional, clinical judgment and assessment as a nurse or midwife. Should any INMO member face difficulties in this area, we will continue to represent you and argue the case with your employer.

New facemask policy

Following repeated calls by the INMO for a facemask policy for all healthcare workers, this was finally forthcoming as we went to print (April 22). The INMO welcomed a change in national policy, which now mandates facemasks in all settings for any healthcare workers who provide care within two metres of a patient. This also applies to any of their colleagues who come within two metres for more than 15 minutes.

In practice, the INMO says this will mean nearly all

frontline healthcare workers will wear facemasks. Until now, many parts of the health service did not require or permit staff in all areas to wear this basic form of PPE.

The INMO wrote to the Chief Clinical Officer on April 3 calling for this measure to be rolled out, and has repeatedly made the case for it to become national policy. Several hospitals, including the largest hospital, St James's Hospital, had already rolled out such a policy.

INMO general secretary, Phil Ní Sheaghda said: "This is welcome news to frontline staff and patients, which should ease some anxiety and reduce transmission of the virus. This should have been rolled out weeks ago, but we are glad to have finally secured this measure. It will not only benefit frontline healthcare workers, but will reduce the risk of transmission to patients.

"The next step must be

ensuring sufficient supplies are available for all health workers, and continuous PPE training where needed."

The INMO had been making three key points to employers who refuse to accept requests by nurses and midwives to wear facemasks. These centred around:

- Professional judgement of a registered nurse or midwife on the necessity for PPE use, as they have specific duties under the NMBI Code of Professional Conduct and Ethics
- Risk to patients and health system
- Equal treatment across all services.

To report PPE problems, INMO members can:

- First, raise it directly with their workplace INMO rep, who will refer it to the local IRO
- Call or text the INMO's PPE freephone hotline *for PPE-related issues only* on **1800 320 087**, or text **087 719 7188** (8:30am - 8pm, 7 days a week).

Call for practical childcare provisions

THE INMO has been consistently calling for practical childcare provision for nurses and midwives during Covid-19. Since school closures, INMO members need extra support in order to attend work.

The Organisation has been seeking:

- A database of vetted, volunteer childcare workers by region who are willing and available to provide these services in the home of nurses and midwives
- Where nurses or midwives source childcare themselves and incur a cost, the HSE and

the Department of Health are being called upon to reimburse the cost. Members are asked to keep a record and receipts of any costs to date

- Where nurses or midwives cannot attend work due to childcare not being available, the HSE and the Department must confirm that they will continue to receive salary and that this will not be classified as annual leave. The INMO will also seek that any annual leave taken for childcare reasons by members be refunded by the employer.

The INMO has made this

case to the HSE and directly in meetings with the Minister for Health, as well as highlighting it through the media. The government appears to have some form of scheme prepared, but said it was awaiting approval from public health experts. A scheme was expected to be announced as we went to press.

The delay has been unacceptable and has caused stress to our members at a very difficult time. The INMO will pursue this matter vigorously until it has an outcome which is acceptable to our members.

Accommodation supports

THE INMO has secured improved accommodation supports for nurses and midwives. Several members – particularly those in shared accommodation – have been seeking temporary alternative accommodation during the pandemic. The government has set up a scheme to provide for this. The full details are available on the website, www.inmo.ie. For further assistance, members should contact their local IRO.

Global shortfall of 5.9 million nurses

INMO joins WHO in call for urgent investment in nursing workforce

THERE is a shortage of 5.9 million nurses across the globe, a new report from the World Health Organization (WHO), Nursing Now and the International Council of Nurses (ICN) has warned.

The first *State of the World's Nursing (SOWN)* report, which was launched to mark World Health Day on April 7, calls for urgent investment in nursing.

The seminal report provides the evidence and data to inform governments of where investment should go in order to have the biggest impact on population health. Its main messages to governments are about investing in a massive expansion of nurse education, creating six million new nursing jobs by 2030, and strengthening nursing leadership.

The SOWN report provides an unprecedented analysis of the size and nature of the nursing workforce across the globe, drawn from data on the world's 27.9 million nurses, from the WHO's 191 member states. The report has added significance during 2020 the International Year of the Nurse

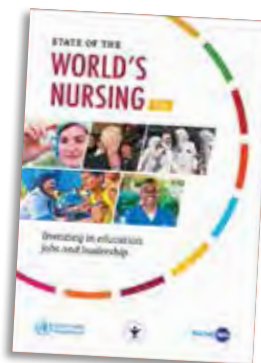
and Midwife, underlining the fundamental contribution of nurses and midwives to the delivery and sustainability of healthcare and broader society.

To meet current and future health needs, the report recommends:

- An 8% increase in the number of nursing graduates each year up to 2030
- An expansion of advanced nurse practice and nurse-led units
- More nursing positions funded globally
- Fair remuneration and strong retention measures.

Added to the global shortfall of 5.9 million nurses, the report warned that an ageing nursing workforce "threatens the stability" of nursing, particularly in Europe. In addition, it said that high-income countries such as Ireland have an "excessive reliance" on international nursing mobility.

According to the report, there are almost 28 million nurses worldwide, with an increase of 4.7 million nurses between 2013-2018. But this still leaves a global



shortfall of 5.9 million nurses. The report highlights issues of gender inequality, migration of labour and the representation of nurses and midwives at the senior decision-making level.

It identifies essential gaps in the nursing workforce. It highlights priority areas for investment in nursing education, jobs and leadership to strengthen nursing around the world and avert the global shortage.

The SOWN report presents a compelling case on the value of nursing. ICN president Annette Kennedy, said: "Every penny invested in nursing raises the wellbeing of people and families in tangible ways that are clear for everyone to see. This

report highlights the nursing contribution and confirms that investment in the nursing profession is a benefit to society, not a cost".

WHO secretary-general Dr Tedros Adhanom Ghebreyesu, said: "The world needs to learn from Covid-19 that it is essential to invest more in nursing. This report is a stark reminder of the unique role nurses play, and a wake-up call to ensure they get the support they need to keep the world healthy."

INMO president Martina Harkin-Kelly, said: "Covid-19 has shown us how vital nursing and midwifery is to global health and wellbeing. Many warnings on staffing were not heeded before this pandemic – we cannot allow a global nursing shortage to hamper our response to future public health emergencies. This report must be the basis for immediate action in Ireland and globally to support the retention of nurses."

The full SOWN report is available at: www.who.int/publications-detail/nursing-report-2020

Is your INMO membership up to date?

In difficult times the INMO will be your only partner and representative.

If you are not a fully paid up member, you cannot avail of the Organisation's services and support in such critical areas as: safe practice, fitness to practise referrals, pay and conditions of employment, other workplace issues and continued professional development.

Please advise the INMO directly if you have changed employer or work location.

Contact the membership office with any updates through the main INMO switchboard at Tel: 01 6640600 or email: membership@inmo.ie



Important message from the INMO

#stayhome

At Mylan, we send our

THANKS



to all those on the front line, working to keep us safe and healthy



Mylan in Ireland

Mylan is a diversified healthcare company supplying medicines that have been helping patients in Ireland and around the world for more than 35 years. With a workforce of more than 1,500 employees, we are proud to be one of the largest pharmaceutical employers in Ireland.

NON-2020-0761 Date of preparation: April 2020
Mylan Ireland, Newenham Court, Northern Cross, Malahide Road, Dublin 17, Ireland. www.mylan.ie



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



Saturday, 28 November 2020

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

Topics will include, amongst others:

- Slaintecare
- PHN's working with marginalised groups
- Caring for people in direct provision
- Caring for transgender people
- Peri-natal mental health
- Concurrent workshops on wound care, breast feeding, childrens nursing strategy and mindfulness will be run
- A panel discussion on the future direction of public health and community nursing in Ireland is also planned



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



World news



Nurses and midwives in action around the world

Australia

- Coronavirus has placed huge demands on hospitals, but it has also cost nurses their jobs
- Covid-19: Tasmanian unions win protections

Brazil

- At the epicentre of the pandemic, 62% of at-risk workers are unprotected

Canada

- Pay and benefits for long-term care workers must be protected – and not just during pandemics
- 'They're scared': How Covid-19 is impacting the mental health of doctors, nurses

India

- Alleging second-class treatment, nurses up the ante on safety gear and housing

Italy

- Nurses: "We needed more protection. Now instead we count the dead"

Peru

- Government extends life insurance to health personnel during the emergency due to Covid-19

Philippines

- Nurses group to government: Hire Filipino nurses, ditch 'volunteerism scheme'

UK

- Refuse to treat patients if you've got inadequate PPE, nurses told by RCN

US

- 'Can't expect nurses to be miracle workers': Mask, equipment shortages push nurses to brink across nation

Workers' Memorial Day is a poignant reminder of the importance of the safety and health of people at work – particularly this year during the Covid-19 crisis, writes **Dave Hughes**

Annual reminder that workplace safety is vital

INTERNATIONAL Workers' Memorial Day was particularly poignant this year as Covid-19 internationally claimed the lives of a significant number of healthcare workers.

Workers' Memorial Day events on April 28 each year, have been organised in North America, and worldwide since 1989. Tommy Harte's Hazards Campaign brought Workers' Memorial Day to the UK in 1992 as a day to 'Remember the Dead: Fight for the Living'. This phrase was originally coined by Mother Jones, a Cork woman who became a legendary campaigner against child labour and for the health and safety of mine workers in the US.

Workers' Memorial Day is now an international day of remembrance of workers killed in incidents at work, or by diseases caused by work, held annually on April 28. Workers' Memorial Day events are held throughout the world. It is recognised by the International Labour Organisation and the International Trade Union Confederation as International Workers' Memorial Day.

This year in Ireland and the UK, the ICTU and the TUC organised a 'Light a Candle to Remember Them' event on the evening of April 28 in memory of all working people who have succumbed to the Covid-19 virus. People were encouraged to photograph their candle and caption it with the name or initials of the person they wished to remember. President Michael D Higgins laid a wreath at the Plough and Stars monument on the grounds of Áras an Uachtaráin, and ICTU general secretary Patricia King

spoke online in a moving tribute to all those who through the years never came home from a day's work. She also paid tribute to the healthcare and essential workers who this year risked or lost their lives in the defence of our communities from Covid-19.

For everyone with an interest in the safety, health and welfare of people at work, Workers' Memorial Day is when trade union and employer groups worldwide, as well as individual organisations, remember those who have been killed or injured in work-related accidents.

According to the Health and Safety Authority (HSA), in the 10-year period between 2009 and 2018, a "staggering" 485 people were killed in work-related accidents in Ireland and thousands more seriously injured. Last year alone 38 people were killed.

Congress, IBEC, the HSA and the Construction Industry Federation have pledged to work together throughout the recovery from the current crisis to keep the safety, health and welfare of workers high on the agenda.

The world was woefully unprepared for the devastating Covid-19 pandemic. The economic consequences will be recovered, albeit over a protracted and contentious period. It is unlikely that real social change will prevail in the long term as the economy and monetary values will likely dominate debate again after a period of soul searching.

Nowhere was the conflict between safety and available resources more evident than the supply of personal

protective equipment (PPE) in the health services. None of the health systems had enough stocks to cope with the demand and the desperate scramble to secure supplies led to extraordinary stories. Aer Lingus commissioned a new route to China with 10 passenger jets commandeered to bring PPE to Ireland, 20% of the first load was found to be not fit for purpose, the US was accused of piracy by an EU country whose supply was diverted on the open sea, and a German health authority fell victim to a scam which led our authorities to freeze €1.5 million which had been taken as a deposit for goods that did not exist.

The delay, conflict and indecision regarding the wearing of face masks for all direct patient contact was another example of rationing, with the risk delegated to the frontline.

The safety, health and welfare of nurses and midwives requires active advocacy in a consistent and everyday engagement with employers. Safety should not be relegated to last place ever again.

The INMO advocates the precautionary principle when it comes to PPE. To quote Canadian Justice Campbell who investigated the SARS outbreak in Ontario of 2003: "Scientific knowledge changes constantly. Yesterday's scientific dogma is today's discarded fables. When it comes to worker safety in hospitals, we should be driven by the precautionary principle that reasonable steps to reduce risk should not await scientific certainty."

Dave Hughes is INMO deputy general secretary



National Sections

April has been a most unusual month for us all, and at time of going to print, we are all still in the midst of this global pandemic.

The INMO has facilitated meetings for specialised networking groups over the past eight decades for professional development issues, as well as for encouragement, social and personal support. INMO members, as part of their comprehensive membership package, are encouraged to align to a National section, relevant to the discipline in which they are working. National Sections allow members to link up with like-minded colleagues across the country to foster professional growth and development, information sharing, communication and open discussion.

Never has there been a more important time to have the opportunity to link with colleagues from across the country to network on issues of immediate concern.



**We have been,
and always
will be, here to
support you.**



If you want to set up a WhatsApp group,

or



an email group within your National Section.

Please reach out to us so that we can help,
email: jean.carroll@inmo.ie

Messages from mem

Freda Hughes, Beibhinn Dunne and Lisa Moyles spoke to INMO members working on the frontline during the Covid-19 pandemic

'There is a huge sense of togetherness'

Karen, ANP, Beaumont Hospital, Dublin

"WE start off our day with a group talk. We discuss what the situation in the hospital is, the number of people in the ED and the number of people with Covid-19-like symptoms. It gives us a good insight into what the capacity is in the hospital each day and that does allay people's fears.

"One challenge for us is maintaining a level of calm among our staff. They're afraid. They're watching the news constantly and they are anxious. But everybody needs a certain amount of anxiety to keep them in 'ready mode'. That's how we work in ED: we live on the edge anyway. That's what makes us perform the best we can in these difficult circumstances.

"My family fears for me going to work. My parents live on an island and they took their own measures to keep the island safe.

We keep in touch by Facetime. My husband is a firefighter so we're both in essential services, and childcare is a nightmare. My sister came to stay in order to mind our daughter, which has been a huge help to us. It gives us the flexibility we need in this crisis. If we need to do an extra shift or a few extra hours she's there to allow us to do that. There are so many people I work with struggling with childcare, particularly when both parents work in essential services. We're all just trying to manage and adjust rosters where we can.

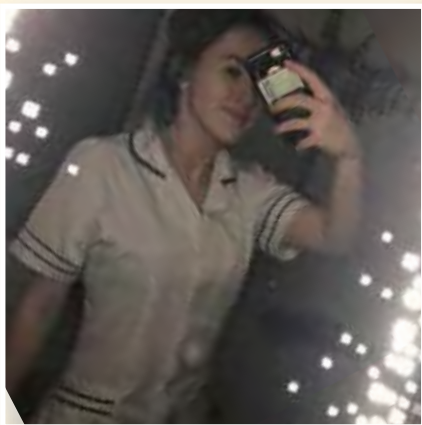
"The applause on April 9 meant so much. It gave us a great morale boost. It keeps us going. For me and my husband it was amazing to see all our neighbours outside our garden clapping last week.

"We've never seen a situation like this. What drives us is that we have to be here to provide a service. That's what we signed up for. There are good days and bad days and we take it on the chin.

"Nurses and midwives in our hospital have



shown great leadership in this crisis and it is a great testament to our nursing capabilities. We always match the situation with the right response, and we always aim to do the very best we can in any given situation. Everybody is trying to mind one another. Everybody is looking after one another. There is amazing kindness going on around us and there is a huge sense of togetherness."



'We will help each other through this'

Chloe, student nurse

"THIS picture was taken after my last shift of a five-week placement. It was my first-ever placement as a first year children's and general nursing student. You can see

I am happy and proud of myself. I learned so much and had highs and lows. What you can't see are the tears after many shifts.

"Nothing could have prepared me for the emotional moments I would face as a nurse. I've held patients' hands in their darkest moments, and it has often taken a toll. But I've had many reasons to keep going. I've met incredible people who remind me why I was there in the first place.

"As a nursing student, your time off is usually only spent studying or fulfilling assignments, and many people juggle these obligations along with a part-time job as well as other things. When you go into this you are prepared to work hard. However, we could not anticipate that we would be the students to undertake all this in the middle of a global pandemic.

"As I write, I've started a six-week unpaid placement during a unique time in the history of the Irish health service. I managed to complete two assignments,

continuous assessments and an exam, while also knowing I may have to go into self-isolation.

"Studying and working as a nurse is not for the faint-hearted. I am inspired by the courage and devotion my colleagues show in helping and caring for others. I have been inspired by the tens of thousands of amazing people who have put themselves forward to help our hospitals cope – a number I could never have imagined.

"The coming months will be incredibly hard. We will experience nursing and healthcare like never before, but we will help each other through. The nurses, volunteers and health workers who will show up every day have enormous courage, not only courage to care for our patients in unprecedented conditions, but also the courage to support each other.

"I know we can do this and I am proud to be among the courageous nurses on the frontline who all have the courage to care."

bers on the frontline

'What drives me is my love for my profession'

Moira, emergency department nurse, Beaumont Hospital, Dublin

"THROUGHOUT the department we are wearing surgical masks during shifts. This means we can't see each other's faces, and neither can the patients. We have to give masks to some patients too, so all we can see is their eyes. You realise how much you rely on what someone's face is telling you when you meet them. We have wards solely dedicated to Covid-19-positive patients, and staff there are in their PPE all day. It will most likely get to that stage in the ED soon.

"I'd be lying if I said I wasn't afraid. I'm terrified of bringing something back to the

kids or my husband who has asthma. In the back of my mind I know I need to have somewhere I can stay if things escalate or if I have to isolate. It won't be possible to quarantine in a house with two small kids who want to know where I am every second.

"Every day I get out of my scrubs and shower in work. I come home, put all my clothes in the wash right away and shower again. The only way you can feel safe is if you know you are putting on and removing your PPE correctly. You are most at risk when you're taking off your PPE. I've told my colleagues I will roar at them if I see them taking it off wrong, but this is only for their own safety. If you get complacent you can easily forget or do something wrong and all of a sudden you're sick.

"What drives me is my love for my



Moira pictured with Sue Carroll, HCA

profession. I feel such pride in the extraordinary lengths to which people are going to keep others safe, to care for the vulnerable and to get people well again. We have a great team of nurses and doctors, HCAs, cleaners, security and allied health professionals here. We're a tight-knit team on a normal day and it's become even tighter now."

'The abnormal has become our normality'

Denise, CNM2, Connolly Hospital, Dublin

"I'M A nurse. It's my job. It's what I do. I wouldn't do anything else and I wouldn't be anywhere else right now. I think my colleagues would all feel the same way.

"Reflecting over the past few weeks, as a manager one of the biggest challenges is the uncertainty of what each day brings and of how the virus is presenting in different patients. There is also the challenge of managing my own fear and anxiety, and my staff's fears and anxieties.

"Every day is different. The biggest challenge for me is ensuring my patients are safe and recognising patients are getting sick very quickly. Patients are dying from Covid-19 with no family with them. We become that link between families and their loved ones. We've had quite a few deaths here and that's been extremely difficult. As a nurse in stroke care I deal with families who are faced with tragedy or somebody getting really sick really quickly, but this is on another level.

"Everyone is wearing PPE, so patients don't see many faces on their journey



through the hospital. We go through a lot of PPE. Taking it on and off takes a huge amount of effort. We're now wearing the full hazmat suits on our ward rather than gowns. The suits are really hot and staff are getting quite sore from some of the masks. We do our best to rotate who does what to alleviate this. It's all about communication. The abnormal has become our normality.

"My family has been fantastic. They recognise they have someone in the family working on the frontline. They're staying home and doing their bit. I try not to bring home the realities of what's happening on the wards. We are trained professionals. We can deal with situations like this but we

can't expect our families to deal with what we are faced with every day.

"It's important to decompress and talk to colleagues. Nobody wants this, nobody asked for this and everybody's struggling. If anybody has a worry my door is always open. I've got people I can go to, but staff need that too. There's a huge sense of collegiality, that we're all in this together. Small things like people sending choc ices or schools donating PPE mean a lot. It's heart-warming to know people are thinking of us. The recognition is for everyone on the frontline, not just nurses and doctors. The HCAs and the cleaners who clean the wards daily are all part of this as are the caterers, porters and admin staff."



'Keep up the good work but mind yourselves'

Maeve, midwife, Our Lady of Lourdes Hospital, Drogheda

"IT'S such a mix of emotions. I'm home at the moment because of the treatment I'm on for a chronic condition. While I'm disappointed my medication has put me in this position, if I wasn't on the medication I wouldn't be able to physically work as a midwife at all. I want to protect myself but at the same time I feel I'm letting my colleagues down because I'm not there to do my job. I'm not sick at the moment and if I was on the ward I would be able to provide much-needed help to my team.

"I keep in touch with my colleagues and let them know I'm still available to talk if they have any concerns. I know there's a lot of people out sick and that means extra pressure on the team, which makes it harder to be away, but I'm proud of them all. From those in the ED and ICU, treating Covid-19 positive patients, to all

those carrying on the necessary day-to-day care, it's incredibly tough right now. Then there are the many midwives looking after women who are still having babies, and doing all of this with increased risks and increased pressure. My message to my colleagues on the frontline is: 'keep up the great work but mind yourselves'.

"I'm looking forward to getting back to work. Midwifery is what I do and it's my job to play my part. I'm frustrated that I must step back but I know it's necessary. It is so important that we mind ourselves and each other. For anyone else in a similar situation, I would say it's important to protect ourselves as individuals. I have to remember that while this is a rubbish situation to be in, I was able to work up until this point and once the high risk passes I can go back to work again."

'Giving my all is what drives me to keep going'

Anonymous, ICU nurse

"THE biggest challenge at the moment is the personal protective equipment, as it's the very first time I've had to cover up in this way. It's difficult wearing a tight-sealed mask when you are trying to reassure a patient. It cuts off part of your expression, so they can't see your smile, and sometimes when they see all the equipment they find it frightening.

"Giving my all is what drives me to keep

going and I am part of a great community of nurses. We are strength and courage for one another. We share our experiences and we build each other up mentally and emotionally. That kind of support reassures me that I am not alone.

"My family are so afraid for me, but they remind me every day to protect myself in order to protect those around me. I am part of a brilliant unit and team in my workplace and do such great collaborative work that I feel we are all united in our caring work, and my family find reassurance in that.

"The mood is strange, and I miss things I

took for granted before. My colleagues and I used to share food at mealtimes and we would chat, share stories and laugh. These days social distancing keeps you far away from people and it can be lonely.

"At the end of day, I remove my PPE and my mask and I see myself. I am comforted to know I have given my all. However, when you're caring for people that are fighting for their lives you think about them all the time.

"Your patients stay with you beyond the end of your shift and you carry the hope you have for them around with you all the time."

#CourageToCare

Emergency department, University Hospital Galway



Emergency department, Mercy University Hospital, Cork

'If ever there was a time when a nurse or midwife was needed, it's now'

Trish, emergency department nurse, St Luke's General Hospital, Kilkenny

"LEADERSHIP and teamwork are so important right now. I thrive on a good vibe in the department. Guiding my colleagues and keeping morale alive is the way to do that. I enjoy bringing people together and reassuring them. I keep people going and they keep me going. We're all helping each other.

"As an ED nurse I am used to dealing with unpredictable situations and we are trained to remain calm in an emergency.

"But we must not forget that's not

everyone's frontline experience. One of the major challenges we have at the moment is many nurses have been redeployed to the ED, and they can find the rapidly changing environment very daunting. I may look calm myself, but I am also like a mallard paddling furiously beneath the surface. None of us can deny the underlying anxiousness. It takes getting used to and people need support.

"My family and friends are fantastic and constantly sending me 'keep safe' messages. Having their support and knowing they have confidence in me means everything. When I feel depleted, I often find I am re-energised by my colleagues and the local businesses and services in Kilkenny. They are supportive and keep our spirits lifted with kind gestures.



"I am proud of us all. We have brought our skills together and are working as a team. This will be a time in our history that we will never forget, and if there was ever a time when a nurse or midwife is needed, it's now."

'We're all pulling together'

Anonymous, paediatric nurse

"THE biggest challenge we face every day is uncertainty. We don't know what's coming down the road, and hearing horror stories from Italy and Spain, we're forced to wonder what we are going to do differently. It's hanging over our heads and that is causing anxiety. The workplace is eerie, everything is stripped back and there aren't as many visitors. It seems like a weekend every day, but with a cloudy atmosphere that could change the mood very quickly.

"In paediatrics, isolation is a particular challenge. Separating a parent from a

child is so hard, but we have to do it. It's particularly scary for children with underlying conditions like cystic fibrosis. They spend so much of their lives self-isolating anyway, but for them it's a new fear. You build up a relationship with them and you worry how it will affect them.

"For the moment I can't see my grandparents. I don't know what I could be carrying, so I can't take the risk. It's hard to see my grandparents having to isolate and not being able to visit them, so I call them for a chat every day on the way home from work.

"It's hard keeping going in this situation, but as always my patients keep me going and I am part of a great team on

our ward. I'm also getting a lot of support from family and friends. My mum is a nurse too, so we chat and bounce things off one another. She is nervous and concerned about her oncology patients and I'm nervous and concerned for my vulnerable patients. I get a lot of messages from friends and family which is hugely supportive.

"At work there's a feeling we're all pulling together, and working towards the same goal. Anxiety is high, but there is huge support coming from managers and within the team. We are all working together to ensure safety for staff and patients is the priority."



Radiology Department, St Vincent's University Hospital, Dublin

Emergency department, Our Lady of Lourdes Hospital, Drogheda



'People have taken on the changes positively'

Lynda, midwife, Cork University Maternity Hospital (CUMH)

"PATIENTS and staff's fears are the biggest challenge at the moment. Work is more mentally tiring than it usually is. Much more work goes into the psychological part of the job now than before.

"Although CUMH has not yet had a confirmed case of Covid-19 (at the time of going to press) we have had a number of suspected cases. Each day we carry out drills and simulations in order to prepare for all eventualities. These sessions help to identify where problems are likely to crop up. This has been really useful. It helps us be mentally prepared for what might happen. We have also been practising 'buddying up' while putting on our PPE and every member of staff has their temperature checked when they arrive in work.

"People have taken on the changes positively and are doing extra shifts where needed. There is a team atmosphere between midwives, doctors, cleaners, HCAs and all the hospital staff.

"As there is a huge amount of fear among patients and midwives, and a lot of anxiety, we need to do a lot of reassurance work every day. It looks like the restrictions will stay in place for a while and women are fearful about putting themselves in a dangerous situation. Some wonder whether they should come in at all. None of that stress helps while a woman is in labour.

"Clinics take a lot longer now too; the inability to conduct classes mean that women's clinic visits now allow for questions and birth discussions. Partners are not allowed into the hospital unless the woman is actually in labour and in the labour ward. Postnatal visits are also gone, so instead we phone new parents every day. We have started video-conferencing for breastfeeding support. This is working well. PPE is hot and limits



your communication with the woman and her partner. You just can't be as expressive.

"I'm driven by the new challenge the pandemic presents. Babies are going to be born regardless of what is going on in the world, so we have to keep going. I like being a midwife and I want to be the best midwife I can possibly be. I think being calm and reassuring and believing in women's ability to give birth all help."

'Thank you for all you are doing for us all'

Emma, emergency department nurse, Mercy University Hospital, Cork

"In the ED, you're in a constant state of alert, always preparing for the unexpected. However, these days we're aware that a lot of people are avoiding coming because they're afraid to. Our biggest worry is that they will come in a week's time and be really sick. We are worried that the non-Covid-19 deaths will be much higher because people are not coming when they first show signs of needing care.

"Wearing a face mask all day long is making communication with our patients much more difficult and having to turn family members away when they are usually there for every step of a patient's healthcare journey is a very hard but a necessary thing to do.

"We know these measures protect everyone. Hearing about other health workers dying is also very tough. That could end up being any one of us. In healthcare, we are one big family, so these things hit you hard. It makes everything very real and brings it close to home.

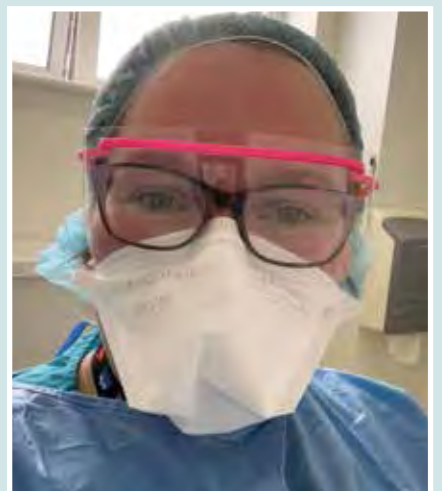
"My patients and colleagues keep

me going. The amount of work that has gone into protecting staff and patients is immense. I never envisaged working in a pandemic, but the support of a great team gives you strength and courage.

"Members of the public have also been amazing; we even got an An Post postcard from three kids saying: 'Thank you for all you're doing for us all', along with a little drawing. It lifted our spirits to know that people are thinking of us and our patients during this time.

"My family worry for me. If my dad could come down to Cork, pick me up and carry me out of the department he would. He tells me this on every single call, but I reassure him that I am well protected. Myself and my husband are both healthcare workers so we are just getting on with our routine.

"I get lots of messages from family and friends seeing if we need anything. They would rather I was removed from it all but they know I am essential to the front-line right now."



Children of Ireland show their support

NA laethanta seo, níl a lán daoine a bhfuil sásta cabhair a thabhairt do dhaoine eile, go háirithe in am mar seo. Is daoine iontacha sibh le bhur gcabhair a thabhairt. Go raibh míle maith agaibh, ó gach duine. Tá a lán misneach, comhbhách agus maitheas agaibh. Beidh a lán buíochas ag a lán daoine ó bhur gcabhair. Níl a lán daoine a bhfuil ábalta an teach a fhágail ach do rudai mar ag dul chuig an siopa nó ag dul are siúlóid, ach tá oraibh an teach a fhágail are feadh amanta fada. Is am deachair é seo dúinn ar fad, ach níos deacra díobh ar fad. Fós tá oraibh dul chuig obair agus cabhair a thabhairt do duine a bhfuil sé ag teastáil ó. Arís, go raibe míle, míle maith agaibh.

– Dearbhla



We know how hard things are for you at the moment and I just wanted to say thank you for all of your help. Ireland has been dealing with Covid-19 very well, all thanks to you and the government. We are all doing our very best to keep a two-metre distance between us and other members of the public. We are all washing our hands every time we come inside and just before meals. Keep yourselves safe and sound. Go neiri libh!

– Senan

Do dochtúirí, altrai agus gach duine san HSE – go raibh maigh agat as an gcabhair a tá sibh ag tabhairt dúinn chun gach duine a choinneál slán. Ta muid go léir an buíoch asaibh a chur. I ndáinséir chun cabhrú le na daoine atá an coronavirus acu. Go raibh míle maith agaibh as bhur gcabhair gach duine a choinneál slán.

– Layla

Thank you all so much for the amount of hours you have all put into fighting this virus. If it wasn't for you there would've been more lives lost and more cases in the country. We appreciate that you're spending less time with your family to save other families around the country. You are really the heroes of this country.,

– Alex

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1980 – 2020

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Ethics of practising in a pandemic

Nurses and midwives must keep to the NMBI Code of Conduct in these unprecedented times writes, Edward Mathews



I WISH to open this article by reflecting on the fact that the professions of nursing and midwifery are making a contribution to the community in Ireland at this moment that is beyond my words to adequately describe. I will do no injustice to the fortitude, solidarity, care, compassion and respect shown by nurses and midwives to so many in such adverse circumstances by saying anything more than a heartfelt thank you.

The practice environment at this time is challenging to say the least. The volatility in well-established care environments, challenges with changed working practices, enhanced PPE, novel care environments and the potential for ethical challenges are all unparalleled. In the current circumstances you are all focused on the duty to care, and there are contexts, limits, costs and limitations.

The fundamental focus of nursing and midwifery is the person we are caring for. The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives from the NMBI is structured around five principles that underpin ethical values and standards of conduct.

A key focus of the Code is the patient, and it aims to assist nurses and midwives in their ethical and clinical decision making. Of course the Code talks about many things, but the key, and interrelated, aspect of the Code and everything we do on a daily basis relates to the patient.

In this way we are, as we so often say, patient focused. Being patient focused, we are also, and the Code reminds us of this, ethical practitioners.

An ethical focus in any practitioner requires a moral awareness, that is the ability to appreciate there is an ethical dimension to an issue. This will normally arise where we identify a situation with a moral dimension, we will perceive the moral issues which arise, and appreciate the significance of the situation from the perspective of the patient and others.

In the normal course of events the nurse or midwife then acts as a moral agent, a person who has choices to make as to which course of action to take – and weighing up the moral issues involved makes a reasoned judgement as to which is the right course, bearing in mind the ethical values and standards that underpin professional practice.

Making reasoned judgements based on ethical principles is no easy task and is one that is often approached through the use of an ethical framework for decision making. There are many, one of which focuses on four principles; respecting autonomy, beneficence (doing good), non-maleficence (avoiding harm) and justice. This framework, or indeed any framework, is the means by which we can analyse what can appear to be competing ethical or moral issues in a single given situation. Though, for the most part, we remain primarily patient focused.

Even in normal circumstances there are ethical dilemmas that arise and can be challenging. They might relate to privacy or confidentiality for example. Or, perhaps the demands of the number of patients needing assistance versus the number of hours in the day with too few staff, not too difficult a situation to perceive on any given day.

These dilemmas can lead to an ethical conflict where the personal and professional values of the professional conflict with an organisational or other imperative associated with a situation. Such conflicts can, and do, under normal circumstances, lead to moral distress for nurses and midwives. Moral distress is a well-studied phenomenon in nursing and midwifery, and is, briefly, a psychological manifestation of having to act in way which you feel was morally wrong arising from the circumstances which you faced.

It is important to reflect on the moral distress that nurses and midwives may experience under normal circumstances,

because the current circumstances are far from normal. At the time of writing, we appear to be making progress to flatten the curve of the Covid-19 infection rate, but it is hard for anyone to predict exactly what will happen next. Even if the clock stopped today, I know there are nurses and midwives who have suffered from moral distress arising from the manner in which they had to provide patient care in the most exceptional of times.

That the patient is our focus is key to who we are, and the challenges some have faced will have caused moral distress. I want to recognise that, to acknowledge that this is a rational feeling, and to encourage you to speak about this to your colleagues and to seek help if you feel you need help.

Ethical decision making

I want to also reflect again on that issue of patient focus. All the above is prefaced on the ethical and moral dimensions of issues we may face when focused primarily on the patient. However, the potential scale of the public health situation has been recognised by the State in many ways – one particularly related to ethical decision making through the publication of two documents: *Ethical Framework for Decision Making in a Pandemic* and *Ethical Considerations Relating to Critical Care in the Context of Covid-19*. These documents recognise the unwelcome reality that there may be circumstances where the demand for services outstrips the supply of those services – and as a consequence, it may be necessary to make decisions about which persons gain access to which services, and in what order.

The key issue here is not an abandonment of patient focus, but if finite resources and excess demand become reality, there will be a transition from primarily patient-focused ethical decision making to public-health focused decision making. This brings a consequent limitation/delay in access to certain types of

care and more guarding of resources.

This is inherently challenging for professionals involved in care provision. While I hope that these documents will have no widespread application in Ireland, it is important to recognise that the moral distress mentioned earlier will likely manifest among nurses and midwives if exposed to these situations.

These publications outline a range of ethical principles that should underpin decision making in such circumstances and set out a number of procedural values that should guide the application of these principles at a macro level and in an individual context. Even in circumstances where decisions must be made, it is key that these are made on a principled basis, that the decision making does not fall on one individual, and that a structured approach is facilitated by the health services to ensure a decision-making process based on sound ethical considerations.

Overall, what is important to observe is that these publications, as well as our analysis and common sense, recognise that in the event that certain types of care comes to be rationed, or prioritised, that this will cause an inherent conflict

for nurses and midwives. To recognise this is to recognise the distress that may follow. You should seek assistance if you suffer distress, it is a normal reaction to abnormal circumstances.

The current situation, in absence of any overt rationing of care, challenges every nurse and midwife in the delivery of care and as an ethical practitioner who wants to act as a moral agent on behalf of their patient. However, we must remain focused on our Code and professional principles which provide an important beacon as pressures rise and decisions are made.

We respect the dignity of every person throughout their life. We are professionals and we are accountable in our practice. We are ethical practitioners imbued with integrity and resolve who advocate on behalf of patients. We are an important voice on behalf of those who would often otherwise be silent. We are competent and safety conscious and we work to provide the highest standard of care possible in the circumstance. We are in a relationship of trust with our patients, a relationship based on honesty and confidentiality, and a relationship we will uphold and defend as patient advocates.

Finally, we are a team, we work collaboratively as professionals and with others to maintain the safety of each for the better of the whole.

These principles underpin who we are as professionals, they are our licence to act and to speak and they are – in that moment where you wonder ‘do I have a voice here?’ – a reminder that we have a bond with each other and society that gives us not only duties but a right to speak up, speak out, be heard and be supported.

Caring can be a burden – nurses and midwives are not automatons, and our professions, our employers and society must understand that if one of us is being challenged and is distressed by the circumstances we encounter. Members of the professions must support each other, lean on each other and must be supported by our employers and by society to deal with the impact of caring in these most extraordinary of times.

We understand that the duty to care is not without context, limits, costs nor limitations.

Edward Mathews is INMO director of professional and regulatory services



Mundipharma Pharmaceuticals would like to extend thanks to all the nurses, midwives and healthcare workers on the frontline of the health services during this difficult and challenging time.

We appreciate your dedication and commitment and all you are doing for the health of the nation during the COVID-19 crisis.



Irish Nurses and Midwives Organisation
Working Together

Guidance for Student Nurses/Midwives During Temporary Employment Arrangements – COVID-19

During this exceptional time those who volunteer to take up employment as a HCA will be using the knowledge, skills and competencies they have developed in their education and training to date to benefit patients/service users wherever they are working. Considering this guidance will help you to make the best contribution you can to benefit those around you, while maintaining safety and at the same time taking care of yourself which is equally important.

Fourth year interns will continue their present placement but be paid on the HCA salary scale. It is expected that you will conclude your studies as normal and your registration process post qualification will be fast tracked by NMBI to ensure availability of staff nurses and midwives into the health service.

We recommend that all students whose placements have been affected by COVID-19 should apply for HCA positions via this process as you will receive credits towards your nurse and midwifery training. This protects your status as student nurses and midwives. You will be invited to apply to various sections, i.e. acute, maternity, and you should seek to work in your specialist division.

The NMBI Scope of Nursing and Midwifery Practice Framework, 2015, deals with issues surrounding delegation in the context of the nursing and midwifery team. You will be working under the supervision of a registered nurse/midwife. You should be delegated roles or activities suitable to your level of competence by a registered nurse/midwife, who also ensures you are adequately supervised either directly or indirectly, and assists you with the resources and supports necessary to carry out your role. Each person to whom the particular role or activity has been delegated is responsible for carrying out the delegated role or activity in an appropriate manner and is accountable for the appropriate performance of that role or activity. Therefore:

- At this time, please seek the necessary support, guidance and assistance to understand the level of Personal Protective Equipment (PPE) necessary for the situation you are working in – and also ensure that you are competent in the use of this equipment.

- Use the necessary PPE as appropriate in all circumstances and do not place yourself at risk.
- When delegated a role or activity consider the level of knowledge, skills and competencies you have acquired at this stage of your education and training, and whether you feel you are competent to undertake the role or activity delegated to you.
- If you have concerns regarding your competence, before proceeding discuss these with the registered nurse/midwife who will help you either to resolve these difficulties through assistance and supervision, or allocate the role or activity to another person.
- If you encounter issues when undertaking a role or activity, or the situation is not as you expected, then again consult the registered nurse/midwife you are working with for support and guidance.
- Only undertake roles and activities which are delegated to you and which are within your competence.
- It is important to complete roles or activities that have been delegated to you, to record this as appropriate, and to report back to the registered nurse/midwife upon completion if necessary.
- In all cases you should report back to the registered nurse/midwife if there are any issues of concern.
- It is important to care for yourself during this time. Ensure you seek any support you need in relation to your duties, ensure you take your allocated breaks, get adequate rest, and if you experience any emotional difficulties seek support from a colleague or the occupational health department.

You will continue to be a member of the INMO and if any issue arises you should contact the INMO for support. It is important to recognise that student nurses and midwives have developed a range of knowledge, skills and competencies that have been making, and will make, a significant contribution to the health services and individual patients and service users. This is something to be very proud of on any day, but especially in these days.

INMO EDUCATION PROGRAMMES



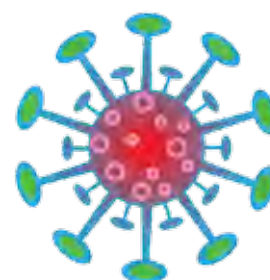
*Continuing professional development
for nurses and midwives*

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

Programmes Cancelled

Please note:

Please be aware that many programmes may be cancelled or postponed due to Covid-19. However, we will continue to monitor developments and provide regular updates on our website. INMO courses, events and study days that were due to be held in May and early June are now all cancelled or postponed to a later date. If a date has to be cancelled staff will make contact with everyone booked on the event by email to advise them of alternative arrangements. If you need to contact us please email: education@inmo.ie or call at Tel: 01 6640641/18



Training Delivery and Evaluation – Rescheduled

Module 6N3326 – QQI Level 6; Category 1 approved by NMBI and awarded 30 CEUs

This five-day programme, which was due to commence on March 24, 2020 was cancelled due to Covid-19. Everyone booked on this programme was offered the option of receiving a full refund or transferring to the following dates:

- Tuesday, Wednesday and Thursday, September 1, 2 and 3 and Thursday and Friday, September 10 and 11, 2020
- Tuesday, Wednesday and Thursday, September 22, 23 and 24 and Tuesday and Wednesday, October 20 and 21, 2020

To book your place, please call at Tel: 01 6640642 or email: marian.godley@inmo.ie
Fee: €550 members; €875 non-members



CPC Annual Seminar

Celebrating the nursing and midwifery professions – where to from here?

Due to the outbreak of Covid-19 the Clinical Placement Co-ordinators Section annual seminar, which was scheduled to take place on April 29, 2020, was postponed until further notice. When the seminar is rescheduled we will contact everyone who booked a place and will post an update on our website and through our social media channels. Please do not hesitate to contact us by email: marian.godley@inmo.ie or Tel: 01 6640642 for further information.





Steve Pitman
Head of Education and
Professional Development

The World Health Organization (WHO) International Year of the Nurse and Midwife was created as an opportunity to raise the profile and celebrate the contribution of nurses and midwives within healthcare. There is absolutely no doubt that healthcare is dependent on nurses and midwives. They represent the backbone of the Irish health service and every other health system across the globe. The Covid-19 crisis has positioned nurses and midwives front and centre in the fight against the virus. Their commitment and dedication is clearly evident in the decision of more than 1,100 nurses and midwives to respond to the national call to join the NMBI register. Nurses and midwives in primary care, acute care, maternity services, intellectual disability and care of the older person services are experiencing the reality of Covid-19 and the devastating effects it has on patients and families.

The strength of the nursing and midwifery family has never been more evident. They stand in solidarity with a common cause across the world. Established networks in the International Council of Nurses (ICN), the International Confederation of Midwives (ICM) and the Global Nurse Union (GNU) have been instrumental in providing an opportunity to connect nurses and midwives across the globe to enable them to share their experience and knowledge of caring for patients with the virus and its impact on healthcare professionals. This has included demanding the correct personal protective equipment (PPE) and fighting for adequate supplies. At a national level, the INMO has played a leading role in advocating for nurses and midwives on every important issue related to Covid-19, ranging from PPE, staffing, childcare, deployment of students, sick leave, the scope of practice and residential care. Annette Kennedy, president of the ICN, has already indicated that the International Year of the Nurse and Midwife will be extended into 2021. This will enable us to reclaim the year of celebration of nurses and midwives.

Remember that the International Days of the Nurse and Midwife occur in May. Amid this crisis, this is an opportunity for us to stand together. The INMO is Ireland's nurses association of the ICN and the national midwives association of the ICM. We will be playing a leading role in promoting each of these days. On May 5 the ICM theme for 2020 is 'Midwives with women: celebrate, demonstrate, mobilise, unite – our time is now'. Information on the International Midwives Day is available at www.internationalmidwives.org

The ICN theme on May 12 will be 'Nursing the world to health', with a focus on the true value of nurses to the people of the world. Resources for this day are available at www.icn.ch and www.nursingnow.org Everyone is encouraged to participate. Remember to organise an activity in your organisation and on social media to celebrate, even in this time of crisis.

ICN NP/APN Network Conference 2022

The INMO has been invited, in partnership with the Irish Association of Advanced Nurse and Midwife Practitioners (IAANMP) to host the 12th ICN NP/APN Network Conference in 2022 in Dublin, the date for which is subject to change given the current global crisis. This conference is a significant worldwide event for advanced practitioners and clinical specialists. The Irish bid was selected through a process of competitive tendering. The conference will showcase the role of advanced practitioners and clinical specialists in Ireland and across the globe. The 11th ICN NP/APN Network Conference is currently still scheduled to be held in Halifax, Nova Scotia from August 30 to September 2, 2020. Further information can be found at www.npapn2020.com

Nursing and Midwifery Board of Ireland (NMBI)

The NMBI has amended the language requirements for applicants from outside the EU and EEA. These changes have generally aligned the requirements with the UK Nursing and Midwifery Council (NMC) and the majority of CORU professions. The previous system required applicants to achieve the International English Language Testing System level 6.5 in reading and listening, and level 7 in writing and speaking. Under the new protocols, the NMBI requires scores of 7 in listening, reading, and speaking but a 6.5 in writing. Further information can be found on the NMBI website at www.nmbi.ie

Education and training courses

INMO Professional education and training courses have been curtailed due to the Covid-19 crisis. We will recommence courses based on public health advice and the lifting of restrictions. We will be offering short courses and other activities online over the coming weeks on a range of topics, free of charge for INMO members. If you have ideas for session topics, please get in touch and let us know at education@inmo.ie

RCM resources available to INMO members

Don't forget to sign up for free access to the full range of updated RCM professional development resources. To register visit www.inmoprofessional.com/RCMAccess

On-site education

INMO Professional offers an extensive range of on-site quality programmes facilitated by expert practitioners. To book a CPD course for your organisation, contact Marian Godley at marian.godley@inmo.ie or Tel: 01 6640642.

Delivering courses and writing for WIN

If you are an advanced nurse/midwife practitioner or a clinical nurse/midwife specialist with expertise in clinical/management practice, get in touch about delivering a course.

We are also interested in hearing from members who are interested in writing professional or clinical articles for WIN. Please email me at steve.pitman@inmo.ie

Education Programmes

All programmes have Category I 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



We have a number of videos on our website providing advice and support for nursing home staff as they tackle Covid-19. To find out more visit www.inmoprofessional.ie • www.inmo.ie



Date	Programme	Fee	CEUs
Jun 16	Competency-based Interview Skills <p>This programme assists participants to prepare for a competency-based interview, based on the premise that past experience can predict future behaviour. This is an increasingly common style of interviewing that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to and dealt with previous workplace situations. The programme will provide an overview of CV development and outline the steps in the interview process. Role play will be used to ensure that participants are able to communicate their knowledge and experiences effectively for any future interviews.</p>	€90 members; €145 non-members	6
Jun 17	Best Practice in Medication Management <p>This programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. The programme will cover key topics such as: the principles of medication management, the medication management cycle, management of controlled drugs and medication safety. It will also explore relevant policy and legislation. Participants will have the opportunity to improve their knowledge in line with the most up-to-date NMBI and HIQA requirements for medication management.</p>	€90 members; €145 non-members	5
Jun 18	Management Skills for Clinical Nurse Managers and Staff Nurses <p>This programme outlines the competencies required for ward managers to be effective as healthcare leaders. Clinical managers perform both managerial and leadership functions to deliver effective healthcare to patients. The programme will explore management and leadership functions and how these are applied in practice so as to promote quality and safety of care. Key topics include: management principles and competencies, team-building, delegation and clinical supervision.</p>	€90 members; €145 non-members	6
Jun 25	Nursing and Midwifery Documentation <p>This programme will provide an opportunity for nurses and midwives to avail of the most up-to-date approach to appropriate documentation and record keeping. The programme will explore a 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 be a practical session where participants will be given the opportunity to apply what they have learned by working through some examples.</p>	€90 members; €145 non-members	5
Jun 30	Delegation and Clinical Supervision <p>This programme is aimed at all nurses, midwives and clinical nurse and midwife managers who work with healthcare assistants. It explores the issues surrounding delegation and decision-making, including appropriate clinical supervision for delegated functions. Participants will learn the difference between clinical and managerial delegation and how delegation differs from assignment of a task. Guidance will be provided on the assessment of a delegate's experience and role, and how best to match appropriate clinical supervision to a specific delegated function. The professional, legal and quality of care issues involved when deciding to delegate a function will also be explored.</p>	€90 members; €145 non-members	5
Jul 1	Pressure Ulcer Prevention and Management <p>This education programme will help to broaden participants' knowledge and understanding of pressure ulcer assessment and management, and ensures professional competency in pressure ulcer care. Topics covered include assessment and classification of pressure ulcers, causes and pathophysiology of pressure ulcers, nursing management and dressing selection. The programme will provide participants with an opportunity for continuing professional development to ensure that their practice is founded on the latest research and guidance as per the HSE's national best practice and evidence-based guidelines for wound management.</p>	€90 members; €145 non-members	5.5

Date	Programme	Fee	CEUs
Jul 7	Introduction to Clinical Audit This programme equips participants with the necessary skills to implement clinical audit in their practice and enable them to deliver evidence of improved performance for safer and better care for patients. Participants will be provided with an overview of clinical audit and be informed about each stage in the clinical audit cycle: topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit. A detailed overview will be given on the characteristics and dimensions 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.	€90 members; €145 non-members	5.5
Jul 21	Getting the most from your library: Advanced searching techniques This programme is aimed at nurses and midwives who would like to develop their information-seeking skills in order to avail of the most up-to-date information for clinical practice, reflection and policy development. This programme will assist participants who are undertaking academic programmes and will provide them with valuable lifelong skills in information literacy. Guidance will be provided on the use of keywords, Boolean logic and limiting and broadening of results. The programme involves a practical element whereby participants will have the opportunity to develop a search strategy and use it to search a database. Strategies for the evaluation and critique of online resources will be discussed.	€90 members; €145 non-members	5.5
Jul 21 & 22	Coaching Your People to Improved Performance This programme is aimed at nurses and midwives who work in management. It outlines how to use coaching to support staff development and attainment of organisational goals. Coaching helps the individual (coachee) manage their responsibilities, develop new skills and improve their well-being. It is a form of personalised support that can assist in dealing with issues impacting on performance. The coach's role is to understand and believe in the potential of the coachee and help to guide them towards achieving their professional and personal goals	€230 members; €350 non-members	13
Aug 27	Phlebotomy This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover: sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining their consent. While this course will provide the necessary skills to undertake phlebotomy, it will be necessary for each participant to ensure they abide by their workplace policy on phlebotomy and hold an up-to-date hand hygiene training certificate (within the last two years).	€90 members; €145 non-members	4
Sep 9	Wound Care Management 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.	€90 members; €145 non-members	5
Sep 9	Tools for Safe Practice This programme provides safe practice tools to protect the nurse and midwife and patient within current health care settings. This is an awareness session to ensure all staff have an understanding of the process involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on patients and individual staff. The programme addresses patient safety and staff safety and provides five key tools on areas of documentation, clinical incident reporting, safety statements, best practice guidelines regarding assessment and communication practices in a complex multifaceted healthcare arena.	Free for members; €150 non-members	4
Sep 10	Introduction to Leadership for Nurses and Midwives 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.	€90 members; €145 non-members	5.5
Sep 15	Best Practice in Medication Management This education programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. The programme will cover key topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. Furthermore, 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 the most up-to-date NMBI and HIQA requirements for medication management.	€90 members; €145 non-members	5



Date	Programme	Venue	Fee	CEUs
Sep 15	Intravenous Administration of Drugs		€90 members; €145 non-members	5
	<p>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.</p>			
Sep 16	Introduction to Change Management for Nurses and Midwives		€90 members; €145 non-members	5
	<p>At the end of this programme participants should be able to: identify and understand key change management approaches; understand the nature and process of change within the healthcare setting; appreciate the importance of managing stakeholders as part of the change process and apply change concepts with their clinical and managerial practice and reflect on their previous experience of change.</p>			
Sep 16	Competency-based Interview Skills		€90 members; €145 non-members	6
	<p>This programme assists participants to prepare for a competency-based interview, based on the premise that past experience can predict future behaviour. This is an increasingly common style of interviewing that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to and dealt with previous workplace situations. The programme will provide an overview of CV development and outline the steps in the interview process. Role play will be used to ensure that participants are able to communicate their knowledge and experiences effectively for any future interviews.</p>			
Sep 17	Delegation and Clinical Supervision		€90 members; €145 non-members	5
	<p>This programme is aimed at all nurses, midwives and clinical nurse and midwife managers who work with healthcare assistants. It explores the issues surrounding delegation and decision-making, including appropriate clinical supervision for delegated functions. Participants will learn the difference between clinical and managerial delegation and how delegation differs from assignment of a task. Guidance will be provided on the assessment of a delegate's experience and role, and how best to match appropriate clinical supervision to a specific delegated function. The professional, legal and quality of care issues involved when deciding to delegate a function will also be explored.</p>			
Sep 22	Strategies for Managing Conflict		€90 members; €145 non-members	6
	<p>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. Developing and maintaining positive relationships and the ability to deal with difficult people and situations is an essential skill for the work environment.</p>			
Sep 23 & 24	Management in Practice (<i>two-day workshop</i>)		€230 members; €350 non-members	11
	<p>This two-day programme is an intense, comprehensive and participative workshop developed to improve effectiveness in managing people and processes. It 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.</p>			
Sep 29	Mindfulness and Meditation in Holistic Nursing and Midwifery Care		€90 members; €145 non-members	5.5
	<p>Mindfulness and meditation practice can bring positive change both personally and professionally. This programme aims to harness the nurse or midwife's ability to provide holistic care with compassion and to bring positive change in the lives of their patients. Participants will learn techniques for incorporating mindfulness and meditation into their work and daily routine, which will facilitate them to promote stress management and relaxation in their patients. Topics explored during this programme include: the role of mindfulness in holistic care, self-awareness, compassion, holistic communication and the power of stillness of mind.</p>			
Sep 30	Diabetes management for healthcare professionals		€90 members; €145 non-members	5
	<p>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.</p>			

Education programmes coming to our Cork office

Date	Programme	Fee	CEUs
July 13 & 14	Management in Practice (<i>two-day workshop</i>) This two-day programme is an intense, comprehensive and participative workshop developed to improve effectiveness in managing people and processes. It 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.	€230 members; €350 non-members	11
Oct 6	Wound Care Management 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.	€90 members; €145 non-members	5
Oct 7	Phlebotomy This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover: sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining their consent. While this course will provide the necessary skills to undertake phlebotomy, it will be necessary for each participant to ensure they abide by their workplace policy on phlebotomy and hold an up-to-date hand hygiene training certificate (within the last two years).	€90 members; €145 non-members	4
Nov 3	Best Practice in Medication Management This programme supports participants in providing safe, evidence-based practice in medication management. It will cover topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. It will also explore relevant policy and legislation and will present scenarios in order to illustrate the various principles. Participants will have the opportunity to update their knowledge in line with the most up-to-date NMBI and HIQA requirements for medication management.	€90 members; €145 non-members	5

Retirement Planning Seminars

Unfortunately due to Covid-19 all retirement seminars planned up to the end of June are cancelled. The next seminar is Wednesday, July 8, 2020 in The Richmond Education and Event Centre. In the meantime you can contact Cornmarket Retirement Planning Service by calling Tel: 01 4206780. They will be more than happy to advise you on any retirement queries you have to ensure you're completely up to speed on tax considerations, various formalities, financial steps and anything and everything you need to know. All questions and quandaries will be asked and answered!

We will continue to monitor developments and provide regular updates on our website and through our social media channels. Feel free to contact any of our staff by calling Tel: 01 6640641/18 in relation to all of our training.



On-site Education

In these unprecedented times we would like to let you know that INMO Professional is here to support you. We will be rolling out a series of practical webinars which will focus on the day-to-day challenges nurses and midwives face each day. For more information please log on to our website www.inmoprofessional.ie or email education@inmo.ie

If you would like to provisionally book any on-site training please call Marian Godley, course co-ordinator at Tel: 01 6640642 to discuss. We will continue to monitor the ongoing situation and we very much hope that we can return to classroom training soon, which of course is subject to public health advice.



Focus on Covid-19 resources

This month the library identifies important resources regarding Covid-19

THE situation surrounding Covid-19 is evolving rapidly. Over the past number of weeks, a large amount of research, guidance and information has become available to nurses and midwives to support them during this pandemic. To simplify this, the library has developed a listing of key resources for members, available via Nurse2Nurse, which will be updated regularly.

Covid-19 resources

INMO members

- Information and advice for members can be found on the INMO website at www.inmo.ie/Covid19

Evidence-Based Practice Resources

- The Health Information and Quality Authority (HIQA) is supporting the National Public Health Emergency Team (NPHT) in its response to Covid-19 and has produced a number of evidence summaries, including the spread of Covid-19 in children and the average length of stay in ICU. These are available at www.hiqa.ie
- The National Health Library and Knowledge Service evidence team has created a number of evidence and guidance summaries on Covid-19, available at www.hselibrary.ie/covid19-evidence-summaries/
- The Cochrane Library is developing a suite of special collections. To date, these cover critical care, infection control and smoking cessation – www.cochranelibrary.com/covid-19
- The Joanna Briggs Institute has compiled a suite of special collections that are divided up by health professional and healthcare organisation. The suite also provides supplementary information, including videos – <https://joannabriggs.org/ebp/covid-19>
- The National Institute of Health and Care Excellence (NICE) is supporting the NHS by providing rapid reviews and evidence summaries. To date, topics covered include critical care, managing symptoms and dialysis – www.nice.org.uk/covid-19

Point of care tools

- BMJ Best Practice – www.bestpractice.bmj.com

Publisher websites

Leading nursing and midwifery publishers are providing access to collections of articles on Covid-19:

- Nursing Standard* Covid-19 articles – www.rcni.com/nursing-standard/covid-19
- Royal College of Nursing – www.rcni.com/nursing-standard/covid-19
- Wiley Library – www.novel-coronavirus.onlinelibrary.wiley.com/
- Nursing Times* Coronavirus Clinical Zone – www.nursingtimes.net/clinical-archive/coronavirus-clinical-archive/

- The *Lancet* Resource Centre – www.thelancet.com/coronavirus
- Other useful resources*
- The King's Fund 'Leading through Covid-19' – a new project recently launched providing healthcare leaders with information and guidance on delivering care and supporting staff during the pandemic – www.kingsfund.org.uk/projects/leading-through-covid-19

Topic-specific articles

Midwifery

- RCM et al. Coronavirus (COVID-19) Infection in Pregnancy. Information for health professionals

Reflection

- Jackson D et al. Life in the pandemic: some reflections on nursing in the context of COVID-19. 2020 *J Clin Nurs*

Resilience

- Barrett C. Developing resilience: the role of nurses, healthcare teams and organisations. *Nursing Standard*. 2018. doi: 10.7748/ns.2018

Nursing managers

- Winter G. COVID-19 and emergency planning. *Br J Healthcare Manag* 2020

Children's nursing

- Coyne I. COVID-19: how it is affecting children and what nurses can do to help. *Nursing Standard*. 2020

Care of the older person

- Vitamin D deficiency in Ireland – implications for COVID-19. Results from the Irish Longitudinal Study on Ageing (TILDA)
- Kai L et al. Clinical features of COVID-19 in elderly patients: A comparison with young and middle-aged patients. *J Infect* 2020

Education programmes

RCNi Learning is now offering a number of free modules:

- How to perform respiratory assessment
- Breaking bad news
- Preventing healthcare-associated respiratory tract infections.

These modules can be found at www.rcnilearning.com

The WHO has also developed online training courses, including:

- Introduction to emerging respiratory viruses, including Covid-19
- Critical care: severe acute respiratory infection course
- Health and safety briefing for respiratory diseases – ePROTECT.

Library assistance

The library remains open for members who have research queries. If any member requires training on searching or advice, do not hesitate to contact us at library@inmo.ie or Tel: 01 6640614/625. Opening hours: Monday-Thursday, 8.30am-5pm and Friday, 8.30am-4.30pm.

Getting the most from your library: Advanced Library Searching Techniques

Next course date: Tuesday, July 21, 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.





INMO Professional
CONFERENCES
2020



Coronavirus
COVID-19
Public Health
Advice

Whilst these events are currently planned as follows, the most current Public Health Advice will be fully adhered to and should the dates change we appreciate your understanding.



Care of the Older Person Nurses Section

The Section will host a 2 hour online seminar on the current COVID-19 pandemic. Full details will be circulated to all in the Section



RNID Section

Tuesday, 15 September 2020

The Richmond Education and Event Centre



Public Health Nurse Section

Date to be confirmed

The Richmond Education and Event Centre



Telephone Triage Nurses Section

Tuesday, 13 October 2020

Midland Park Hotel, Portlaoise, Co Laois



All Ireland Annual Midwifery Conference

Thursday, 5 November 2020

The Richmond Education and Event Centre



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,
by email: jean.carroll@inmo.ie
www.inmoprofessional.ie

Nursing now
Ireland



2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE

Spotlight on: Mary Joyce

Nursing now
Ireland

The value of nursing has never been more apparent

MARY Joyce is a clinical nurse manager 3 at St James's Hospital in Dublin. Her job involves the co-ordination and management of services and resources within the acute floor of the MED directorate. This area consists of the emergency department, the hyper-acute stroke unit, the chest pain assessment unit and a mixed medical and surgical ward.

Ms Joyce has worked in emergency departments since she qualified as a nurse in 1996. Having trained in Romford in Essex she started her career in Oldchurch Hospital.

Both her parents encouraged her to train as a nurse, so she had worked as a cadet nurse in Peamount Hospital and as a nurse's aide in a nursing home in order to gain experience. She went on to do a primary degree and then a masters in advanced leadership and is a firm believer in making continued professional development more accessible to all.

"Nursing provides fantastic opportunities. A senior nurse told me when I was training that, no matter how long you're nursing you will have never seen it all. That certainly resonates now during the pandemic."

Ms Joyce recently returned from maternity leave in March and said that she was happier to have returned to work at that stage rather than returning further into the pandemic. She has a particular interest in infection control and epidemiology from her early days in training, and has also completed a standalone module on microbiology.

In order to keep her husband, her parents and her three children (aged one, two and four) safe she has moved into a bedsit to avoid infecting them should she come into direct contact with Covid-19 patients.

"It's hard, but everybody is making sacrifices. People are having chemotherapy cancelled and are having to manage post-surgery wounds and pain on their

own as they just can't be in hospital."

Ms Joyce's team has put a lot of work into preparing for the pending surge of Covid-19 patients. There are issues with staff testing positive or being exposed to Covid-19, and many are having to self-isolate. Some staff have been redeployed to work in the ED. Ms Joyce said that they are holding their own so far, but have had to put in a lot of work around staffing.

Good communication is also paramount in this situation and her focus is on getting up-to-date information out to the largest number of relevant people in the shortest possible amount of time. Her department has been restructured to facilitate Covid-flow and non-Covid-flow and Ms Joyce's role involves insuring they have an adequate supply of personal protective equipment (PPE).

The increased workload means increased pressure however and she knows how important it is to look after yourself and your colleagues at a time like this.

"At the end of every day I'm tired and exhausted. It's both exciting and scary and the pressure is bound to get to us all at some point. We're very good at looking after everyone else but we're often not so good at looking after ourselves. It's so important at a time like this."

Ms Joyce wants to see more focus on leadership and strengthening nurses' roles to ensure our health service has nurses in influential roles informing health policy and effectiveness of health and social care systems. Nurses can bring experience and clinical expertise to leadership roles. It is a versatile profession that can take you anywhere in the world. She hopes that more young people will consider nursing as a worthy profession to train for.

"I have brought people back to life and held the hands of people as they died. I have been there for the birth of babies. I have offered alternative viewpoints and solutions to problems we couldn't see a way out of.



Mary Joyce: "Nursing has always been a valued profession, but now during the pandemic our value is more apparent than ever"

"I once travelled in a military helicopter and responded to an explosion. I have been involved in recruitment and have travelled to India in order to recruit new nurses. I have had the opportunity to sit and talk to patients and I have experienced times when all you can offer is a smile.

"I have done whole shifts without eating or drinking and then other times I have had the most amazing meals courtesy of our Indian and Filipino colleagues.

"I have gone home crying and I have also gone home elated after a fun-filled shift. What other profession can offer you all these varied experiences? Nursing has always been a valued profession, but now during the pandemic our value is more apparent than ever."

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

Boosting your knowledge in a time of pandemic

This month the RCM has highlighted a number of key modules that have content relevant to practice during the Covid-19 pandemic

THE Royal College of Midwives in the UK has highlighted some key modules that are relevant to the ongoing Covid-19 pandemic. Outlined below are three bite sized 10-20 minute modules that focus on resilience, high dependency care and measuring a baby's heart rate.

Building resilient practitioners

Studies suggest that resilience is not just an individual personality trait, which you are either born with or not. Instead it is thought that resilience is developed over time as people interact within their social environments.¹

Resilience is not just a one off event. People show resilience when they demonstrate habitual responses or strategies which are consistently drawn on.

Midwifery and working in maternity services is challenging, so midwives and students need to find ways to take care of themselves and their colleagues in order to thrive rather than just survive in the workplace. Research into midwifery resilience, suggests that it is possible to develop personal and professional strategies to enhance resilience and keep practice sustainable.

This quick taster course will introduce you to the concept of resilience, explain what is currently known about resilience in midwifery practice, and provide suggestions for developing personal resilience strategies. It includes a research-based resilient repertoire with linked reflective questions. This module will take approximately 10 minutes to complete.

Objectives

By the end of this i-learn module you should be able to:

- Gain a better understanding of resilience

- Explore what is currently known about resilience in midwifery practice
- Consider how your own personal resilient strategies could be developed.

Maternal high dependency care

Critical care (intensive care) is the specialist care of patients whose conditions are considered to be life threatening. As such, they require comprehensive care and constant monitoring.

Mainly developed as a response to the advances within medicine and surgery, improved technological advancement in the latter part of the 20th century resulted in an increase in the number of intensive care unit (ICU) admissions. However, in general this development was often unplanned, haphazard and largely reliant on the interest and availability of local clinicians.

Increasing numbers of pregnant and postnatal women require higher levels of care, including maternal high dependency care (HDC). This increase is likely to continue due to the higher number of women entering maternity services with existing comorbidities and/or obstetric complications. This i-learn module will explore why this is the case, what maternal HDC can entail and the challenges it can have for midwifery practice. This module will take approximately 20 minutes to complete.

Objectives

By the end of this i-learn module you will have:

- Considered the definitions of critical care
- Looked at the incidence of maternal intensive care unit (ICU) admissions
- Examined the current organisation and provision of maternal HDC within obstetric-led units
- Investigated the current support

networks available to midwives providing maternal HDC

- Explored the changing demographics of pregnant women in the UK
- Explored some of the challenges associated with maternal HDC.

How to measure a baby's heart rate

The heart rate of the foetus and the neonate can be used, in part, as a measure of foetal/neonatal wellbeing as part of an overall assessment. When listening to the heart rate the practitioner needs to consider the rate, rhythm and regularity. The heart rate forms part of the Apgar assessment at birth. Midwives and doctors will record the heart rate at birth for the physical assessment of the newborn and if there is concern about the baby's health or wellbeing. This module will take approximately 10 minutes to complete.

Objectives

- After completing this module you will:
- Appreciate how listening/palpating the baby's heart rate forms part of the assessment of neonatal wellbeing
 - Appreciate the principles and understand the practice to record the baby's heart rate.

Reference

1. Ungar M. The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct. *Am J Orthopsychiatry* 2011 Jan;81(1):1-17

RCM i-learn access for INMO midwife members

If you are interested in learning more about the modules outlined above and completing a learning module, visit www.ilearn.rcm.org.uk Free access is available to all midwife members of the INMO. Email: library@inmo.ie for further information

www.inmoprofessional.ie/RCMAccess

Celebrating our professions in a time of pandemic

The International Days of the Nurse and Midwife will be celebrated very differently in May 2020

CELEBRATING the International Day of the Midwife (IDM) and International Nurses Day (IND) in 2020 will very different than we all envisaged at the start of this year. While this year would have been seen in a different light given it is the World Health Organization's first ever 'Year of the Nurse and Midwife', as well as the 200th anniversary of the birth of Florence Nightingale, no one could have foreseen that we would be living through a pandemic that has changed utterly the way we are living and working.

Howard Catton, International Council of Nurses (ICN) CEO, in a video message to mark the launch of International Nurses Day remarked that never was a year more aptly named, referring to the massive contribution of frontline nurses tackling the Covid-19 pandemic.

Also speaking at the launch, Annette Kennedy, ICN president, said that Florence Nightingale would have been immensely proud of the frontline nurses fighting Covid-19 as well as being equally concerned for their health and safety.

"Covid-19 has put into even sharper focus the work of nurses. As carers, healers, educators, leaders and advocates, nurses are fundamental to the provision of safe, accessible and affordable care. Today and every day, nurses across the world are carrying on their vital work caring for patients, regardless of the very real personal risks they face. It is critically important that we show the world who nurses are and what they do and ensure that governments invest in this vital resource," she said.

Both celebrating the International Year of the Nurse and Midwife and acting as a blueprint for change, the IND 2020 report showcases the work of nurses in

all settings across the world. The report alternates case studies submitted by nurses across the world, demonstrating the innovative ways in which they work, with contributions by experts on what nursing is, the challenges we face, and how we can harness the potential of nursing. It looks closely at the various aspects of nursing as well as ways in which working conditions, nursing leadership and patient safety can be improved. In addition to the case studies in the report, ICN publishes a new IND case study every week on the ICN website: www.icn.ch/

The ICN theme for 2020 is '*Nurses a Voice to Lead – Nursing the World to Health*'. This theme has never been more appropriate than during the current emergency. Nurses are on the frontline leading the fight against Covid-19 at a local, national and global level. The role they play places them in the centre of the response to the crisis and fundamental to the response and ultimate solution.

International Day of the Midwife

Each year the International Council of Midwives (ICM) leads global recognition and celebration of the work of midwives. This year the ICM launched a campaign that raises awareness about the status of midwives and the essential care they provide to mothers and their newborns. The campaign for 2020 is '*Celebrate, Demonstrate, Mobilise, Unite – our time is NOW!*' As the IDM is usually celebrated with large community events the 2020 experience will be very different. Most governments around the world have banned or discouraged large gatherings in an effort to stop the spread of the Covid-19 virus so the ICM has made some suggestions you can adopt to celebrate the International Day of the Midwife on May 5.

• Connect with women's groups: The theme for IDM 2020 – *Midwives with Women: Celebrate, Demonstrate, Mobilise,*

Unite demonstrates the need for women from all professional backgrounds to stand in solidarity with midwives. For this reason, we encourage

you and your association to connect with any health or women's organisations within your network and encourage them to share IDM assets on May 5

- Use social media to promote the day. Change your Facebook and Twitter banners to the ones provided by the ICM. There are resources available at: www.internationalmidwives.org/
- #IThank campaign: The day will be a time to celebrate the work of midwives with a social media campaign, #IThank. Ask women to recognise the midwife who supported them through birth by naming their midwife on social media and using the hashtag #IThank
- Speak to media: Interviews with local media can be held by phone
- Host a webinar.

Get involved

If you can, do organise online events within your communities, wards, departments, hospital, community organisation or other areas in which you practise.

Do join in online by posting photos, videos and messages of support to promote both midwifery and nursing between May 5-12.

This is an opportunity for nurses and midwives to speak as one and to stand in solidarity and unity across the world.

Get connected

Follow Nursing Now Ireland on its Facebook, Twitter and LinkedIn pages

- www.facebook.com/nursingnowireland
- https://twitter.com/ireland_nursing
- www.linkedin.com/groups/8829338/

Steve Pitman is the INMO head of education





Minding your mental health

Catherine O'Connor reminds student nurses and midwives that they need to look after their mental health now more than ever

THESE past few months have been particularly stressful for many people but especially for our students. Being a student nurse or midwife can be challenging at the best of times, let alone in the middle of a global pandemic. Now, more than ever, it is important that we take the time to check in with ourselves and evaluate how our mental health is being affected by our circumstances. With this in mind, I'd like to explore some ways that we can all mind our mental health.

While we are frequently told about the importance of 'minding our mental health', it's worth examining what exactly mental health encompasses, as it is not simply the absence of mental illness. The World Health Organization (WHO) defines mental health as being "a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".

The WHO has said that one in four people will struggle with their mental health at some point in their lives. Our mental health can be challenged for any number of reasons, be it events at home or work, relationship difficulties or pressures from meeting academic requirements. Accepting that both good and bad days are a normal part of life can make it easier to manage the bad days. By taking proactive steps to protect and strengthen our mental health when we are feeling well, it can help us to plan for how to cope when we're having a challenging day.

Develop good habits

There are a variety of ways that we can develop good habits to protect our mental health. In 2018, the HSE developed a campaign that focuses on the 'Little Things' that we can do to mind our mental health. Some of these things include ensuring to get enough sleep (seven to eight hours

Organisation	Website	Contact details	Service provided
Samaritans Ireland	www.samaritansorg/ireland/samaritans-ireland/	Freephone 116 123 Email jo@samaritans.ie	24/7 Listening service and emotional support for people experiencing distress
Aware	www.aware.ie	Freephone 1800 804848 Email supportmail@aware.ie	Support and information for people experiencing stress, depression, bipolar disorder and mood related conditions
Pieta House	www.pieta.ie	Freephone 1800 247247 Text HELP to 51444	Free therapy to those engaging in self-harm, experiencing suicidal ideation, or bereaved by suicide.
Jigsaw	www.jigsaw.ie	Tel 01 472 7010 Email info@jigsaw.ie	Support and information for people ages 12-25
Spun Out	www.spunout.ie	Text SPUNOUT to 086 1800 280	Provide information on health and wellbeing
BodyWhys	www.bodywhys.ie	Tel 01 2107906 Email alex@bodywhys.ie	Support and information for people affected by eating disorders
LGBT Ireland	www.lgbt.ie	Phone 1890 929539 Email info@lgbt.ie	Support and information for members of the LGBTQI+ community
Women's Aid	www.womensaid.ie	Freephone: 1800 341900	Advice and practical support for women and children experiencing physical, emotional and/or sexual abuse.
HSE	www.yourmentalhealth.ie	Text YMH to 086 1800 280 Tel 1850 24 1850	Information and advice on mental health

per night), reducing alcohol consumption, eating regular nutritious meals, and keeping active by exercising for at least 30 minutes per day, five days a week.

Limiting social media exposure and moderating or eliminating caffeine, tobacco, and drug intake has also been linked with improved mental health.

Several studies have also shown the importance our environment can have

on our mental health – walking in nature or even sitting in a room with a view or with indoor plants has been linked with an enhanced sense of wellbeing. Some studies indicate that there can be benefits to gratitude journaling – writing down a few things that we're grateful for regularly can have a positive effect on our life satisfaction, particularly when used in conjunction with other stress management techniques.

One of the most important ways that we can mind our mental health is by connecting with other people. Under normal circumstances this could include engaging in group activities such as sport or volunteering as doing things with others can remind us that we're part of a community. It would also include keeping in touch with loved ones – be it meeting for a cup of tea or going for a walk together. However, while we have to maintain our social distance outside of the workplace we are more limited. Make sure you still connect with people by catching up via video chat.

Having a strong support network by maintaining relationships with friends and family can be crucial to contributing positively to our mental health. It's also important that we look out for one another; if you notice that a friend or classmate seems quiet or just not themselves, check in with them. Providing a listening ear can make the world of difference. It doesn't mean that you have to fix all of their problems for them – just being there so that they know you care can be enough.

Historically in Ireland, there has been a stigma surrounding mental health, and this has contributed towards people not talking about their mental health as they may

have felt ashamed or worried about what other people would think about them.

Thankfully, as a society we seem to be moving away from this and it is becoming more socially acceptable to reach out for support as more and more people share their mental health experiences. I feel it's important to recognise that sometimes there can be a stigma surrounding healthcare workers reaching out for support.

Seek support

Some nurses and midwives may feel that they have to 'stay strong' in order to be able to look after their patients. It's important to recognise that although you may be providing care to others, you also need to look after yourself.

Speaking to someone you trust about what you're going through can prove to be invaluable in terms of receiving help and staying well, but that doesn't mean that it's an easy thing to do. It can be difficult to know where to start when first opening up to someone about your mental health and the thought of it can be daunting. A good place to start is to simply say how you're feeling, be honest and use words that feel comfortable to you.

There may be times you feel you want support but don't feel able to speak to

friends or family. The *Table* on the previous page lists some organisations that you may find useful to engage with at some point. INMO members have access to a 24-hour counselling helpline service (Tel: 1850 670407 or 01 8818047) which provides confidential counselling over the telephone including, where appropriate, onward referral to relevant voluntary and/or professional services. For further information, see: www.inmo.ie/membership_benefits

It is also important not to forget supports that exist in colleges such as link lecturers, student union welfare officers, and student counselling services. There are also supports in clinical placement sites, for example you can share concerns about the pressure of placement with your CPCs. As internship students are employees, they have access to the employee assistance and counselling service; more details available at: <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/employee-assistance-and-counselling-service/>

Remember that no matter how you are feeling, you are not alone. If you are concerned about your mental health, help and support is there for you

If you would like to get in touch with Catherine O'Connor, email: catherine.oconnor@INMO.ie or Tel: 01 6640684



Nutricia Ireland would like to extend thanks to all the nurses and healthcare workers

on the frontline of the health services during this difficult and challenging time.

We appreciate your dedication and commitment and all you are doing for the health of the nation during the COVID-19 crisis.



Thank You

Quality & Safety

A column by
Maureen Flynn



Covid-19 contact tracing system

THIS month's column looks at the establishment of a national Covid-19 contact tracing system in response to the coronavirus outbreak. The World Health Organization has stressed the importance of a contact tracing system in reducing the spread of the virus.

The National Quality Improvement Team has been deployed to partner with the National Result Notification and Contact Management Programme (CMP) and the public health departments to support the delivery of this programme of work. This contact tracing system was implemented when Ireland received its first confirmed case of Covid-19 (February 29, 2020). Since then, the system has been developed and expanded to meet the increasing demand with the capacity to make up to 6,000 calls a day.

Contact tracing

In the case of coronavirus, contact tracing is about identifying who a person confirmed to have Covid-19 has been in contact with, identifying to what extent they were in contact with that individual, establishing if that person is at risk of catching the virus themselves and finally providing them with appropriate advice.

If a person is diagnosed as having Covid-19, their information is input into a password protected module within the Covid-19 Tracker. This is a web-based system that is used to track and manage all calls in relation to contact tracing.

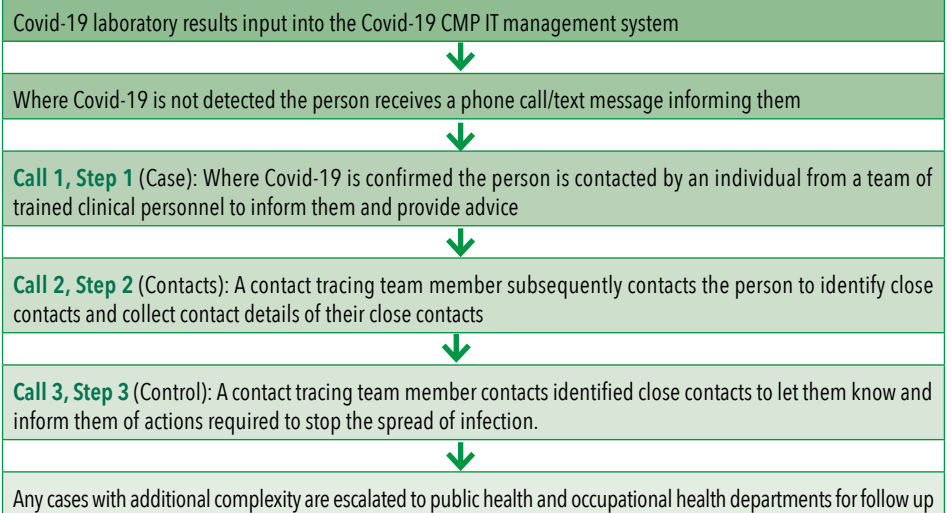
Aim of the programme

The aim of the CMP is to notify results to people tested (or proxies) and to identify and manage contacts of known Covid-19 positive people. Ultimately, contact tracing will save lives through slowing the progress of the virus in Ireland. It will also provide active surveillance, and will help inform decision-making around restricted movements and other limitations.

Contact tracing calls

There are three calls made in the contact tracing process (see *Figure*).

Figure: Contact tracing process



- The first call is to notify the person of their test result. This call is made by someone with a clinical background. They confirm the person's name, ask for their address, ask about symptoms and provide advice. If the person's test does not detect Covid-19, they receive a phone call or text message informing them of their result
- The second call is made later on the same day to collect the names and telephone numbers of the person's close contacts from 48 hours prior to the development of their symptoms. The contacts' details are entered in the IT system
- The third call is to contact the close contacts of the person who has Covid-19. The person is not named and the contact is asked if they have any symptoms. If they do, they are advised to contact their GP. All close contacts are asked to self-isolate for 14 days whether they have symptoms or not.

Complex cases, eg. involving healthcare workers or people in nursing homes, are escalated to public health, occupational health departments/infection prevention and control teams to respond to.

Contact tracing centre staff

A large number of people from across the HSE, wider public service, educational sectors and others, have trained to work in contact tracing in a variety of roles

Getting involved

At your next ward, team or unit meeting, you might like to talk about contact tracing and raise awareness among your colleagues. Your occupational health department may have further information on the specific arrangements for contact tracing among healthcare workers in your service. You may receive calls to your ward or unit from contact tracers, and you can help them by following up with patients in your care.

You can get further information on contact tracing on the Health Protection Surveillance Centre website: <https://bit.ly/3bbbf1X> and the Department of Health at: <https://bit.ly/2VzmlIA>

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

Acknowledgements: With thanks to colleagues in the HSE National Quality Improvement Team and across the HSE and wider public services for their response to the current crisis. Particular thanks to Jacqueline Grogan for her assistance in preparing this column



The National Quality Improvement (QI) Team, led by Dr Philip Crowley, supports services to lead sustainable improvements for safer better health care. We partner with staff and people who use our health and social care services to champion, enable and demonstrate QI achieving measurably better and safer care. Read more at: www.qualityimprovement.ie or link with us on Twitter: @NationalQI





Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick



Query from member

I work as a staff nurse in a large Dublin teaching hospital. My last increment date was June 1, 2019, but I have not applied for the enhanced salary scale as I was worried it would affect my pension. However, colleagues of mine on the same ward did apply and they have recently received thousands of euro in back pay and are now paid more than me for doing the same work. Is it still possible to apply for the enhanced practice scale and does it affect my pension?

Reply

The answer is that you can still apply, however, you are running out of time if you wish to get your payment backdated to June 2019. The strike settlement stated that you could apply to go on the enhanced salary scale on your next increment date after March 1, 2019. In your case that was June 1, 2019. All you have to do is fill in the appropriate verification form with six questions, sign, date and return the form to your director of nursing/midwifery for sign off. However, if you do not do this before June 1, 2020 you will not be entitled to any retrospec-

tion. If your application date is after the one year anniversary of your incremental date that fell after March 1, 2019 you will have no entitlement to claim back pay. You could, however, apply after June 1, 2020 to go on to the enhanced salary scale but it would be from your current increment date, ie. June 1, 2020 should you apply after that date. For an example of the payment that could be due to you, in recent weeks nurses have received up to €6,000 retrospection due to receiving the new medical surgical allowance and the enhanced salary scale.

Signing up for the enhanced salary scale benefits your pension when it comes to retirement. If you sign up for the enhanced contract, you remain on your present pension scheme, however you will earn more money every year up to your retirement date and hence you will receive a better pension.

The Department of Health and Department of Public Expenditure and Reform has already allocated the money to the HSE. If nurses and midwives do not sign up for the enhanced contract the monies will not be paid to you but will remain with the HSE. Time is running out for you to sign up to the enhanced salary scale and still be entitled to retrospection payment. All nurses and midwives should complete the verification form immediately and return it to their director. You can access the form here: www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-022-2019-re-enhanced-nurse-midwife-contract.pdf

Know your rights and entitlements

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

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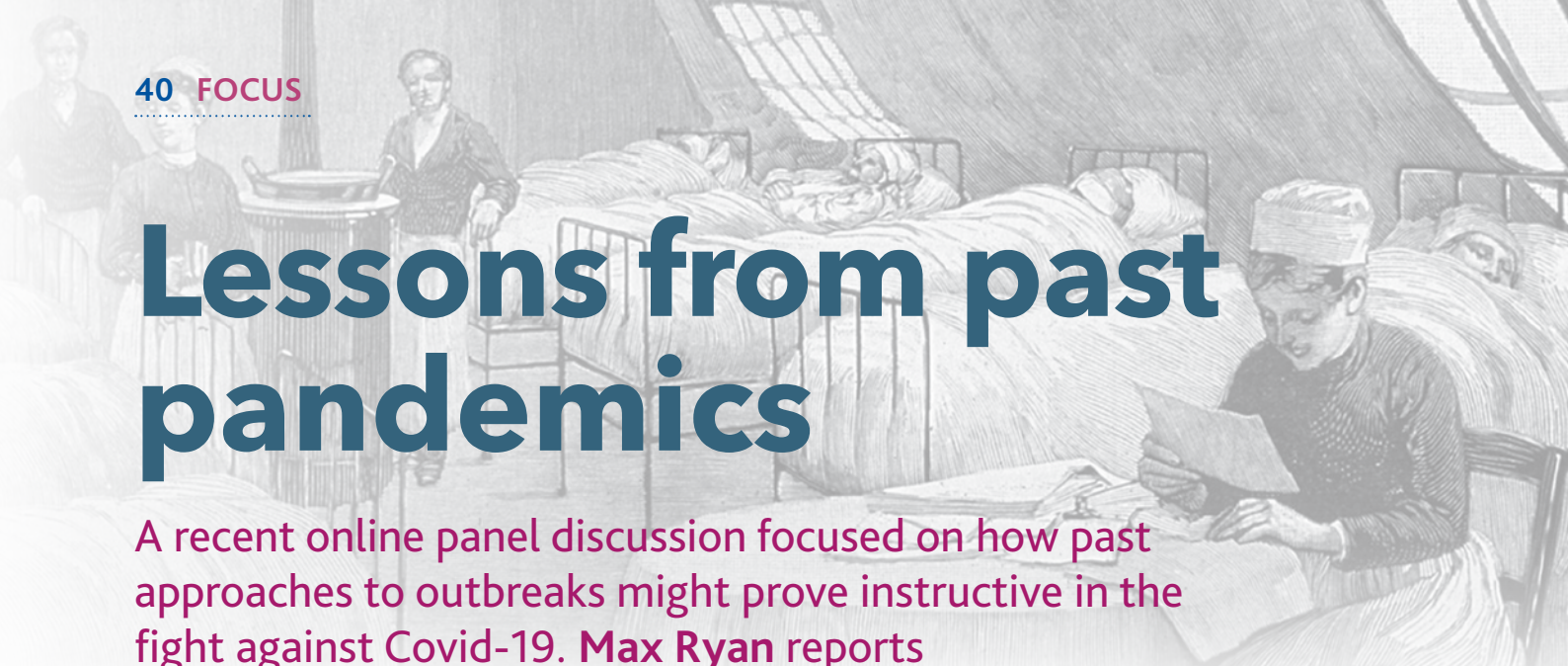
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Lessons from past pandemics

A recent online panel discussion focused on how past approaches to outbreaks might prove instructive in the fight against Covid-19. Max Ryan reports

THE beauty of hosting a conference online, according to Prof Jane Ohlmeyer, chair of the Irish Research Council and moderator of the Trinity Long Room Hub's recent virtual panel discussion on Covid-19, is that speakers can be simply muted once their time is up.

'Plagues and Pandemics', part of the Hub's 'Behind the Headlines' series usually hosted in the Edmund Burke theatre at Trinity College Dublin, heard from four speakers from a variety of academic backgrounds on how our response to previous pandemics might inform our approach to this public health crisis.

The breadth of the talking points raised throughout the evening was reflective of the all-encompassing impact Covid-19 has had on societies and healthcare systems around the world. The most pertinent points were perhaps those raised by immunologist Prof Luke O'Neill from the School of Biochemistry and Immunology at Trinity, who said little has changed in the last several hundred years when it comes to the human response to plagues and pestilence.

"Very radical things would happen in medieval times to cut people off and stop them mixing with other people, because it was always known through basic observation that one person has the disease and can spread it to another person, and that's been known for thousands of years really."

Prof O'Neill was reflecting on a passage quoted by the previous speaker, Dr Jacob Erickson, assistant professor of theological ethics at Trinity, from a letter written by German reformer Martin Luther during an outbreak of plague in his hometown of Wittenberg in 1527: "I shall fumigate, help purify the air, administer medicine and take it. I shall avoid places and persons where my presence is not needed in order not to become contaminated and thus perchance inflict and pollute others and so cause their

death as a result of my negligence."

Brendan O'Connell, assistant professor of Middle English literature at Trinity's School of English, spoke along similar lines about the Medieval response to the Black Death and how many of the precautions taken to mitigate its spread bear a striking resemblance to the measures introduced in 2020 to slow the growth of Covid-19.

"Then as now, physicians raced to understand the causes of the disease and its mode of transmission. Officials in some regions issued ordinances placing restrictions on the movement of people and trade of goods. This included limiting the number of people attending funerals as those who had close contact with the dying were required to quarantine themselves."

Prof O'Neill said quarantine was the answer then and that it's still the answer today: "Remember those people back then didn't know what a virus was and knew nothing about the immune system and yet the main recommendation through hundreds of years was to isolate people who are infected – cut them off.

What has changed of course is our understanding of viruses as a result of centuries of advances in medical science.

"In spite of all this fantastic immunology and virology since, say, the 1918 Spanish Flu pandemic, nothing has really changed in how we're handling this particular virus, which is a bit sobering.

"When the 1918 pandemic happened viruses had not been discovered. They weren't discovered until the 1930s when somebody invented the electron microscope. The first virus that affects humans that was actually seen by bare eyes was the polio virus in 1948."

Learning opportunities

Each newly discovered virus presents a learning opportunity for those involved in medical science and research, as well as for

professionals across the healthcare sector, according to Prof O'Neill. The AIDS epidemic, he said, offered unique insights into the inner workings of the immune system.

"Much of what we discovered about T cells, which is a very important part of the immune system, came from HIV research."

'Real immunology', as Prof O'Neill called it, began with the discovery of vaccines in 1796, when during an outbreak of smallpox Edward Jenner inoculated an eight-year-old boy first with cowpox and then with smallpox to test the theory that a small dose of a milder similar disease could protect against a more severe disease.

"It was known anecdotally at that time that milkmaids didn't get smallpox. Some clever scientists wondered why and then realised that milkmaids often got cowpox, which is a similar virus as we now know.

"Jenner's discovery was fantastic because in those times smallpox was the scourge of humanity. One in three got it, of those a third died for definite, a third were disfigured and a third recovered."

The triumph of immunology has been proven time and again since then, according to Prof O'Neill, who said we rely to a great extent on the outbreak of viruses to explain much about the immune system. For instance, much of what is known about Covid-19, is based on research into SARS and MERS. He said both were similar to Covid-19 but were far less virulent and therefore easier to contain.

"SARS and MERS turned out to be a lot less common and they were able to put a lid on them more quickly. SARS was less dangerous than SARS-CoV-2 (Covid-19) while MERS was a lot more dangerous with a 35% mortality rate, but it was different to SARS-CoV-2 because within one or two days you could isolate people quickly."

So what is different about Covid-19, and what can be learned from the pandemic

it has caused? Prof O'Neill said there are seven known coronaviruses, four of which cause the common cold.

The challenge of SARS-CoV-2, he said, is that because a host can carry the virus for seven days without showing symptoms and yet still be infectious, it is extremely difficult to contain.

Prof O'Neill said it is important to remain humble when confronting a threat so imperceptible that an electron microscope is required to even see it. He said a colleague of his once described viruses as "nucleic acid wrapped up in bad news".

"The 500 million viral particles for Sars-CoV-2 fit on the dot at the end of a sentence, and yet this tiny thing is wreaking havoc all across the world, despite all of the knowledge that we have.

"They are little tiny things, they have nucleic acid in their middle, which is the recipe to make another virus, surrounded by a fatty coat, and in that coat there are various proteins studded. In the case of SARS-CoV-2 it has nine proteins, so we know an awful lot about what this virus is and what it looks like.

"We know that soap and water kills it for definite, so does alcohol over 60%. The truth is it's quite a fragile thing outside of the body. It's a little bag of fat really, so there are very straightforward ways to kill it. UV light kills it for definite and even sunlight will kill it, which is one reason you want to be going outdoors because you're less likely to pick up the virus because of the sunlight."

Treatment and vaccine development

Prof O'Neill said a lot is already known about how the immune system reacts to the virus, again through the study of previous similar viruses.

"The good news is the majority get a strong antibody response. That means the prospect of a vaccine is on the horizon as an antibody will neutralise the virus. This isn't the case with HIV, for example, where antibodies aren't much use.

"So at least with SARS-CoV-2 we know it's possible to vaccinate. Again the rapid work that's being done is unbelievable; it's a brand-new virus, only discovered in December, and of course when a new virus appears nobody has any protection against it and that's why it spreads so quickly."

Prof O'Neill said the protein spikes on the surface of the virus latch onto a protein cell in the lungs known as ACE-2 "like a key going into a lock". When the door opens the virus enters the cell and replicates before spreading to another cell.

"The trouble is it kills the infected cell, which begins the inflammation process and then some of the symptoms start to happen. Eighty percent will survive this process; you get what's known as a T cell response to kill the virally infected cells and hey presto, 80-85% get better."

This means, of course, that 15-20% will experience a severe course. Prof O'Neill said this 'vulnerable' cohort is the main focus of the work ongoing to find effective new treatments and, ultimately, a vaccine.

"The ones who don't do well get a massive inflammatory response in their lungs and that inflammation is the immune system turning on itself and losing control. It goes out of control simply because there's too much virus in the system.

"My lab is collaborating with a group in Holland to work on new anti-inflammatory approaches to dampen the inflammation and protect the lungs in this situation."

If the initial response was medieval in terms of quarantine and forced isolation, Prof O'Neill said the next phase is 21st century. He said at the last count there were more than 35 separate companies working to develop a vaccine, which he said might not be ready and available until 2021 due to safety and ethical considerations as well as the marketing authorisation process.

In the meantime, Prof O'Neill said, efforts are underway, including by Irish scientists, to develop antibody-based therapies for fighting the virus. In terms of pharmacological approaches, he said there are a number of existing drugs that have shown promise in treating Covid-19.

"These in themselves can be drugs because you can give these antibodies to other people and they protect people against the virus. The first people you give these to are the healthcare workers because you don't want them getting infected and they're the most exposed. We're talking about September to see antibody-based approaches.

"In terms of firing drugs at the virus, the big hope is a drug called remdesivir; this was developed to fight Ebola, which is similar to SARS-CoV-2 in that it's an RNA virus. They tried it against Ebola and it worked and now they have evidence in test tubes that it's killing the virus. There are four clinical trials running at the moment which will have read out in mid- to late-April. This is a direct antiviral drug that will kill the virus on contact."

Prof O'Neill likened this process to taking shots on goal – take enough shots and one is bound to eventually go in.

Broader implications

Dr Ida Milne, lecturer in European history at Carlow College, spoke about the wider societal impacts of Covid-19. While she acknowledged that the 1918 flu was a different disease, she said its effects on society were similar in terms of what Dr Milne describes as the "fear of the unknown and the uncontrollable", and with a death toll of more than 50 million people, it remains the pandemic against which emerging major public health crises are measured.

"Doctors and nurses threw everything in their medical bags at it, including whiskey and brandy to at least ease the suffering, and very strange things like strychnine and gargles of creosote just to try anything that might work.

"The Spanish flu punctured medical professionals' confidence in their own tools, and I think we are going to see enormous changes and innovative practices coming from what we're seeing at the moment.

"Hospitals were completely overwhelmed and turned over most of their wards to treating flu patients, keeping just one or two wards for surgery.

"There were also community nursing schemes, for example in Dundalk, where young women and girls were trained up in rudimentary nursing skills."

During a questions and answers section at the end, the panellists were asked about the changes they would like to see come about as a result of the Covid-19 pandemic. Prof O'Neill and Dr Milne called for a sea change within the Irish hospital system, with Dr Milne citing staffing and funding levels as key issues that need addressing.

Dr Milne: "We can never let the number of critical care beds be reduced to the level we're at now. We also need to remove the stress in ordinary times from hospital staff who are so underfunded and overworked, in particular our nursing staff who are underappreciated in so many ways."

Prof O'Neill: "Ireland is moving towards a one-tier health system. It's happened now because they've taken over the private hospitals, but when this ends I bet the health system will change dramatically and we'll move away from a two-tier system."

Dr Erickson said he hopes this crisis heralds the end of business as usual, stating that perhaps a return to normality shouldn't be the end goal as "normal didn't work for everyone".

To listen back to the discussion as a podcast, visit SoundCloud at bit.ly/347GN62

Concealed pregnancy: lessons to be learned

We must strive to connect with women affected by concealed pregnancy if we are to improve healthcare policy and practice, write Sylvia Murphy Tighe and Joan G Lalor

CONCEALED pregnancy has been a feature of Irish society for decades but is not an issue that has been confined to the past. Women who experience a concealed pregnancy may be stigmatised or pathologised as a result by society and professionals, and viewed as victims or mentally unwell.^{1,2}

At this point we would like to note that this is a sensitive subject that some readers might find triggering.

Professionals may not fully understand the reasons behind why a woman may conceal a pregnancy or find it hard to comprehend how a woman may not be 'aware' of her pregnancy. Confusion over definitions has led to denied pregnancy being the focus of research.^{1,2} Unfortunately this ambiguity has hindered practice and policy developments.

The Keeping it Secret Study (KISS) funded by the Health Research Board found women were generally aware of their pregnancy, perceived it as a crisis and managed by avoidance.^{1,2} The coping strategy of avoidance is sometimes seen in healthcare where individuals present late with symptoms which they put off dealing with, eg. breast lump or rectal bleeding. However, avoidance and denial during pregnancy is often misunderstood and women reported feeling admonished or blamed for not presenting earlier for antenatal care.

The complex reasons for concealed pregnancy are outlined in this paper and relate not only to stigma and shame but to sexually violent, abusive and coercive relationships.^{1,2} Research and policy surrounding denied/concealed pregnancy predominantly privileges the views of professionals.

Methods

A grounded theory study was undertaken to explore and understand concealed pregnancy. Thirty women who were

concealing/had concealed a pregnancy and birth were interviewed and data from cases of public interest were also reviewed using media reports and serious case reviews where perinatal deaths occurred.

Results

Concealed pregnancy is an overwhelming and life-altering experience characterised by a paralysing fear which leads to avoidance in seeking help. Traumatic, adverse childhood experiences as well as sexual abuse, sexual assault and controlling relationships were features in the women's lives and led to concealed pregnancy and birth.

Traumatic childhood experiences

A discrepancy between the accounts in the literature and those from women who experienced a concealed/denied pregnancy is evident. In clinical literature related to abuse/trauma, denial is recognised as a psychological defence or coping strategy used to minimise the psychological impact of the abuse. The association between trauma and denied/concealed pregnancy is supported by other researchers.^{3,4,5}

A US study⁶ reported trauma among women (n=9) who were incarcerated for neonaticide following concealed pregnancy. Recurrence of denied/concealed pregnancy has also been reported.^{1,2,6,7} Shaming and blaming women where tragic outcomes occur must be considered in light of this research which identifies the link between trauma and concealed pregnancy.

Women's voices and the experience of concealed pregnancy and birth

All women who participated in the study reported that fear characterised the experience and impacted their ability to seek help and support. This fear must be fully understood as some women are paralysed and unable to access healthcare if they

have experienced early life traumatic/abusive experiences.^{1,2}

Penny who concealed three pregnancies described how she felt: *"I was terrified, in complete and utter shock."*

Maeve had an unassisted birth at the age of 15 years and said: *"I was really, really scared... I was lost inside of myself, but putting on this mask of coping because that's what we do... I can remember feeling scared, lost, confused, not knowing – not knowing what to do, not knowing I had a choice... I lived in fear I'd be found out."*

Carrie was sexually abused in childhood. She concealed her pregnancy and placed her baby for adoption, saying she made a conscious decision. *"I was very aware I was pregnant... there was no denial, I was pregnant and no one was going to know about this but me, I proactively concealed my pregnancy... I knew I was pregnant protecting this wee bump until I could give it to another."*

Carrie became pregnant by a boyfriend while in college and said: *"that was how I thought you formed relationships..."*

She ended up living in a domestically abusive relationship and found healing many years later when she accessed support through counselling and trauma informed psychotherapy.

Maeve, had an unassisted birth which resulted in neonaticide. She was abused during her adolescence by her father's friend (who always took precautions) and she was also sexually assaulted by a boyfriend on more than one occasion. When asked if she recalled foetal movements during the pregnancy she said: *"I have no memory of movement. I have no memory because I probably didn't touch myself because I was being abused... when I look back he was probably a paedophile... I blotted it out for years and I didn't go back to it until I was 30."*

Table: Principles of trauma informed care

Safety	Choice	Collaboration	Trustworthiness	Empowerment
Ensuring physical and emotional safety	Individual has choice and control	Making decisions with the individual and sharing power	Tasks clarity, consistency and interpersonal boundaries	Prioritising and empowerment and skill building
Common areas are welcoming and privacy is respected	Individuals are provided with a clear and appropriate message about their rights and responsibilities	Individuals are provided with a significant role in planning and evaluating services	Respectful and professional boundaries are maintained	Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact

Maeve spoke of post-traumatic stress symptoms: *"I have unresolved post-traumatic stress that I manage very well... it sets off the interior terror... yeah the running, fleeing that came from the baby, the concealed pregnancy, from the abuse."*

Maeve explained: *"Your brain freezes, it didn't happen. And I still think years later did that actually happen? My body knows it happened and my body feels it; even as I talk to you now I can feel it."*

Maeve, described her relationship with her mother: *"My mother didn't want me, interesting because it's the same pattern as me. And probably rejected me in the womb... I have no concept of nurturing because I wasn't nurtured."*

Maeve described why it took so long to seek help: *"I spent all my life thinking I was going to end up in prison."*

Trauma sensitive care

Trauma is complex and can be brought about by a wide range of individual experiences across the lifespan and can be associated with transgenerational⁸ and or systemic relationships.⁹ Many women who experienced a concealed pregnancy described it as a life altering and traumatic experience. Therefore it is vital that midwives and nurses utilise a trauma-informed approach to their interactions with women who present late for antenatal care or indeed in labour.

Despite the evidence of the link between trauma and mental distress, healthcare professionals may be unaware of the traumatic sequelae on women's lives and the negative consequences of maternity care practices. The five guiding principles of trauma informed care are: safety, choice, collaboration, trustworthiness and empowerment. Ensuring that the physical and emotional safety of an individual is addressed is the first important step to providing trauma-informed care (see Table).

Concealment of birth

It might be a surprise for readers to realise that concealment of birth is still on the Irish statute books. The authors suggest that the Law Reform Commission

should consider whether section 60 of the Offences Against the Person Act 1861 should be repealed,¹⁰ as the study found that women do not come forward for help and support as they fear prosecution if identified. In recent years there has been reported cases of newborns found (both alive and dead) following concealed pregnancies in Ireland. Media reports have sometimes been sensationalist and portrayed the mothers as villains or victims.¹¹ The authors also contend that media guidelines are warranted, similar to those for reporting on cases on suicide.

Conclusion

Women who conceal a pregnancy are likely to internalise their feelings after the birth irrespective of the outcome due to significant trauma in their earlier lives. In order to prevent psychological morbidity, women who experience a concealed pregnancy require accessible therapeutic counselling in order to process what has happened in their lives.

Integrated care pathways are urgently required to signpost women experiencing a concealed pregnancy to support services to augment perinatal mental wellbeing and optimise maternal-infant attachment where women choose to mother their infants.

Our key message is there is merit in listening and holding space for women to share difficult experiences with us. Midwives and nurses are in a privileged position to care for women impacted by trauma. By responding and interacting through a trauma-informed lens we can assist recovery, prevent re-traumatisation and promote perinatal mental wellbeing during and after a concealed pregnancy.

We will leave the last words to the participants in The KISS Study. Shauna said: *"You don't conceal a pregnancy if everything is hunky dory."*

While Maeve said: *"Society in uncomfortable and unable to deal with concealed pregnancy and how it arises. This leaves us to cope alone, it's like a conspiracy of silence."*

Frances spoke about seeking assistance

some years after her concealed pregnancy and unassisted birth in order to help her deal with emotions of distress. *"I did try to go to a professional... I'll never forget walking into the green dark room with the steel desk, I was sitting across one side... and looking at him going where is the compassion on your face? You can greet me with a smile and say hello and welcome... but what kind of human being can help another human being if they can't even smile."*

She added: *"I will never come back here again. Or to anybody like you because I can do this on my own."*

The voice of women impacted by the experience of concealed/denied pregnancy is rarely heard. Reaching out to women who have experienced a concealed pregnancy is imperative in order that their early life experiences are heard and understood so as to improve healthcare policy and practice responses.

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References

- Murphy Tighe S, Lalor JG. 2016. A Concept Analysis of Concealed Pregnancy, *Journal of Advanced Nursing* doi:10.1111/jan.12769
- Murphy Tighe S, Lalor JG. 2019. Regaining Agency and Autonomy: A grounded typology of concealed pregnancy doi: 10.1111/jan.13875
- Spielvogel AM, Hoehener HC. 1995. Denial of Pregnancy: A Review and Case Reports. *Birth* 22; 4 220-226
- Friedman SH, Heneghan A, Rosenthal M. 2009. Characteristics of Women Who Deny or Conceal Pregnancy. *Psychosomatics* 48; 2: 117-122
- Porter T, Gavin H. 2010. Infanticide and Neonaticide: A Review of 40 Years of Research Literature on Incidence and Causes. *Trauma Violence Abuse* 11, 3: 99-112
- Riley L. 2005. Neonaticide: A Grounded Theory Study. *Journal of Human Behavior in The Social Environment*. 12: 4
- Conlon C. 2006. *Concealed Pregnancy: A Case Study Report from an Irish Setting*. CPA: Dublin
- Ruppert F. 2008. *Trauma, bonding and family constellations*. Green Balloon Publishing: UK
- St Just A. 2006. *Relative balance in an unstable world: A search for new models for trauma education and recovery*. Carl-Auer Systeme Verlag: Germany
- Irish Legal. 2018. *Concealed pregnancies expert calls for re-examination of 1861 law*. December 18 Available at <https://irishlegal.com/article/concealed-pregnancies-expert-calls-for-re-examination-of-1861-law>
- Murphy Tighe S, Lalor JG. 2016. *Concealed pregnancy and newborn abandonment: A contemporary 21st century issue*. *The Practising Midwife*, June 19: 6



Combating exhaustion

Fatigue in the workplace must be avoided as it puts patients, colleagues and individual nurses and midwives at risk, writes Steve Pitman

THE physical and emotional demands of the Covid-19 crisis on nurses, midwives and colleagues in healthcare can be overwhelming. Exhaustion has been a key feature of the crisis since it first emerged and continues to be a problem for health workers throughout the world. This was exemplified by an image of a nurse in Italy, in early March, collapsed at her desk wearing PPE. This was followed by a stream of photos on social media of the exhausted faces of nurses following gruelling shifts caring for patients and fighting Covid-19.

Speaking on the issue, ICN president Annette Kennedy said: "The pictures we have seen of exhausted nurses shows how they are putting their patients' needs before their own. It is always humbling to see how our colleagues step forward when they are needed, even though they may be exposing themselves to dangers at work."¹ ICN CEO Howard Catton also reminded nurses about the importance of looking after themselves.¹

Jun and colleagues, based on reports from nurses in a *New York Times* article, makes the point that "Exhausted [nurses] amid the Covid-19 pandemic feel the heavy burden of their professional duty to serve while running thin on personnel and making do with little rest and insufficient time for recovery, not to mention having to put aside professional standards, such as evidence-based practice, in the face of personal protective equipment shortages."²

The increased workload and the

demands of working for long periods in PPE can exact a physical toll on individuals. This is coupled with the emotional and psychological demands of caring for people acutely unwell and the numbers of people dying from Covid-19. These demands also include concern for personal safety and access to PPE. In many cases this is further exacerbated by nurses and midwives isolating, often alone, to protect their loved ones and contain the spread of the virus. This reduces their access to comfort and emotional support from family and friends.

Exhaustion

Exhaustion is a common response to being overloaded at work. Lasting exhaustion has been recognised as a consequence of chronic stress.³ This can have a physiological impact making individuals more susceptible to disease, infection, exacerbation of chronic conditions, impaired healing and a range of other health consequences.

Exhaustion is the central element of burnout. Malasch and colleagues consider exhaustion as feelings of being overextended and depleted of one's emotional and physical resources.⁴ This, in essence, is a sense of running on empty. Exhaustion leads to fatigue that can result in impaired functioning that increases the risk of errors and accidents.⁵ Fatigue is a workplace hazard that places the individual, patients, colleagues and others at risk.

A number of forces have been identified that drive and cause work-related fatigue in nurses and midwives.⁶ These include:

Reducing exhaustion

- Get at least seven to eight hours of uninterrupted sleep before each shift
- Avoid shift rotations – frequent rotation between day and night shift
- Take your rest breaks and lunch break in a quiet area away from your unit if possible
- Eat a well-balanced diet and minimise consumption of caffeinated drinks
- Educate your management team and colleagues about the signs and risks of nursing/midwifery fatigue
- Develop a work culture that accepts a nurse of midwife's choice to refuse to work overtime – without guilt
- Develop open, honest and respectful lines of communication between your management team and nursing staff regarding staffing needs
- Commit to a healthy work/life balance

- Inadequate staffing
- Overtime
- 12-hour shifts
- Unexpected patient emergencies
- Increased administration expectations
- Increased expectations from patients and families
- Frequent changes in management, policies and procedures
- Disruptive or hostile work environment members
- Nurses and midwives neglecting their own health
- Nurses and midwives failing to address

their own chronic physical/mental disease.

These factors are familiar to all nurses and midwives but have been heightened during the Covid-19 crisis.

Reducing exhaustion

The Health and Safety Authority is clear that "the only cure for fatigue is rest". The following steps need to be taken to reduce exhaustion.

If you are driving after working a shift, ensure you are okay to drive. Driving when tired is a major risk factor in road traffic accidents. You are three times more likely to have a fatal accident or a serious injury if you are fatigued. Fatigue has been identified as a contributing factor in one in five road deaths. Remember to let someone know when you expect to arrive at your destination and follow the RSA guidance on driving: "STOP, SIP, REST".

An imbalance between work demands and resources is the root cause of workplace stress and burnout. The challenges during a prolonged crisis is recognising the signs of exhaustion creeping up and being in a position to use coping strategies that have worked for you in the past or developing new approaches. But it is important

INMO 24-hour free counselling helpline for members

The INMO provides a free 24-hour counselling helpline for members. This service provides confidential counselling over the telephone including, where appropriate, onward referral to relevant voluntary and/or professional services. You can contact this service by phone at Tel: **1850 670407** or **01 8818047**

to remember the causes of fatigue are often outside of your direct control.

Health services cannot function without nurses and midwives, and in turn nurses and midwives cannot run on empty. Preventing fatigue and exhaustion is of critical importance to ensure that all professionals can function at work at their optimum level. Tangible and visible resources need to be available in the workplace to enable nurses and midwives to maintain their energy levels. The HSE Health and Well-being Unit recognises the importance of preventing fatigue and has developed a series of flyers and posters to highlight the issue. These are available on the unit's Twitter account: @whw_hr.

Asking for help

If you are feeling exhausted as a consequence of work or you are concerned about exhaustion in your workplace,

speaking to your line managers or contact the employee assistance programme (EAP) and counselling service linked to your service.

A list of EAPs available in the public health service can be found at: <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/employee-assistance-and-counselling-service/>

Steve Pitman is the INMO's head of education

References

1. ICN Press Release accessed on the 14/04/2020 at https://www.inmo.ie/ICN_News
2. Jun J, Tucker S, Melnyk B. Editorial. Clinician Mental Health and Well-Being During Global Healthcare Crises: Evidence Learned From Prior Epidemics for COVID-19 Pandemic, *World Views on Evidence Based Nursing*, Accepted Manuscript 2020; doi:10.1111/wvn.12439
3. HSE, Policy for Prevention and Management of Stress in the Workplace. Dublin: Health Service Executive 2012
4. Maslach C, Schaufeli WB, Leiter MP. Job burnout. *Annual review of psychology* 2001; 52(1):397-422
5. HSE, Human factors: Fatigue, Health and Safety Authority, UK; www.hse.gov.uk/humanfactors/topics/fatigue.htm
6. Kelton D, Kingsley E, Davis C, Miller D. Running on empty? The facts about nursing fatigue. *Nursing made Incredibly Easy*. 2014 Mar 1; 12(2):45-9

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THE PATIENT IS AT THE HEART OF EVERYTHING WE DO

Lundbeck expresses our gratitude to and support for all healthcare professionals working tirelessly in support of patients during the COVID-19 crisis

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Date of preparation: April 2020
Job Code: IE-NOTPR-0016



Focused • Passionate • Responsible

INVOKANA® (canagliflozin) 100 mg & 300 mg film-coated tablets. PRESCRIBING INFORMATION. Republic of Ireland Please refer to Summary of Product Characteristics (SmPC) before prescribing. INDICATIONS: The treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise as monotherapy when metformin is considered inappropriate due to intolerance or contraindications, or in addition to other medicinal products for the treatment of diabetes. **DOSAGE & ADMINISTRATION: Adults:** recommended starting dose: 100 mg once daily. In patients tolerating this dose and with eGFR \geq 60 mL/min/1.73 m² needing tighter glycaemic control, dose can be increased to 300 mg once daily. For oral use, swallow whole. Caution increasing dose in patients \geq 75 years old, with known cardiovascular disease or for whom initial canagliflozin-induced diuresis is a risk. Correct volume depletion prior to initiation. When add-on, consider lower dose of insulin or insulin secretagogue to reduce risk of hypoglycaemia. **Children:** no data available. **Elderly:** consider renal function and risk of volume depletion. **Renal impairment:** not to be initiated with eGFR $<$ 60 mL/min/1.73 m². If eGFR falls below this value during treatment, adjust or maintain dose at 100 mg once daily. Discontinue if eGFR persistently $<$ 45 mL/min/1.73 m². Not for use in end stage renal disease or patients on dialysis. **Hepatic impairment:** mild or moderate; no dose adjustment. Severe; not studied, not recommended. **CONTRAINDICATIONS:** Hypersensitivity to active substance or any excipient. **SPECIAL WARNINGS & PRECAUTIONS:** Not for use in type 1 diabetes. **Renal impairment:** eGFR $<$ 60 mL/min/1.73 m²: higher incidence of adverse reactions associated with volume depletion particularly with 300 mg dose; more events of elevated potassium; greater increases in serum creatinine and blood urea nitrogen (BUN); limit dose to 100 mg once daily and discontinue when eGFR $<$ 45 mL/min/1.73 m². Not studied in severe renal impairment. Monitor renal function prior to initiation and at least annually. **Volume depletion:** caution in patients for whom a canagliflozin-induced drop in blood pressure is a risk (e.g. known cardiovascular disease, eGFR $<$ 60 mL/min/1.73 m², anti-hypertensive therapy with history of hypotension, on diuretics or elderly). Not recommended with loop diuretics or in volume depleted patients. Monitor volume status and serum electrolytes. **Diabetic ketoacidosis (DKA):** rare DKA cases reported, including life-threatening and fatal. Presentation may be atypical (blood glucose $<$ 14mmol/l). Consider DKA in event of non-specific symptoms. If DKA is suspected or diagnosed, discontinue *Invokana* treatment immediately. Interrupt treatment in patients who are undergoing major surgical procedures or have acute serious medical illnesses. Monitoring of (preferably blood) ketone levels is recommended in these patients. Consider risk factors for development of DKA before initiating *Invokana* treatment. **Elevated haematocrit:** careful monitoring if already elevated. **Genital mycotic infections:** risk in male and female patients, particularly in those with a history of GMI. **Lower limb amputation:** Consider risk factors before initiating. Monitor patients with a higher risk of amputation events. Counsel on routine preventative foot care and adequate hydration. Consider discontinuing *Invokana* when events preceding amputation occur (e.g. lower-extremity skin ulcer, infection, osteomyelitis or gangrene). **Urine laboratory assessment:** glucose in urine due to mechanism of action. **Lactose intolerance:** do not use in patients with galactose intolerance, total lactase deficiency or glucose-galactose malabsorption. **Necrotising fasciitis of the perineum (Fournier's gangrene):** post-marketing cases reported with SGLT2 inhibitors. Rare but serious, patients should seek medical attention if experiencing symptoms including pain, tenderness, erythema, genital/perineal swelling, fever, malaise. If Fournier's gangrene suspected, *Invokana* should be discontinued, and prompt treatment instituted. **INTERACTIONS: Diuretics:** may increase risk of dehydration and hypotension. **Insulin and insulin secretagogues:** risk of hypoglycaemia; consider lower dose of insulin or insulin secretagogue. **Effects of other medicines on Invokana:** Enzyme inducers (e.g. St. John's wort, rifampicin, barbiturates, phenytoin, carbamazepine, ritonavir, efavirenz) may decrease exposure of canagliflozin; monitor glycaemic control. Consider dose increase to 300 mg if administered with UGT enzyme inducer. Cholestyramine may reduce canagliflozin exposure; take canagliflozin at least 1 hour before or 4-6 hours after a bile acid sequestrant. **Effects of Invokana on other medicines:** Monitor patients on digoxin, other cardiac glycosides, dabigatran. Inhibition of Breast Cancer Resistance Protein cannot be excluded; possible increased exposure of drugs transported by BCRP (e.g. rosuvastatin and some anti-cancer agents). **PREGNANCY:** No human data. Not recommended. **LACTATION:** Unknown if excreted in human milk. Should not be used during breast-feeding. **SIDE EFFECTS: Very common (\geq 1/10):** hypoglycaemia in combination with insulin or sulphonylurea, vulvovaginal candidiasis. **Common (\geq 1/100 to $<$ 1/10):** constipation, thirst, nausea, polyuria or pollakiuria, urinary tract infection (including pyelonephritis and urepsis), balanitis or balanoposthitis, dyslipidemia, haematocrit increased. **Uncommon ($<$ 1/100) but potentially serious:** anaphylactic reaction, diabetic ketoacidosis, syncope, hypotension, orthostatic hypotension, urticaria, angioedema, necrotising fasciitis of the perineum (Fournier's gangrene) (frequency not known), bone fracture, renal failure (mainly in the context of volume depletion), lower limb amputations (mainly of the toe and midfoot; incidence rate of 0.63 per 100 subject-years, vs 0.34 for placebo). **Refer to SmPC for details and other side effects. LEGAL CATEGORY:** POM. **PACK SIZES & MARKETING AUTHORISATION NUMBER(S):** *Invokana* 100 mg film-coated tablets: 30 tablets; EU/1/13/884/002. *Invokana* 300 mg film-coated tablets: 30 tablets; EU/1/13/884/006. **MARKETING AUTHORISATION HOLDER:** Janssen-Cilag International NV, Turnhoutseweg 30, B-2340 Beerse, Belgium. © INVOKANA is a registered trade mark of Janssen-Cilag International NV and is used under licence. © 2017 Napp Pharmaceuticals Limited. **FURTHER INFORMATION IS AVAILABLE FROM:** Mundipharma Pharmaceuticals Limited, Millbank House, Arkle Road, Sandycroft, Dublin 18. For medical information enquiries, please contact medicalinformation@mundipharma.ie **IRE/INV-19401 Date of Preparation** November 2019

INVOKANA is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus (T2DM) as an adjunct to diet and exercise.¹

Improvements in renal outcomes with INVOKANA are additional benefits only and not licensed indications.

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“Kidney disease predominantly accounts for the increased mortality observed in type 2 diabetes”²

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47% relative risk reduction in time to first adjudicated nephropathy event (doubling of serum creatinine, need for renal replacement therapy, and renal death) HR 0.53 (95% CI 0.33-0.84), compared with placebo and SoC.

Absolute risk reduction: 1.3 fewer major adverse renal events per 1000 patient-years.³

27% reduction in the progression of albuminuria in patients with normo- or micro-albuminuria HR 0.73 (95% CI 0.67-0.79), compared with placebo and SoC.

Absolute benefit: 39.3 fewer instances of albuminuria progression per 1000 patient-years.⁴

Adverse events should be reported to: HPRC 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 Mundipharma Pharmaceuticals Limited on drugsafety@mundipharma-ri.eu or by phone on 01 2063800 (1800 991830 outside office hours).

References: 1. INVOKANA SmPC www.medicines.ie November 2019. 2. Afkarian M, et al. *Journal of the American Society of Nephrology*. 2013;24(2):302-3082. 3. Perkovic V, et al. *Lancet Diabetes Endocrinol*. 2018 Sep;6(9):691-704. 4. Neal B, et al. *N Engl J Med* 2017; 377:644-657.

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The recommended starting dose of INVOKANA is 100mg once-daily.

SoC - Standard of Care

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**The renal reason
to intensify**

Diabetes focus

New study finds that type 1 diabetes can be separated into two different endotypes – WIN takes a look at some recent diabetes research

Type 1 diabetes is two distinct conditions, defined by diagnosis age

Children who are diagnosed with type 1 diabetes under the age of seven have a different form, or 'endotype', of the condition compared with those diagnosed aged 13 or older, new research has shown.

The new study, carried out at the University of Exeter, was published recently in *Diabetologia*, the journal of the European Association for the Study of Diabetes (EASD). The research shows for the first time that children who were diagnosed under the age of seven years do not process insulin properly and the cells that make it are quickly destroyed. Those who are older at diagnosis (aged 13 or older) often continue to produce normal insulin, findings that, according to the researchers, reignite important questions about whether these 'dormant' insulin-producing cells could be reinvigorated to work more effectively.

In their paper, the Exeter team has suggested new names for the two distinct endotypes: type 1 diabetes endotype 1 (T1DE1) for that diagnosed in the youngest children, and type 1 diabetes endotype 2 (T1DE2) for those who are older at diagnosis.

Speaking on the findings, Prof Noel Morgan from the University of Exeter said: "We're extremely excited to find evidence that type 1 diabetes is two separate conditions: T1DE1 and T1DE 2. The significance of this could be enormous in helping us to understand what causes the illness, and in unlocking avenues to prevent future generations of children from getting type 1 diabetes. It might also lead to new treatments, if we can find ways to reactivate dormant insulin-producing cells in the older age group. This would be a significant step towards the holy grail to find a cure for some people."

The paper proposes that children diagnosed between the ages of seven and 12 could fall into either the T1DE1 or T1DE2 group. The research team is now working on more precise ways to define which type

of diabetes such children have by studying the small amounts of insulin released into their blood.

Sarah Richardson, associate professor at the University of Exeter Medical School, said that this research could have a significant impact on current emerging therapies for type 1 diabetes. "We're seeing a lot of promise in immunotherapies which can slow disease progression, but so far that hasn't translated into effective new treatments. It could be that we need to focus on the use of different therapies in each age group, for these to be effective."

– DOI: 10.1007/s00125-020-05115-6

People with type 2 diabetes and heart disease may benefit from newer drugs

Type 2 diabetes affects treatment options for patients who have both coronary artery disease and type 2 diabetes, according to a new American Heart Association Scientific Statement, published in the journal *Circulation*. The statement provides an overview of the latest advances for treating people who have both coronary artery disease and type 2 diabetes, and details the complexities of care for these conditions together.

"Recent scientific studies have shown that people with type 2 diabetes may need more aggressive or different medical and surgical treatments compared to people with coronary artery disease who do not have type 2 diabetes," said Dr Suzanne V Arnold, chair of the writing group for the scientific statement, associate professor of medicine at the University of Missouri, US.

"What we've learned in the past decade is how you control glucose levels has a huge influence on cardiovascular risk. Lowering blood sugars to a certain level is not sufficient. There are now more options for controlling glucose in people with type 2 diabetes and each patient should be evaluated for their personal risk of cardiovascular disease, stroke and kidney disease. This combined health information as well as the patient's age should be used to determine the appropriate therapies to

lower glucose," said Dr Arnold.

Metformin, the most frequently recommended initial medication in type 2 diabetes, is inexpensive and has a long use and safety history. However, the statement notes that the latest research indicates several newer classes of medications may both lower glucose and reduce the risk of cardiovascular diseases.

Sodium-glucose co-transporter inhibitors (SGLT2 inhibitors), which are oral medications, were the first class to show clear benefits on cardiovascular outcomes. In a recent study of people with type 2 diabetes and a diagnosis of heart disease, researchers found that patients taking SGLT2 inhibitors were significantly less likely to die of cardiovascular disease. They had a reduced risk of heart failure, less progression of chronic kidney disease and also lost weight.

Glucagon-like peptide-1 receptor agonists (GLP-1 receptor agonists) are a class of injectable medications that lower blood glucose and can also cause a reduction in weight. Recent study results about their efficacy in reducing cardiovascular diseases have been mixed. However, a few GLP-1 receptor agonists have been shown to reduce the risk of major cardiovascular events caused by cholesterol build-up in the arteries, such as heart attacks and strokes.

However, while treatment with medication is important in the treatment of people who have both type 2 diabetes and coronary artery disease, no pill is a substitute for a healthy lifestyle.

"No matter what new medicines there are, a heart-healthy diet, achieving and maintaining a healthy weight, regular physical activity and treating sleep disorders remain the major cornerstones of treatment for type 2 diabetes and cardiovascular disease," said Dr Arnold.

– DOI: 10.1161/CIR.0000000000000766



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**Nutramigen**

Covid-19: Steroids remain vital in asthma management



GINA recommends that patients should be advised to continue to take their prescribed corticosteroids for asthma management

IN RECENT weeks various sources have suggested that corticosteroids should be avoided during the Covid-19 epidemic, which has worried those who use these medications on a daily basis to manage asthma.

The Global Initiative for Asthma (GINA), the world authority on asthma and asthma treatment guidelines, has stated that healthcare professionals who work with patients with asthma should advise them not to stop taking their prescribed inhaled corticosteroid controller medication or any prescribed oral corticosteroids.

Stopping inhaled corticosteroids often leads to potentially dangerous worsening of asthma, and avoiding oral corticosteroids during severe asthma attacks may have serious consequences.

Long-term oral corticosteroids may sometimes be required to treat severe asthma, and it may be dangerous to stop them suddenly.

GINA has advised patients with concerns to speak with their doctor or nurse before stopping any asthma medication.

The advice remains for patients to keep taking their inhaled asthma controller medication and – if their asthma gets worse – to follow the instructions on their asthma action plan for how to change asthma medications and when to seek medical help.

Severe asthma

Meanwhile, following government advice that patients with "severe asthma" should cocoon during this stage of the Covid-19 pandemic, the Asthma Society of Ireland has said that it was inundated by queries as to what exactly constituted

GINA advice on asthma management in Covid-19 pandemic

- People with asthma should continue all of their inhaled medication, including inhaled corticosteroids, as prescribed
- In acute asthma attacks patients should take a short course of oral corticosteroids if instructed in their asthma action plan or by their healthcare provider, to prevent serious consequences
- In rare cases, patients with severe asthma might require long-term treatment with oral corticosteroids (OCS) on top of their inhaled medication. This treatment should be continued in the lowest possible dose in these patients at risk of severe attacks/exacerbations. Biologic therapies should be used in severe asthma patients who qualify for them, in order to limit the need for OCS as much as possible
- Nebulisers should, where possible, be avoided for acute attacks due to the increased risk of disseminating Covid-19 (to other patients *and* to physicians, nurses and other personnel)
- Pressurised metered dose inhaler (pMDI) via a spacer is the preferred treatment during severe attacks. (Spacers must not be shared at home)
- While a patient is being treated for a severe attack, their maintenance inhaled asthma treatment should be continued (at home *and* in the hospital)
- Patients with allergic rhinitis should continue to take their nasal corticosteroids, as prescribed by their clinician
- Routine spirometry testing should be suspended to reduce the risk of viral transmission, and if absolutely necessary, adequate infection control measures should be taken

severe asthma as patients struggled to work out whether the advice applied to them or not.

Sarah O'Connor, CEO of the Asthma Society, said that there was confusion as to what exactly classed someone's asthma as severe asthma as it was not simply a description of how a patient's symptoms feel to them, as some believe. To address this the Society asked its medical advisory group, made up of the top asthma experts in the country, to put together a definition for people with asthma and their concerned family members.

Severe asthma is defined by experts as asthma that requires treatment with high-dose inhaled corticosteroids plus a second controller and/or systemic corticosteroids to prevent it from becoming 'uncontrolled'

or that remains 'uncontrolled' despite this therapy. Patients with severe asthma are usually under the care of specialist centres and may be on long-term injection (biological) therapy.

The guidance allows patients to work through a number of steps to establish if their medication strength and type indicates that they have severe asthma. This is available in full at www.asthma.ie.

Healthcare workers

If you are an essential healthcare worker, The Asthma Society has recommended that you discuss your workplace exposure risk and your asthma-related risk of severe illness from Covid-19 with your occupational health department and/or your regular asthma doctor, as the context for each worker is different.

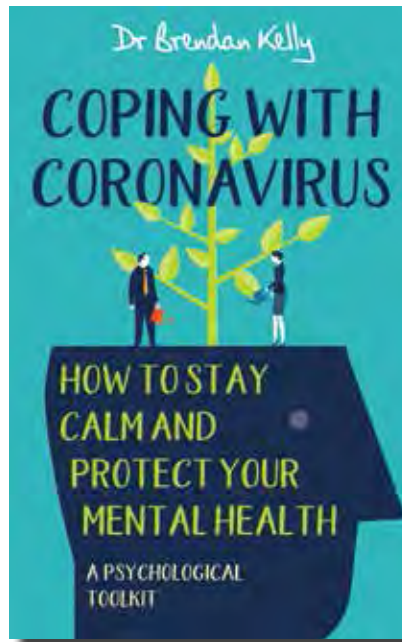
Coping in a time of Covid-19

A RENOWNED expert in mental health and an independent Irish publisher have combined to address urgent need for authoritative and measured advice on protecting our psychological and mental health during this global pandemic.

Coping With Coronavirus – How To Stay Calm and Protect Your Mental Health, A Psychological Toolkit, written by Brendan Kelly, a professor of psychiatry at Trinity College Dublin and a consultant psychiatrist at Tallaght University Hospital, was written, edited, designed and published in just under two weeks and answers questions that are preying on many of our minds right now. How worried should I be? What information can I trust? What should I tell the children? Can I survive the panic, let alone the virus?

These are unprecedented times and Prof Kelly's book aims to help us understand and cope with the unique stresses of the pandemic, as we all try to deal with the threat of Covid-19 within our homes, communities and throughout the world.

The anxiety associated with Covid-19 is different to the anxiety seen in traditional disorders, because, as Prof Kelly observes,



demonstrably there is something to fear, and it is this that makes this worry so challenging to manage.

The good news, as *Coping with Coronavirus* details, is that, just as we are capable of finding sophisticated ways to make ourselves more anxious, we are equally good

at finding sophisticated ways to manage our mental health, once we put our minds to it. Anxiety-management techniques help hugely once they are modified to suit the new situation that we face and, in *Coping with Coronavirus*, Prof Kelly gives us all the practical tools that we and our loved ones need to navigate these tense, uncertain days.

If you're feeling overwhelmed and powerless, if you're worried about your older relatives and friends, or how your children are coping, then this book aims to bring you some comfort.

The publisher has aimed to make the book as accessible as possible by pricing the eBook at just €1. In addition, Prof Kelly's author royalties will be donated to medical charities assisting with the global response to coronavirus. A spokesperson for Merrion Press said: "In a time when ordinary people and communities are showing the greatest leadership, this is our way of trying to help."

Coping With Coronavirus - How To Stay Calm and Protect Your Mental Health, A Psychological Toolkit is published by Merrion Press. It is available as an eBook for €1. Kindle: 978-1-78537-361-9 Epub: 978-1-78537-362-6. The paperback has an RRP of €4.99

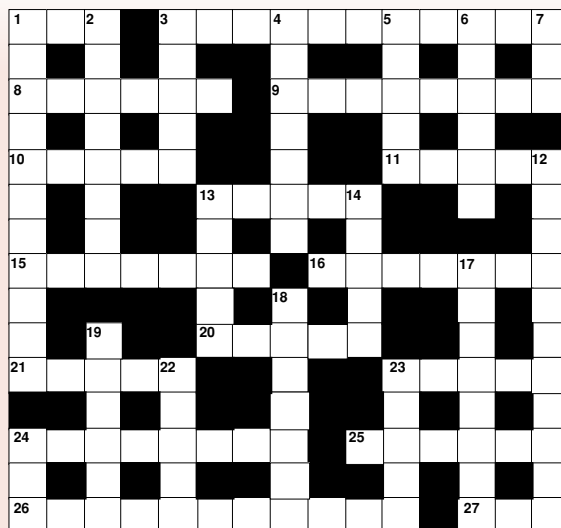


CROSSWORD Competition



- Across**
- 1 & 9a He produced great works of art in the Renaissance, using a fancier log, literally (3,8)
 - 3 Leo Tolstoy novel – considered by many to be his greatest (3,3,5)
 - 8 Most ancient (6)
 - 9 See 1 across
 - 10 Tests (5)
 - 11 Din (5)
 - 13 In the Bible, son of Isaac and brother of Esau (5)
 - 15 Wishy-washy (7)
 - 16 No birch can provide these branches of the trachea (7)
 - 20 Entice (5)
 - 21 Large, predatory seafish (5)
 - 23 & 2d Change those Danish canapes? You won't feel good with the result! (5,3,5)
 - 24 Will Pat clean up literally with what provides for the developing foetus? (8)
 - 25 Swiss city (6)
 - 26 Spread disease using strangely tinted trams (11)
 - 27 Soak flax in order to make linen (3)

- Down**
- 1 Hyacinth and Rose, perhaps, go ahead of the bride (6,5)
 - 2 See 23 across
 - 3 Striped insects (5)
 - 4 Show greed when Ms Gardner gets the cereal (7)
 - 5 Groom oneself, as a bird may do (5)
 - 6 Having a low pH value (6)
 - 7 Someone with a big head is said to have a bit of an ____ (3)
 - 12 I stand quite differently to be equally far away (11)
 - 13 Supporting beam (5)
 - 14 Erupt (5)
 - 17 & 18 Having dispelled a clerical phantom, one's hearing should go better after this surgical procedure! (8,7)
 - 19 The world's largest desert (6)
 - 22 Joints in the legs (5)
 - 23 Make alterations to what might have been named differently (5)
 - 24 Coal mine (3)



April crossword solution

Across: 1 Bad 3 Prickly heat
8 Recipe 9 Gin rummy 10 Hal al
11 Sinus 13 Detox 15 Organic
16 Barn owl 20 Gears 21 Wound
23 Weigh 24 Socrates 25 Heroin
26 Crown jewels 27 Eye

Down: 1 Bartholomew 2 Duckling
3 Papal nuncio 4 Cygnets 5 Ypres
6 Ermine 7 Tay 12 Small change
13 Doing 14 X-rays 17 Omnivore
18 Bandsaw 22 Drain 23 Wrens
24 Sac

The winner of the April crossword is:
Mary Fleming Co. Kilkenny

You can email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included.

Closing date: Friday, May 22, 2020

If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:

Address:

.....

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ICN launches new APN guidelines

Council calls for increased support for advanced practice roles

AT THIS time when nursing expertise and experience are being recognised and acknowledged around the globe, the International Council of Nurses (ICN) has published detailed guidelines on advanced practice nursing (APN).

According to the ICN, the promotion of APN is one of the most efficient and effective ways to address the fault lines in our healthcare systems revealed by the Covid-19 pandemic. It says that advanced practice nursing helps countries deliver high quality, safe, affordable, patient-focused care.

Developed by an international panel of nursing experts, the guidelines aim to provide a clearer and more common understanding of the components of APN to key stakeholders, the public and other healthcare professionals. They assist countries in the development of policies, frameworks and strategies that will support APN initiatives around the globe.

The guidelines acknowledge the varying levels and pace of development of APN in different parts of the world and provide

common principles and practical examples of international best practice to help foster rapid progress in the provision of APN services.

Speaking on the new guidelines ICN president Annette Kennedy said: "Since its inception in 1899, ICN has always taken the lead on professional development for nurses, and these latest guidelines continue that process at a moment in history when they have never been more necessary. Advanced practice nurses, educated to master's level, can effectively respond to patients' needs regarding health promotion and prevention, and management of disease, their response to the coronavirus makes a compelling case. APNs are an efficient resource to address the challenges of providing accessible, safe and affordable care. We have seen during the Covid-19 pandemic how essential nurses' leadership skills are at dealing with a major crisis as well as the everyday."

Howard Catton, ICN chief executive officer, said: "Covid-19 has revealed the weakness and fragility of many of our

healthcare systems.

There is no single solution, but we would be missing a major trick if we did not recognise that APN represents a huge opportunity to develop and grow strong health systems. APN has a leading role to play in the prevention and containment of diseases, as well as providing first contact and long-term care, while benefiting vulnerable groups that other healthcare professionals may not reach.

"As a co-chair of the recently released WHO *State of the World's Nursing* report, we identified convincing evidence on both the care and cost effectiveness of these roles. The ICN calls on governments and healthcare authorities to use the new APN guidelines to support nurses to work to their full scope of practice and design and implement, at scale, more nurse-led services," he added.



IPNA general practice nursing survey

THE Irish Practice Nurses Association (IPNA) was established to support the advancement of education in general practice in Ireland by promoting and assisting nurses in further education programmes and to provide a forum for the dissemination of information on developments in the general practice nursing field which will promote the highest standards of care to benefit the community.

With the support of all general practice nurses in Ireland, the IPNA wants to ensure the role of general practice nurses working in primary care is valued, visible and supported. Right now, the IPNA is engaging and collaborating with all stakeholders including the Department of Health, with our colleagues in the ICGP and the professional development co-ordinators in lobbying for recognition of the role of general practice nurses.

To strengthen our work and engagement with all stakeholders we are asking all general practice nurses to participate in a survey that will capture the demographics of practice nurses, their professional

development and education and identify what additional supports are needed.

This survey will be available through the IPNA website from May, see www.irishpracticenurses.ie

It will take about 12 minutes to complete and individual responses will be kept anonymous.

Speaking on the survey, the IPNA said: "This is our opportunity to present one, definitive tool that informs stakeholders about the general practice nurses' population in Ireland. This survey will have an impact. It will make general practice nurses more visible. The more nurses who complete the survey, the louder we can be so please feel free to share the survey with your nursing colleagues.

"We assure you that the IPNA national executive officers will present this data to ensure the voices and feedback of all general practice nurses in Ireland is heard.

"The IPNA General Practice Nurse Survey is the only survey exclusively designed by the IPNA for general practice nurses in Ireland."

All hospital patients to be screened for malnutrition

ALL PATIENTS admitted to hospital are to be screened for malnutrition as part of a new National Clinical Guideline that has just been published by the Department of Health.

This latest Clinical Guideline from the Department of Health focuses on the screening of adults in the acute care setting, as well as the use of oral nutrition support.

It was developed by a guideline development group made up of healthcare professionals working in this area, including consultants, dietitians, nurses, and speech and language therapists. It recommends that all patients on admission to an acute hospital should be screened for malnutrition, and screening should be repeated weekly for inpatients.

The guideline has been mandated for implementation across hospitals by the Minister for Health, Simon Harris.

Covid-19 notice

The following meetings have been scheduled. However, pending further developments, we are keeping matters under constant review and unless there is a significant change in the public health situation, it is probable that all meetings, should they go ahead, will be conducted by teleconference. For more details on any listed meetings, contact jean.carroll@inmo.ie (unless otherwise indicated)

May

Thursday 14 (cancelled)
Student Allocation Liaison group.
INMO Whitworth Building.
12-2pm

Saturday 16 (rescheduled to Saturday, September 19)
School Nurses Section meeting.
The Richmond. 10am

Saturday 23 (to be rescheduled – details TBC)
ODN Section meeting. Limerick.
11.30am

Saturday 23
Midwives Section meeting. 2pm.
At the time of going to print, this meeting is to take place via teleconference

Tuesday 26
National Care of the Older Person Section conference on Covid-19

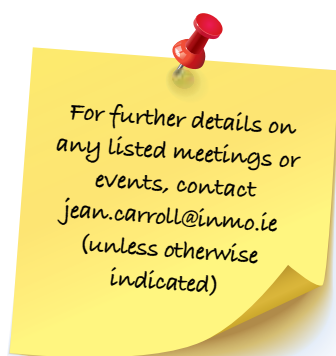
Thursday 28
Assistant Directors Section meeting. At the time of going to print, this meeting is to take place via teleconference

June

Saturday 13
PHN Section meeting. At the time of going to print, this meeting is to take place via teleconference

Saturday 13
Community RGN Section meeting. At the time of going to print, this meeting is to take place via teleconference

Wednesday 24
CPC Section meeting. At the time of going to print, this meeting is to take place via teleconference



INMO Professional

Library Opening Hours

May

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

For further information on the library and its services or to make an appointment to visit, please contact

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

INMO Membership Fees 2020

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

Condolences

- ❖ On behalf of Ireland's nurses and midwives, the INMO wishes to express its deepest condolences to the family and friends of Beena George. Beena was a nurse working in Our Lady of Lourdes Hospital, Drogheda. She had been undergoing treatment for a long-term illness, which she faced with great dignity, but sadly later contracted Covid-19. The INMO has a strong bond with the community of Indian nurses working in Ireland, who have our sympathies during this difficult time. We have privately expressed sympathies to her colleagues, family and to her community. She will be greatly missed by her colleagues in Drogheda. *Ar dheis Dé go raibh a hanam.*
- ❖ The INMO offers its deepest condolences on the passing of our colleague Joe Mullen. Joe played an instrumental role in the establishment of the diploma and degree programmes in nursing and midwifery. A native of Westmeath, Joe settled in Co Sligo where he was laid to rest in St Columba Church, Drumcliffe. He is survived by his wife Marie, his children Paul, Robert and Joanne and his six grandchildren. INMO president Martina Harkin-Kelly pays tribute to him on page 7 this month. May he rest in peace.
- ❖ It is with great sadness that we learned of the recent passing of two healthcare workers in St Luke's Hospital, Kilkenny. INMO management, Executive Council and all of our membership and staff wish to convey our deep and heartfelt sympathies to all of the staff in St Luke's during this difficult time. In our profession we deal with difficult situations daily and get comfort and support from each other in getting through. The thoughts and prayers of the entire Organisation are with all of the staff in St Luke's during these very difficult days.

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

School of Nursing & Midwifery, NUI Galway Recruiting now for September 2020

Register now for a specialist Master/Postgraduate Diploma in Health Sciences at the School of Nursing and Midwifery NUI Galway, starting in September 2020. We also offer options which range from Professional Credit Awards (Stand Alone Modules), Postgraduate Certificates and Diplomas, Masters by research and PhDs.



Application Information:

Application information is available at nuigalway.ie/nursing-midwifery.

Applications are made online on the NUI Galway Postgraduate Applications System: nuigalway.ie/postgraduateapplications

except the Professional Credit Awards: nuigalway.ie/pca/pca.html



Professional Credit Award/Certificate/Higher Diploma

Professional Credit Awards (Stand Alone Modules)
Certificate in Nurse/Midwife Prescribing
Higher Diploma in Midwifery

Master/Postgraduate Diploma in Health Sciences

Acute Medicine | Emergency Care
Intensive Care | Oncology and Haematology | Gerontology Public Health Nursing | Children's Palliative Care/Complex Care | Peri-operative Nursing | Nursing Education Advanced Practice with Prescribing | Wound Healing & Tissue Repair

Now for 2020:

MSc Health Science (Dietary) (pending approval)

Research Degrees

PhD in Nursing/Midwifery
MPhil in Nursing/Midwifery

nuigalway.ie/nursing-midwifery

[NUIGalwayNursingMidwifery](https://www.facebook.com/NUIGalwayNursingMidwifery)

+ 353 91 49 3432

Night Nurses

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

Email CV to recruitment@irishcancer.ie

Informal enquiries to 01-231 0524 or mferns@irishcancer.ie



Irish Nurses Rest Association

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

Ms Éilis Carroll, Shalom Nursing Home, Kilcock, Co Kildare.
email: ecarroll@shalomnh.ie

Advertising in WIN

World of Irish Nursing & Midwifery remains open for advertisement bookings throughout this difficult period.

Next issue: June 2020

Booking deadline: Friday, May 22

Tel: 01 271 0218

email: leon.ellison@medmedia.ie

• Don't forget to mention *WIN* when replying to advertisements.



Research Participants Needed

Who is eligible to take part?

All 2019 Graduate General Nurses of the BSc (Hons) in General Nursing programme

What is the research about?

The research aims to explore newly qualified general nurses' experiences and perceived value of the internship period.

Who is undertaking the research?

The research is being undertaken by Christina Lydon, a PhD student at the School of Nursing and Midwifery, Trinity College Dublin.

What is involved?

You will be asked to complete an electronic survey. You can take part by visiting www.nursing-internship-study.com/ where you will be able to access the Participant Information Leaflet and Survey Link, or by scanning the QR Code with the QR Scanning App on your phone.

If you would like more information please contact Christina Lydon by email: clydon@tcd.ie

WIN

World of Irish Nursing & Midwifery remains open for advertisement bookings as normal throughout this difficult period.

Next issue: June 2020

Booking deadline: Friday, May 22

Tel: 01 271 0218

email: leon.ellison@medmedia.ie

INMO Professional

**Tell us about your
Continuing Professional
Development (CPD)**

**Nursing and Midwifery Continuing
Professional Development Survey**

The INMO is undertaking a survey to find out your views and experiences of CPD as part of your professional practice.

The survey is available on the **INMO website** (<https://inmo.ie>) and the **INMO Professional Website** (<https://inmoprofessional.ie/Course>).

**Nursing now
Ireland**



**2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE**

TRUST OUR COMPLETE RANGE TO SUPPORT ALL YOUR COW'S MILK ALLERGY PATIENTS



*GMS / ACBS Approved

This detail aid is intended for Healthcare Professionals only.

Neocate LCP, Aptamil Pepti 1 and Pepti 2 are Foods for Special Medical Purposes for the dietary management of cow's milk allergy. In addition, Neocate LCP is also indicated for the dietary management of multiple food protein allergies and for infants who require an amino acid-based formula from birth. They must be used under medical supervision after consideration of all feeding options, including breastfeeding.

Accurate at time of publication: April 2020

NUTRICIA
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MedMedia Publications

is working as normal during this difficult period.

With teleworking within our company for many years, we are in a position to produce our usual range of publications and websites.

More than ever, reliable health media is vital to inform health professionals and the general public of the latest thinking on the COVID-19 situation and general arrangements.

We are working with our allied medical organisations to bring up-to-date information and research to health professionals.



If you have any queries contact:

MedMedia Publications Commercial Director:

Leon Ellison at Tel: 01 2710 218 or Mobile: 087 247 1620

Email: leon.ellison@medmedia.ie

Visit www.medmedia.ie/publications