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WIN

World of Irish Nursing & Midwifery

Journal of the
Irish Nurses and
Midwives Organisation

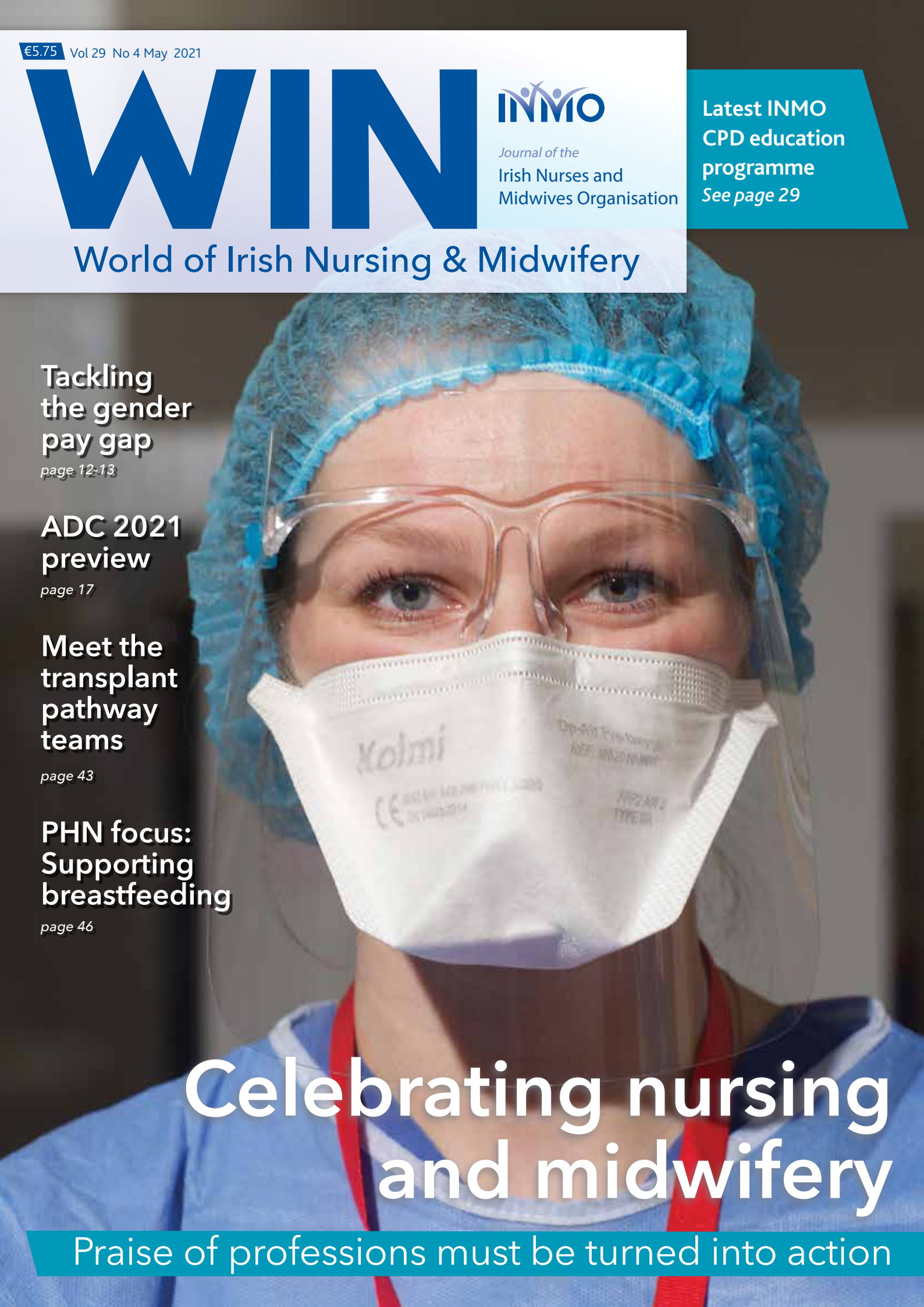
Latest INMO CPD education programme
See page 29

Tackling the gender pay gap
page 12-13

ADC 2021 preview
page 17

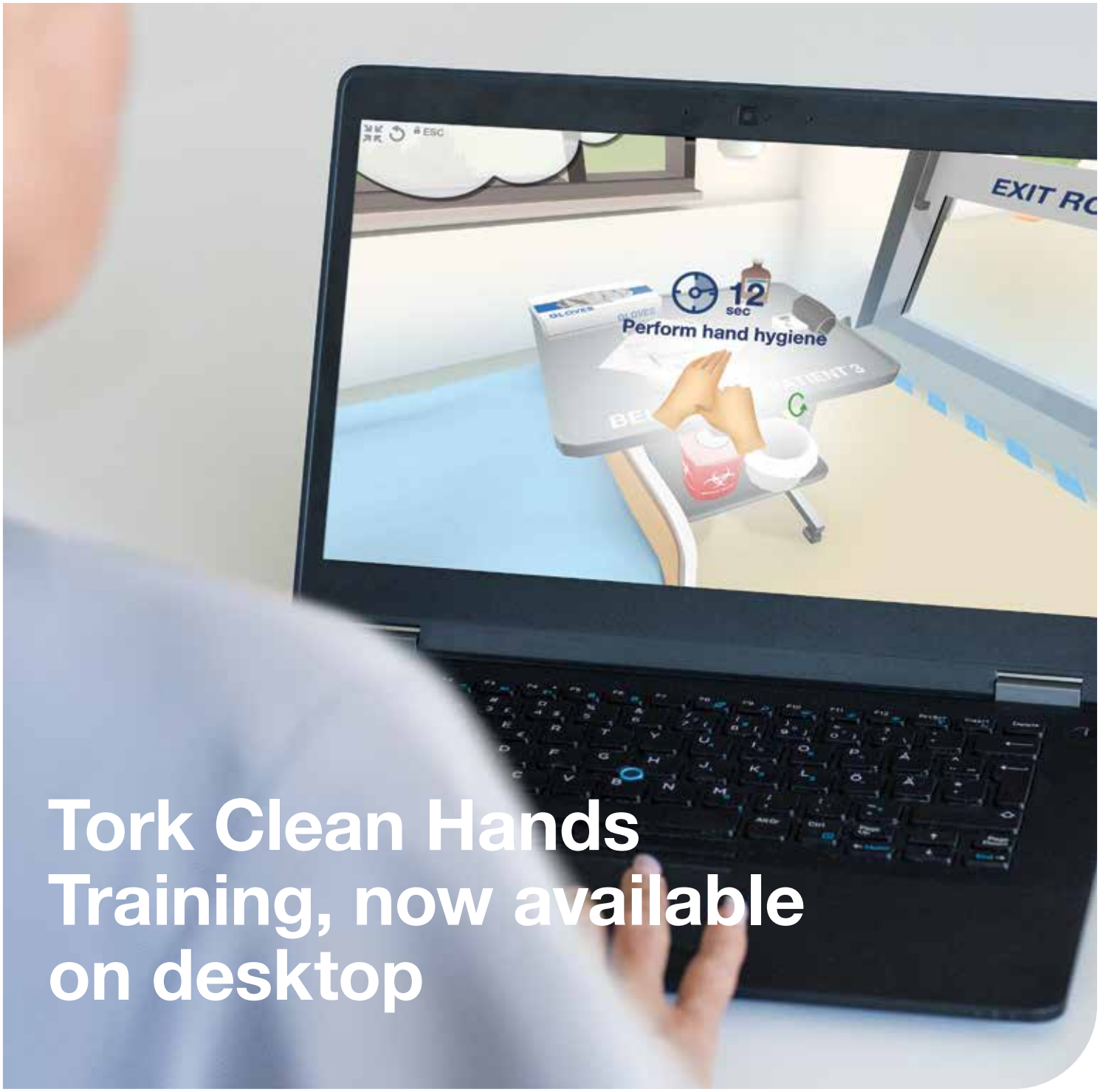
Meet the transplant pathway teams
page 43

PHN focus: Supporting breastfeeding
page 46



Celebrating nursing and midwifery

Praise of professions must be turned into action



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On the cover this month:
Fiona Power, Covid-19 ward, St James's Hospital, Dublin (photo credit: Brid Ryan, clinical photographer, St James's Hospital)

NEWS & VIEWS

FEATURES

CLINICAL

LIVING

JOBS & TRAINING

WIN – World of Irish Nursing & Midwifery is distributed by controlled circulation to **more than 40,000** members of the INMO. It is published monthly (10 issues a year) and is registered at the GPO as a periodical. Annual Subscription: €155 incl. postage paid. Editorial Statement: *WIN* is produced by professional medical journalists working closely with individual nurses, midwives and officers on behalf of the INMO. Acceptance of an advertisement or article does not imply endorsement by the publishers or the Organisation.

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Training, Delivery and Evaluation

SEPT / OCT 2021

5 Day PROGRAMME

Sept - Tues 28 Day 1
Wed 29 Day 2
Thurs 30 Day 3
Oct - Tues 12 Day 4
Wed 13 Day 5

9.30am to 5.00pm

30 NMBI CEUs

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Category 1 Approved by NMBI

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The course is delivered over five days from 9.30am to 5.00pm each day.

This training will lead to QQI level 6 component certificate in Training, Delivery and Evaluation (formally Train the Trainer FETAC 6) and it carries 15 ECTs (European Credit Transfer and Accumulation System). Throughout the programme, trainer support is also available for each nurse/midwife attending the course.

This programme is also category 1 approved by the Nursing and Midwifery Board of Ireland (NMBI) and awarded 30 continuing education units (CEUs).

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before Friday, 20 August 2021

EARLY BIRD DISCOUNT

after this date
€625 INMO members
€875 non members

FOR MORE INFORMATION CONTACT:

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Please note: This training is due to take place online, pending further review closer to the time and government's guidelines.

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World of Irish Nursing & Midwifery

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Lessons to learn from the pandemic

THE INMO has long highlighted the effect that understaffing has had on the provision of healthcare. In recent years, the public sector recruitment moratorium only made things worse, denying the health service sufficient numbers of nurses and midwives to meet demands on its services. This failure to recruit to meet staffing needs throughout the health service impeded our ability to be agile in response to the pandemic. As we saw, it placed excessive workloads on the staff currently in place.

Dwelling on this issue will not change the experiences of nurses and midwives, but the under-resourcing of our professions and its affect must be central to future healthcare planning. We must look to the past for lessons for the future: the experience gained from the 'normal' times and during this current pandemic must be identified, evaluated and addressed.

Any planning for the future of healthcare must involve five central themes:

First, dealing with the exposed weaknesses of the health service and capacity must be prioritised in the post-pandemic period. Simply put, the recommendations of Sláintecare must be fast tracked. This will mean moving much hospital work to community care. As part of this, acute hospitals must be examined for their ability to provide safe care, rather than be allowed return to the old habits of overcrowded EDs and wards.

Let us rid ourselves of the word 'surge', which normalises overcrowding. There is no surge capacity when staff are simply redeployed from one understaffed service to another. It masks the simple truth that understaffing and overcrowding is dangerous for patients and staff alike. 'Surge capacity' must mean actual capacity. Sláintecare rightly recommended standalone acute non-emergency public hospitals: this must be a real target to relieve the burden on a public hospital system that was chronically overcrowded even in normal times.

Second, population health and wellbeing must be invested in, with school health programmes resourced properly to start positive health programmes as early as possible. The pandemic as experienced by marginalised groups has shown we need specific responses to build health and wellbeing, led by PHNs and nursing specialists in the community .

Third, surveillance of health and disease systems must be developed in an integrated manner utilising modern IT systems to underpin a system that can react quickly to address the health needs of all sectors in society, particularly sectors that are susceptible to new or existing risks to health.

Fourth, "all of government" responses must focus on the affect of its decisions on sectors most negatively affected: female workers, carers and victims of domestic abuse. In future, government must take into account the affect that actions, such as school closures, had on female-dominated essential workforces during the pandemic and must address the lessons learned over the past year.

Finally, we must deal with staffing. Never again can moratoriums be applied to the recruitment of nurses and midwives. Such short-term thinking comes with a long-term consequence – impacting recruitment and retention for years to come. Retaining existing staff after the pandemic will require real focus as the past year has taken a toll on mental and physical health.

A key part of improving staffing will be funded, multi-annual workforce planning – a basic requirement for an efficient and well-staffed health service. Across the above five pillars, there is a root cause lurking beneath. Many of the pandemic decision-making bodies did not have senior nursing or midwifery representation. NPHET, HSE groups and government committees often went without the experience and skills of our professions.

As we exit the pandemic, lesson learning will be a key task for the government. The need for representation of nursing and midwifery at national decision making levels should be one of them.

Phil Ní Sheaghdha
General Secretary, INMO

INMO Professional

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Webinars and Conferences 2021

ONLINE INTERACTIVE CONFERENCES

All courses are Category 1 approved by NMBI

Coronavirus COVID-19 Public Health Advice

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

• Emergency Nurses Section Section	Thursday, 10 June
• Operating Department Nurses Section	Friday, 18 June
• LGBT Ireland & INMO Celebrating Pride	Friday, 25 June
• Telephone Triage Nurses Section	Tuesday, 21 September
• Directors and Assistant Directors Masterclass	Thursday, 30 September
• Public Health Nurses Section	Saturday, 16 October
• All Ireland Midwives Annual Conference	Thursday, 11 November
• Occupational Health Nurses Section	To be confirmed
• National Children's Nurses Section	Saturday, 20 November

2021

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LIVE ONLINE EVENTS

FREE TO INMO MEMBERS

For information contact
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jean.carroll@inmo.ie, www.inmoprofessional.ie

A positive focus with the president

Karen McGowan, INMO president

ADC 2021

AS THE months pass by so quickly, it is once again time for our annual delegate conference. Spring is in the air and the rate of healthcare worker infection has plummeted. Good times are on the way but this has not come easily to any of us. Nurses' role as vaccinators has had and will continue to have a positive effect for everyone. No doubt the schools being open and the expansion of the 5km restriction has helped, but we all need to keep doing our bit in the hope that there will be no further waves or extensive lock-downs. Stay strong so we can all get together soon and hope that next year's conference will be held in person. I, for one, will never again take attending a conference in person for granted. That physical interaction accounts for so much and affirms why we have chosen to work as nurses and midwives.

Marking milestones in the neonatal unit

KAREN PRUNTY radiates enthusiasm for her job. A clinical nurse specialist (CNS) on the neonatal team in Children's Health Ireland at Crumlin, she spoke with incredible passion and pride in the work that she and the nursing team do.

The neonatal team and members of the multidisciplinary team at Crumlin cares for, as Ms Prunty put it, "some of the sickest babies in the country."

Karen Prunty (right) with fellow Crumlin CNS, Jenny Dunne, pictured alongside some of the neonatal milestone cards

"For us, a huge part of the role is helping parents. It really is the toughest time for them. Even just transferring to Crumlin from a maternity hospital can be hard. Many times we have parents who cannot hold their children for the first few weeks. We encourage handholding and singing. But we often hear parents say they feel like they're missing out on the first weeks of their child's life," she said.

This was what led to a nurse-led innovation by the neonatal CNS team, a programme called the 'Story of Me'. Staff in CHI use it to help parents capture the journey that their baby has made in hospital – both medically and in terms of emotional milestones.

They use 15 different cards to mark special moments, ranging from 'My first snuggle' to 'Today I am tube free'. The final card is 'Home Sweet Home'.

Ms Prunty said that while not every baby will reach every card stage, it's vital for parents. "We aim for a balance between celebration and recognising how tough it can be. A big part of it is memory making. In some cases, that will be for 20-year-olds to look back on the first stages of their lives, in others it will be for parents of babies with shorter lives to remember," she said.

"It's a small project, but it means the world to parents. And it can be such a rewarding part of the job," she added.

Ms Prunty has long wanted to work in this area. She was a children's nurse in Crumlin for 10 years. She spent five years as a CNS in haemophilia. But she was "always drawn back" to neonatal care. She joined two other nurse specialists in the area at the start of 2020.

"These roles come up so infrequently, so I went for the job all guns blazing and I just love it," she said.

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

Executive Council update

THE Executive Council met on April 12 and 13. Two new administrative posts were approved and we welcomed Amanda McNamara to the INMO's Limerick office and Assumpta Forde to the team at the Cork office.

The INMO is campaigning for global access to vaccinations and the difficulties faced in achieving this aim were discussed. I have co-signed three letters calling for the waiver of Trade-Related aspects of Intellectual Property (TRIPS) and Covid-19 Technology access pool. If achieved, this would enable other countries to gain information and produce their own vaccine. The letters were sent to the President of Ireland, the chair of the Joint Oireachtas Committee on EU Affairs and chair of the Joint Oireachtas Committee on Enterprise, Trade and Employment.

The INMO continues to meet with the HSE to seek better terms of employment for those who become unwell post vaccine, so that leave is not taken from normal sick leave allowance. The Executive Council also discussed a number of difficult and sensitive industrial relations issues that the INMO is pursuing for members.

The meeting was informed that the Organisation has secured assurances on expediting employment permits for international nurses following periods of adaptation. Multiple conferences and upcoming events were discussed. Albeit virtually, the schedule is very busy with very valuable and positive events.

On March 24 and 25, alongside Steve Pitman, I attended the WHO European Regional Committee for Europe meeting which discussed the global strategic directions for nursing and midwifery. At a European level, a number of organisations, including the European Forum of National Nursing and Midwifery Associations (EFNNMA), have been working on a roadmap for strengthening nursing and midwifery in the WHO European Region.

ADC packs have been sent out, with section and branch meetings ongoing until the conference. Voting will be conducted by MiVoice again. We look forward to meeting you all virtually on the day.

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

INMO Professional

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World Menstural Hygiene Day

LIVE ONLINE EVENT

Friday,
28th May 2021
12.00pm to 1.00pm

This event is lead by student and new graduate members, supported by INMO Professional.

Speakers include:

Senator Rebecca Moynihan, Clare Hunt from The Homeless Period and Dr Caroline West.

Opening address by Karen Mc Gowan, INMO President.

28 May MENSTRUAL HYGIENE DAY

https://menstrualhygieneday.org/
#MenstrualHygieneDay
#MHDay #ItsTimeForAction.

For more informaion please **contact Catherine O'Connor, INMO Student Officer, catherine.oconnor@inmo.ie**

HSE concedes on Covid-19 issues

SEVERAL claims lodged by the INMO in relation to Covid-19 were conceded by the HSE at a meeting on the issue with the health sector trade unions on April 1, 2021.

Illness leave post vaccination

The INMO raised the issue that illness leave as a result of Covid-19 vaccination should not be counted as sick leave, but be considered as special leave with pay.

The HSE confirmed that as the symptoms were similar to Covid-19 special leave with pay, this leave classification should apply.

The INMO had raised this matter as several individual members had been in contact after becoming unwell post receipt of the vaccination and this leave was being taken out of their sick leave entitlement.

The HSE agreed to draft a memo to this effect and share this with the unions in advance of sign off.

Rehabilitating back to work following Covid-19

The INMO also raised the issue of nursing and midwifery staff returning to work post Covid-19, particularly following long Covid. Under the advice of the Occupational Health Department they were following the HSE rehabilitation policy.

This policy allows staff to return to work on a phased basis and to use sick leave and annual leave to cover the period where the individual is not at work. For example, an individual who normally works five days a week would work two days a week, with three days being counted as sick or annual leave.

The INMO pointed out that this was unfair; as these individuals were returning post Covid-19, it was appropriate that they would use special leave with pay, rather than sick leave or annual leave. This claim was conceded by the HSE and, as above, a draft memo is to be shared with the unions for sign off on this matter.

Pre-planned annual leave and Covid-19

A further matter raised by the INMO was that some employers were advising individuals who contracted Covid-19 prior to planned annual leave or while on annual leave, that their annual leave was forfeited.

Referencing section 19(2) of the Organisation of Working Time Act 1997, the INMO pointed out to HSE Corporate Employee Relations Services (CERS) that this outlines how matters of sick leave should be dealt with when an individual is on annual leave. The INMO sought clarification to be issued by CERS confirming that individuals should not forfeit annual leave entitlement but should be recorded as on special leave with pay and keep their annual leave entitlement.

Hotel quarantine

With government introduction of hotel quarantine for incoming travellers to the country on April 1, 2021, the INMO sought confirmation that healthcare workers recruited from overseas by the HSE would not have to cover the cost of hotel quarantine.

Confirmation was received from the HSE in the form of a letter that the HSE would cover the cost of hotel quarantine if required for these individuals. It should be noted that several HSE nurses and midwives have contacted the INMO recently regarding returning from overseas following *force majeure* leave, for extenuating family circumstances such as a death of a family member. This matter has been raised with CERS, and a response is awaited.

– Tony Fitzpatrick, INMO director of industrial relations

Clarification sought on second dose of vaccines

IN LIGHT of the revised guidelines on the use of the AstraZeneca Covid-19 vaccine issued by the National Immunisation Advisory Committee (NIAC) last month, the INMO and other unions sought clarification on the operational impact at a meeting with the HSE on April 14, 2021.

The HSE advised that over 150,000 healthcare workers (HCWs) had received the AstraZeneca first dose. In compliance with the NIAC advice, HCWs > 60 years who received the first dose of AstraZeneca will be offered a second dose of AstraZeneca within the originally envisaged timeframe.

However, for HCWs < 60 years, the HSE currently intends to expand the time before the second dose from 12 weeks to 16 weeks.

The INMO requested the HSE, NIAC and the National Public Health Emergency Team (NPHET) to provide clear clinical advice to all HCWs who have received the first dose of AstraZeneca.

The HSE agreed to compile such a notice and issue it to HCWs as soon as possible.

The INMO also posed questions on developments occurring in other countries where consideration was being given to the use of an alternative vaccine as a second dose. For example, at the time of going to print, Denmark was ceasing use of AstraZeneca, Germany was looking to use the Pfizer or Moderna vaccine as a second dose in place of AstraZeneca, and France was also considering such measures.

The HSE advised that it would engage with its clinical advisors and revert to the unions on this matter.

Furthermore, the INMO raised with the HSE the fact that HCWs returning from maternity leave or long-term sick leave and new employees have not been advised as to how they can register to receive a vaccine.

The HSE is working on this matter and indicated that it will have an update for the unions in a matter of days.

It is worth noting that Pfizer had committed to deliver over 660,000 of its vaccines in April, which would account for 75% of the 880,000 vaccine doses to be delivered in the period.

– Tony Fitzpatrick, INMO director of industrial relations

Need for legislation for employers to report workplace Covid-19 infections

ICTU addresses Oireachtas on Safety, Health and Welfare at Work Bill

IRELAND must legislate for employer reporting of workplace Covid-19 infections before the economy reopens, INMO deputy general secretary Dave Hughes told the Oireachtas recently.

The joint Oireachtas Committee on Enterprise, Trade and Employment convened on March 30, 2021 to hear submissions on the Sinn Féin proposal to amend the Safety, Health and Welfare at Work Act 2005 to provide for the reporting by employers of workplace absences due to Covid-19.

Congress addresses Oireachtas committee: *Congress was represented by both Dave Hughes, INMO deputy general secretary, and Frank Vaughan, former assistant general secretary of ICTU (pictured on screen above)*

INMO deputy general secretary Dave Hughes: *"Workers are at risk when the economy opens up, if there is not a proper reporting mechanism to deal with outbreaks of Covid-19 in workplaces"*

Opposing

Mr Hughes said it was interesting that submissions opposing the Safety, Health and Welfare at Work Bill 2020 were made by both the statutory body responsible for the protection of workers in Ireland (the Health and Safety Authority) and the state's biggest employer, which has the highest proportion of workplace acquired infections (the HSE).

The HSA and the HSE made three essential arguments opposing the Bill arguing that:

- There is already significant reporting of Covid-19 workplace infections through public health authorities and now the Biological Agents Code of Practice
- The Bill would require a high standard of proof to ensure that the infection would be attributable to the workplace
- Another reporting to the HSA of workplace Covid incidences would place an additional burden on employers and be a potential cause for litigation against employers.

Supporting

The ICTU supported the reporting of workplace incidents of Covid-19 and the need to legislate for it now. Congress was represented by both Dave Hughes, as a member of the Congress Health and Safety Committee, and Frank Vaughan, former assistant general secretary of ICTU and convenor of the Health and Safety Committee.

Below are extracts of the evidence given by the INMO deputy general secretary to questions posed by TDs and senators from the committee.

ICTU pointed out that the reporting requirement was in the original Act of 2005 but that regulations in 2016 have removed the requirement to report a disease acquired in the workplace and confined it to reporting on physical injury.

Sinn Féin spokesperson on health Louise O'Reilly TD, who proposed the Bill, asked ICTU to address the arguments made in respect of the existing level of Covid-19 reporting and the burden on employers.

Mr Hughes said: "There is an obligation on the State to protect workers, irrespective of anything else that it is doing in terms of public health. It is an important feature. Reporting is not necessarily just about the individual cases, it is about surveillance."

By way of an example, Mr Hughes pointed to recent epidemiology reports that indicated that, although most of the economy was closed, there were 19 outbreaks in workplaces, as well as 16 in hospitals, healthcare facilities and residential facilities. He stressed this was the case where the health service is fully operational and where workplaces were practically closed.

"We have an issue with clusters in workplaces and the surveillance that a requirement to report would give, would insist that the public health authorities would demonstrate to workers that this State is taking seriously its responsibilities to protect workers in their workplace," Mr Hughes said.

"The arguments that have been made, it seems to me, are that workers must wait. That is a familiar argument. Workers cannot wait as their health, safety, welfare and their very lives are at risk when the economy opens up, if there is not a proper reporting mechanism to deal with outbreaks in workplaces," he added.

Addressing the argument that the information is already available, Mr Hughes said: "Maybe it is already available but there is no requirement to drill down into that information. For example, we can say that it is in particular sectors, but we cannot get to the detail, and more particularly the workers, or their representatives, do not find out the actual locations unless it becomes public knowledge."

He stressed that "The information being available and a requirement on the state to act are not the same thing – and in this case they definitely are not."

As for a worker essentially having to prove beyond all reasonable doubt that they got Covid-19 in their workplace, Mr Hughes said: "That surely is too high a standard in a pandemic", pointing out that up to that time 28,038 healthcare workers had contracted the disease.

"The majority of these were not reported to the Health and Safety Authority because there was no requirement to do so until after November 24, 2020, when the revised European Biological Agents Directive became enforceable in every country".

He continued: "We have a problem here and it is putting our heads in the sand to say that taking the requirement to report disease in 2016 was appropriate when we are now

in a pandemic. This amendment would put it back there"

Senator Ollie Crowe, Fianna Fáil spokesperson on enterprise, trade and employment, suggested that employers could not report cases as it would be a breach of the employees' rights under GDPR. He also suggested that the wider issue of reporting all disease and the employer burden of doing that, needed to be looked at and not just in relation to Covid-19.

Addressing Senator Crowe's points, Mr Hughes said: "One cannot ignore the fact that we are dealing with a pandemic and employees have an obligation to tell their employers if they have Covid-19. That is an obligation under public health regulations. The idea that an employer would be breaching GDPR regulations is stretching it.

"The reality is we are dealing with a pandemic and with something that is conveyed from one human to another. We must all work to ensure that wherever there are outbreaks – be they in households, workplaces, hospitals or institutions – they can be dealt with in a way that suppresses the virus."

However, Mr Hughes said he agreed with the Senator that the question of removing regulation 224 is a bigger issue and that needs to be dealt with.

Mr Hughes pointed to the *Review of the Occupational Diseases Reporting System in the Republic of Ireland* prepared for the HSA by Prof Anne Drummond of UCD (published in November 2007), which did not suggest that regulation 224 should be withdrawn from the Act.

"It was an original requirement in the Act that disease would be reportable. That requirement was taken out in 2016 and the HSA is conducting a regulatory impact analysis (RIA) on that.

"The reality is that Covid-19 is rampant. Lots of workplaces are looking to get staff back in and if we do not get a reportable system then our ability to control this disease is lessened and workers are less protected."

Reporting infectious disease

David Stanton, Fine Gael TD, asked for clarification on whether or not employees must report to their employer that they have Covid-19.

Mr Hughes explained that the requirement for employees to report on Covid-19 comes from the original Safety, Health and Welfare at Work Act 2005.

"An employee under the original Act cannot put colleagues at risk. They are obliged to avoid putting their colleagues at risk. Labour lawyers and trade union officials of experience take the view that such an obligation in a pandemic requires Covid-19 to be reported to a person's employer.

"If a person is symptomatic, if a person suspects he or she has it, or if the public health authorities say he or she has it, that person would be obliged to report it. By not doing so, that person would be putting his or her colleagues at risk and an employer would be entitled to move against such an employee in that situation. So there is an obligation without doubt to report to one's employer," he said.

On the question of employers having permission to report to the State authorities, Mr Hughes said: "Given that the employee has an obligation to tell his or her employer, the employer then would not have to seek GDPR concerns in respect of reporting it to a State authority where the obligation would be there to do so. I do not believe these are real issues.

"Because we are dealing with a pandemic, these matters have to be dealt with, with a level of urgency that is not there at the moment."

Senator Marie Sherlock, Labour Party spokesperson on employment affairs, asked about the impact on workers if there is a failure to progress this legislation.

Mr Hughes replied that he saw the biggest problem would be that the Safety, Health and Welfare at Work Act would be discredited in the eyes of many workers who would see their requirement to be protected being relegated again to the "workers can wait" mantra.

"That is the difficulty with it. I think the RIA going through the HSA will take so long that the Covid-19 emergency may well have passed, and workers will feel the Act will not have been used to protect them. Remember, there are 19 workplace infections (at the time, as well as 16 in healthcare-related activities) with the economy practically closed," Mr Hughes said.

Sick pay entitlement

Francis Noel Duffy TD, Green Party housing spokesperson, asked if the lack of a statutory entitlement to sick pay was a potential barrier to workers reporting infection or contact with infected persons to their employer.

Mr Hughes agreed that the absence of immediate sick pay, particularly during the pandemic, is a real problem. "Workers on very low incomes are in a massive dilemma because they will be without income if they report symptoms.

There is a big problem with the suppression of the virus and the information that would lead to controlling the virus in the absence of sick pay. We are long overdue a proper sick pay scheme for workers."

The full transcript of all contributions to the committee is available from the Dáil Eireann website *(see* **www.oireachtas.ie/en/committees/33/enterprise-trade-and-employment***)*.

World news

Nurses and midwives in action around the world

Global

- Nurse unions from 27 countries demand fair and equitable access to vaccines around the world

Canada

- As Covid-19 variant cases surge, nurses' union says vaccine plan needs to shift focus to essential workers
- Nurses struggling to book Covid-19 vaccine appointments

Italy

- Nursing union reports 90 year- old left waiting on a trolley for three days in emergency room

New Zealand

- Latest health board pay offer felt like April Fools' joke - senior nurses
- Vital pathway for thousands of Filipino nurses coming to NZ for work in doubt
- Operations postponed due to nursing shortage

Paraguay

- Nursing Association makes urgent call to hire more nurses

Philippines

- Nurses demand 'concrete' government plan against virus

South Korea

- Fear that "recommended" vaccination leave programme will fail

Spain

- 90% of nurses on Balearic Islands suffer post-traumatic stress from Covid

UK

- Scottish nurses advised by RCN to reject 4% pay offer
- "Severely underpaid" nurses in Wales call for a 12.5% pay rise

US

- "We can't afford to lose one more nurse" – passing workplace violence prevention bill would help

ICTU seeking legal recognition of unions' role in tackling gender pay gap

THE upcoming Gender Pay Gap Information Bill will require employers to publish pay differences between female and male employees, including any bonuses.

The cabinet approved amendments to the Bill last month to strengthen it by providing a more comprehensive definition of a public body and addressing enforcement issues in the legislation.

The new Bill was announced by Roderic O'Gorman, Minister for Children, Equality, Disability, Integration and Youth.

The Irish Congress of Trade Unions (ICTU) has welcomed this announcement but will be seeking inclusion of a formal role for trade unions in compiling gender pay gap data and negotiating action plans to tackle any gaps identified. ICTU stressed that reporting must be part of a much broader strategy to address the gender pay gap.

Announcement of the Bill also follows the publication in March of the EU Commission's proposal for a directive on pay transparency, which sets out further measures such as a right to obtain pay-related anonymised data from employers, and the right to compensation for pay discrimination.

The European Public Services Union (EPSU) has been calling for such a directive as part of its pay transparency campaign launched in 2020, linking public sector pay cuts across Europe to increases in the gender pay gap.

In Ireland, a recent report on the gender pay gap by the Nevin Economic Research Institute (NERI) shows that women earn significantly less than men after the age of 25, and that the earnings' gap widens with age. In addition, women continue to cluster in occupations such as human health and social work activities, where almost 80% of workers are women, and which continue to be lower paid than professions with a higher proportion of male workers.

Pay transparency is believed to be key to tackling this pay disparity and a vital tool in addressing the structural causes of unequal pay that arise from systemic under-evaluation of women's work, based on gender stereotypes and prejudices, and the fact that women work predominately in sectors where their work is lower paid, despite its clear value to society *(see also opposite page)*.

– Beibhinn Dunne

Parent's leave increased to five weeks per parent

THE Family Leave and Miscellaneous Provisions Act 2021 which came into effect on April 1, 2021 amends the Parent's Leave and Benefit Act 2019.

The Act entitles each parent to five weeks of parent's leave to be taken within two years of their child's birth or, in the case of adoption, within two years of the placement of the child with the family. The five weeks of paid parent's leave applies to each parent of a child born or adopted on or after November 1, 2019. The leave may be taken in one block of five weeks or in blocks of not less than one week.

Prior to the introduction of the 2021 Act, parent's leave allowed for only two weeks leave, which had to be taken within the first year of birth/placement. Employees whose child was born/placed on or after November 1, 2019 but before the commencement of the 2021 Act, now have an increased entitlement to parent's leave and an increased period in which to take the leave, i.e. two years instead of one. This means that parents who have already taken their two weeks leave under the 2019 Act can now avail of the additional three weeks, subject to the two-year limit.

While an employer is not obliged to pay an employee during a period of parent's leave, Parent's Benefit is payable by the Department of Social Protection, provided PRSI contributions are satisfied. The current rate of Parent's Benefit is €245 per week.

Further details are available from the Rights and Entitlements Section of the INMO website, **www.inmo.ie** or by contacting Catherine Hopkins or Karen McCann, at the INMO Information Office, Tel: 01 6640610/ 6640619.

Workers Memorial Day tribute to all workers who died in past year

INTERNATIONAL Workers Memorial Day 2021 was marked by an online tribute organised by the ICTU.

Damien English, Minister of State at the Department of Enterprise, Trade and Employment, laid a wreath in the Garden of Remembrance in Dublin. This was followed by Dr Michael Ryan, executive director of the WHO Health Emergencies Programme, paying tribute to the many thousands of workers who have lost their lives to Covid-19 during the pandemic.

A moving poem was recited by INMO member Jacinta Shields and her colleague Martin Doyle under the direction of Mick Roban from Connolly Hospital, Blanchardstown *(pictured right)*.

A minute's silence was observed in memory of all the workers who lost their lives in the past year.

INMO welcomes EU proposals to ensure equal pay for equal work

THE INMO welcomes a recent European Commission proposal for a "Directive to strengthen the application of the principle of equal pay for equal work, or work of equal value, between men and women through pay transparency enforcement mechanisms". However, the Organisation shares the concerns of its European trade union colleagues about the proposal published in March 2021.

The right to equal pay between men and women for equal work, or work of equal value, is one of the EU's founding principles, which is enshrined in the Treaty of Rome. The requirement to ensure equal pay is further set out in Directive 2006/54/EC (the recast Directive) and also in 2014 by the Commission Recommendation on pay transparency (2014/124/EU).

Notwithstanding the existence of this legal framework, there has been little effective implementation and enforcement of this principle, with a significant gender pay gap within the EU of approximately 14%. The problem is compounded by a lack of pay transparency and limited measures to address the matter.

The gender pay gap has a long-term impact on quality of life for women, and ultimately perpetuates a situation where types of work predominately carried out by females, are paid less than types of work predominately carried out by males.

This is illustrated to a significant degree by the recent Covid-19 pandemic, where the importance of the work of nurses and midwives of all levels is clear to see. However, it remains the case that as female-dominated professions, they are lower paid than comparable professions with a higher proportion of male workers.

The European Pillar of Social Rights, an initiative launched by the European Commission in 2017, includes gender equality and the right to equal pay among its 20 principles, and in its action plan for 2017-2019 on tackling the gender pay gap, identified the need for further legal measures to improve the enforcement of the principle of equal pay and opportunities for improving pay transparency.

The objectives of the most recent EC proposal aims to tackle the persistent inadequate enforcement of the fundamental right to equal pay within the EU, through establishing pay transparency standards that empower workers to claim their right to equal pay. This includes measures such as establishing pay transparency within organisations, facilitating the application of key concepts relating to equal pay, such as pay and work of equal value, and strengthening enforcement mechanisms.

This further allows workers to detect and prove potential discrimination based on sex. It further aims to shine a light on gender bias within pay systems and job gradings that do not value the work of men and women equally and in a gender-neutral way, or alternatively fail to value certain occupational skills that are mostly seen as female qualities.

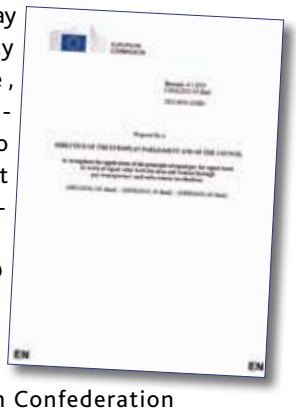
According to INMO director of professional and regulatory services Edward Mathews, pay transparency is essential to support the elimination of gender bias in pay practices, as is a space to stimulate debate around the reasons for structural gender pay differences. The issue goes further than compliance with the principle of equal pay, and must also trigger an examination of gender equality policies through robust engagement between employers and trade unions.

While progress is to be welcomed on the strengthening of the application of the principle of equal pay for equal work or work of equal value between men and women, there are difficulties with the EC's proposal in its current format. While containing a number of good principles, the proposed Directive does not do enough to empower female workers to effectively bargain for equal pay through their trade unions and has placed a number of obstacles to this measure.

These include the proposal that there would be a requirement on organisations with more than 250 employees to carry out pay audits and action plans on pay gaps. This would exclude the need for such actions for approximately 67% of all employees in the EU.

In addition, there is no guarantee that trade unions can be involved in a job assessment with corresponding process to bargain with a view to closing a pay gap, if identified. The proposed Directive does not put an obligation on employers to agree job assessment criteria with trade unions, thus missing an opportunity to challenge bias in the criteria used or comparisons drawn by the employer. There is no basis for drawing a distinction between pay equality dependent on the number of employees. Ultimately, the right to equal pay will only have practical effect if there are robust processes in place that facilitate the adequate vindication of this right.

In its current format, the proposed Directive provides a right for individual workers to discuss their pay, but only in the context of taking a pay discrimination case, thus undermining the operation of the pay transparency Directive, which is ultimately to identify what the pay differences are.



The INMO supports the call by the European Trade Union Confederation (ETUC) to seek an amendment to the current proposal to provide that workers can discuss and disclose their pay to their colleagues, and that GDPR rules do not act as an obstacle to pay transparency or to equal pay claims, in particular relating to the right of workers to discuss their pay with their trade union representatives.

As the proposed Directive is now published, it is now a matter for MEPs and Ministers to make decisions on how to amend it. The INMO will participate in a working group set up under the auspices of the Irish Congress of Trade Unions, to co-ordinate a collective response to this proposal, and ensure that the resulting Directive is capable of delivering pay equality and transparency for workers in Ireland.

Dr Mathews further said that both the contribution of women as essential workers and the disproportionate burden placed on women during the pandemic have been clearly illustrated.

This has proven just how essential their work is to support society and the economy. It is an opportune time for a systemic revaluation of their pay to reflect their true contribution to society.

– David Miskell, INMO professional and regulatory services officer

INMO director of industrial relations Tony Fitzpatrick updates members

Framework on safe staffing in EDs – second report now published

THE SECOND report on the evaluation of the pilot implementation of the Framework for Safe Staffing and Skill-Mix in emergency care settings was published recently, with several key findings emerging.

The overall aim of this phase of the research into safe nurse staffing and skill-mix was to measure the effect of the implementation of the draft Framework in emergency care settings.

Four pilot emergency sites were chosen – three emergency departments (EDs) and one local injury unit (LIU). The three EDs were located at Cork University Hospital, the Mater Misericordiae University Hospital and South Tipperary General Hospital and the LIU was at Ennis Hospital.

The agreed skill mix in the EDs was 85:15, with a CNM2 acting in a 100% supervisory capacity.

The model being used for the examination of EDs is the nursing hours per patient presentation, which uses the triage category (dependency and acuity measure). This is different to the Framework on Safe Staffing on Medical and Surgical Wards which use nursing hours per patient day.

This research was conducted from January 2018 to March 2020 and was impeded slightly by the global pandemic. Several data sets were examined by the research team, including administration data which looks at matters such as:

- Leave without being seen
- Time to triage
- Triage to being seen
- ED registration to being seen
- ED care time
- Patient experience time.

Cross sector data was also examined, including:

- Job satisfaction and intention to leave
- Care left undone
- Burnout
- Prevalence of violence and aggression.

The report refers to 'time 1' and 'time 2' throughout. Time 1 refers to the departments as they were staffed at the outset, and Time 1 refers to after additional staff was provided to the departments. Secondary data that was examined included patient experience in relation to ED HIQA reports for 2018 and 2019 (Note there was no HIQA report for 2020).

The impact draft framework examined four domains:

- Nurse staffing
- Nursing workload
- Working environment
- Patient outcomes

Key results – EDs

All three EDs required variations of staffing. Hospital 4 required an additional 6.5 WTE staff members (2.51 RN and 4.39 HCA). Hospital 5 required an additional 8.5 WTEs (7.1 RN and 1.4 HCA). Hospital 6 required an additional 28.5 WTEs (17.7 RN and 9.8 HCA).

Hospitals 4 and 5 experienced considerable agency reduction to March 2020, however a longer-term review is required.

Hospital 6 had positive signs of agency reduction; however, further research over a longer period of time is required.

Nursing work

Under the heading nursing work, the number of patients per nursing staff decreased from 14.87 at Time 1 to 11.27 per nurse at Time 1.

All RN-only responses demonstrated that on day duty the number of patients per nursing staff dropped from 12.36 to 11.18 at Time 1 and on night duty dropped from 15.45 to 7.47 on Time 1.

Staff perception of the nursing work environment had improved.

Staff perception of quality care as 'poor to fair' decreased from 48.1% to 33.6%, as 'good to excellent' went from 51.9% up to 66.4% and 'excelled' doubled from 8.1% to 16.4%.

Staff perception of patient safety increased from 12.5% to 29.4% at Time 1.

Overall, 40.2% reported quality of care had improved.

Care left undone events (safety CLUEs) decreased from 3.32 to 2.46 activities left undone.

Job satisfaction increased from 54% to 80%.

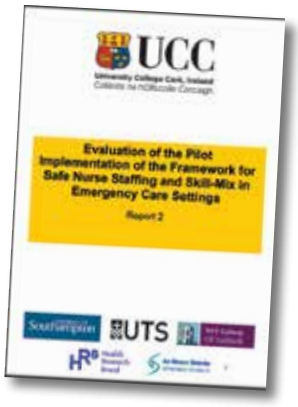
Violence and aggression were high at both Time 1 and Time 2.

Patient outcomes

Hospital 6 reported a 21.8% decrease in time to triage, as well as a decreased time from triage to being seen from 2.18 hours to 1.9 hours. Hospital 6 also from registration to be seen was 2.81 hours to 2.98 hours.

Key results – LIU

Two additional HCAs were allocated to Ennis Hospital LIU as it was identified that there was a serious cohort of nursing time tied up in non-nursing duties. The level of attendance at the LIU increased with Covid-19 and the quality of care increased. It should be noted that there was significant delay with the service putting in the additional HCAs which impacted upon research. The initial conclusions which were delayed due to this failure to deploy the HCAs in a timely fashion was that there were promising outcomes with regards to patient, staff and organisational factors. However, a need for longer term data was identified in order to fully assess the impact of the additional staffing.



The research team did report the implementation of the nursing hours per patient per presentation was slow but that positive trends were emerging. The increased allocation of staff shows that the greatest adjustment delivered the greatest reduction in average time to triage, and a reduction in patients who left without being seen.

It is important to state that the skill mix looks at all HCAs to CNM1s and excludes CNM2s, advanced nurse practitioners and assistant directors of nursing. In addition, the staffing profile does not include admitted patients – the staffing requirement for admitted patients is set out in a staffing document complied by Prof Jonathan Drennan, principal investigator of the Programme of Research into Safe Nurse Staffing and Skill-Mix, and covered under a Workplace Relations Commission agreement. This is referenced within the report. It is essential that the process continues to ensure the roll-out of the Framework for Safe Staffing across EDs.

on recent national issues under discussion

Latest update on community nursing

Telehealth

SIGNIFICANT engagement on Telehealth is required at a local level between HR departments, directors of public health nursing and INMO officials. The INMO has no issue in principle with Telehealth, however, there are several difficulties with its rollout in some parts of the country due to infrastructural definitions and IT deficits. The union is of the opinion that these matters can be managed at a local level.

PHN recruitment

The INMO secured and the HSE has put in place an advertisement campaign for public health nurses in CHO areas 6, 7 and 9. The aim of this is to recruit additional PHNs into the service who may have left the HSE over multiple years.

The three areas for the recruitment campaign were selected as they have the highest number of individuals wishing to transfer on the transfer panel. Also, they are the areas with the highest vacancy rate.

Separately, the INMO and the HSE are engaging on plans to increase nursing posts in the community by over 500 WTE. These posts will include > 100 PHN posts, > 100 CRGN posts, > 40 ADPHN posts, as well as CNM2s, CNSs and ANPs. Discussions continue on this and further details will be published in *WIN* as talks progress.

CRGN recruitment and payment of allowances

The INMO is engaged with the HSE on new CRGN posts. In addition it is focused on ensuring CRGNs are paid a caseload allowance, as currently this payment is applied on a very *ad hoc* basis, with no uniformity across CHOs.

Conversion of agency staff

HSE HR Community Operations has been engaging with directors of public health nursing on identifying individuals who are working on agency or temporary contracts, with the aim of converting them to permanent posts. While work is ongoing on this, to date about 10 individuals have been identified who could be converted to permanency at this point.

PHN sponsorship

The PHN sponsorship programme was advertised in mid-March and significant background work has been completed with regards to identifying developmental posts available and PHN vacancies. Indications are that there are about 229 vacancies including the 92 development posts which have been offered to the PHN transfer panel.

The PHN transfer panel has been reactivated following INMO pressure and individuals on the transfer panel are receiving offers of posts. Subsequent vacancies arising from those transfers will be offered to the sponsorship programme.

The HSE indicates that higher education institutes will only be able to accommodate 146 student PHNs. The INMO has demanded that the HSE works with the HEIs to increase available places considering the turnover of current staff, and the significant additional posts that will be required as part of Sláintecare implementation and the requirement to shift services from a hospital base to the community.

Implementation of School Immunisation Programme

Progress has been made further to HSE/INMO engagement in February and March, where it has been confirmed that the chief clinical officer has approved the implementation of the school immunisation programme for 2020-2021. The INMO is seeking two seats on the implementation team and has flagged that directors of public health nursing should also be included.

The INMO will pursue this matter further to ensure the report is implemented.

Service Plan calls for 3,500 extra nurses/midwives

Indications are that under the HSE National Service Plan 2021 recruitment will commence for 3,500 additional nursing/midwifery posts.

The INMO is continuing to engage with the HSE under the auspices of the Workplace Relations Commission to finalise the Service Plan, which is the funded workforce plan for nursing and midwifery for 2021.

At a presentation on the Service Plan on March 24, 2021, the unions outlined the need for regional engagement on it, as in previous years. This may be done at community healthcare organisation or hospital group level.

With indicative figures for 3,500 additional nursing/midwifery posts, the Service Plan outlines a significant increase in staffing in 2021 as follows:

- Acute hospitals – additional 4,877 staff
- Primary care – additional 2,378 staff
- Disability services – additional 2,319 staff
- Older persons services – additional 3,160 staff
- Corporate, additional 2,604 staff.

The plan also outlines five million extra home support hours, 1,270 rehabilitation and transitional care beds, and support for 2,500 transitional care beds via Nursing Home Support Scheme funding as a result of implementation of the Covid-19 Nursing Homes Expert Panel report.

Regarding intellectual disabilities services, it refers to 182 additional residential places; 214 intensive respite support packages; 40,000 additional hours administrative support; 1,700 day service places; and the transfer of 140 clients out of congregated settings to homes.

On the acute side, it outlined 448 additional acute beds, 74 sub-acute beds and 66 critical care beds, increasing the number to 321. It also outlined €12 million for the National Maternity Strategy.

Under community, it outlined the establishment of 96 community health networks and 32 community specialist teams for older people.

They outlined that in 2021 they are seeking to implement 57 networks, 18 community specialist teams and 11 chronic disease management teams.

The follow-on in 2021/22, will add 39 networks and 14 community specialist teams.

In addition, the service plan outlined the development of nurse-led community intervention teams in Donegal, Cavan/Monaghan, Mayo, Wexford, and Longford/Westmeath. The existing teams in Roscommon, Cork, Kerry and Kildare/West Wicklow are also to be expanded.

INMO Professional

Irish Nurses and Midwives Organisation
Working Together

Remember to put these dates in your calendar

Clinical Placement Coordinators
Wellbeing & Development
- Navigating the Current Climate

Tuesday, 18 May 2021

Online from 10.00am - 1.00pm

3 CEUs

This sort online webinar for Clinical Placement Co-ordinators (CPCs) aims to celebrate nursing and midwifery and promote a positive climate while also exploring the impact of changes and challenges in healthcare in these difficult times.

Programme Outline:

- Changing Healthcare – Professional Development of Nurses/Midwives and the impact for CPCs
  Speaker: Professor Jonathan Drennan, Nursing and Midwifery University College, Cork
- New Directions in Positive Psychology: Optimising Resilience, Mental Health and Wellbeing in Training
  Speaker: Professor Ciaran O'Boyle, Director, Centre of Positive Psychology and Health, Royal College of Surgeons in Ireland

Organised by the Clinical Placement Co-ordinators Section.

FREE FOR INMO MEMBERS; €65 non members

Introduction to
Positive Behaviour Support Webinar

Thursday, 22 July 2021

Online from 9.15am - 4.45pm

6 CEUs

Positive Behaviour Support is an internationally recognised evidence based approach to supporting individuals that can present with behaviours that challenge. This workshop introduces participants to the model of Positive Behaviour Support and outlines the benefits and considerations in its utilisation from a practical and applied standpoint. This programme is designed specifically for management and frontline staff that work in situations where there is potential for exposure to what may be termed "behaviours that challenge".

Programme Outline:

- Understanding behaviours that challenge
- Positive Behaviour Support Model
- Managing behaviours that challenge
- Developing a Behaviour Support Plan

€65 INMO MEMBERS; €130 non members

BOOKING YOUR PLACE IS ESSENTIAL

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

ADC set for wide ranging debates

THE INMO is holding its 102nd annual delegate conference online on Thursday and Friday, May 6 and 7, 2021.

Delegates, who have been nominated by the branches and sections in accordance with the Rules of the Organisation, are set to debate a wide range of motions over the three days under the banners of organisational, professional, education and social policy.

The full text of the motions is included below. Updates on the proceedings of two-day conference will be available on www.inmo.ie

As well as the debates on motions, other events over the two days include:

- A keynote address on Thursday, May 6 by Dr Sally Pezaro, lecturer at the School of Nursing, Midwifery and Health, Coventry University. Dr Pezaro recently received a prestigious Royal College of Midwives (RCM) fellowship for her ground-breaking midwifery research in areas such as domestic abuse, workplace stress, and pregnancy complications
- Minister for Health Stephen Donnelly's address to delegates on Friday, May 7
- Response to the above by INMO president Karen McGowan in her address to delegates.

Presentation of the Organisation's annual awards will also take place, including the annual Gobnait O'Connell Award, CJ Coleman Research Award and the Preceptor of the Year Award.

Motions proposed for ADC 2021

ORGANISATIONAL MOTIONS

1. Conference affirms that the existing fee structure remain unchanged, for the calendar year beginning 1st January 2022, and as incorporated into the budget for 2021.

Executive Council

Motions in relation to Rule Changes

2. That rule 8.2.1 (iii) be amended to read: Undergraduate Student Nurses/Midwives/New Graduates up to 24 months qualified: 1 reserved seat.

Student Section

3. That rule 14 should be amended as follows:

14.3 A complaint may be made in respect of a Branch Section or Member by a member or members of the Organisation in respect of a failure to comply with the Rules of the Organisation and/or acting in a manner inimical or prejudicial to the interests of the Organisation.

14.4.1 The complaint together with any response received by or on behalf of the Branch Section or Member shall be considered by the General Secretary (or in default the Deputy General Secretary). The General Secretary shall consider:

14.4.1.1 Whether the complaint is trivial, vexatious or without substance.

14.4.1.2 Whether the matter can be resolved with the agreement of both parties.

14.4.1.3 If the complaint is not trivial, vexatious or without substance and cannot be resolved with the agreement of both parties then in such event the General Secretary will consider whether there is sufficient cause to warrant further action and if so the General Secretary shall refer the matter to the Disciplinary Committee.

14.4.2 The Disciplinary Committee shall be assigned a senior member of the management team as an administrative assistant to assist with its administrative functions and shall inform in writing such Branch Section or Member of the nature of the complaint or complaints made and shall provide him/her/it with a reasonable opportunity to make his/her/its defence including the right to be represented at a hearing of the complaint or complaints. The Disciplinary Committee shall have power to censure, to fine, to suspend from membership for such period, or until stated conditions are met, as is deemed appropriate, or to expel from membership, or in the case of any branch or section to direct other specified limitations on activity within the Organisation and the Disciplinary Committee in the event of a complaint or complaints being upheld shall be entitled to impose such sanction or sanctions on the Branch Section or Member as the case may be.

14.5.1 The decision of the Disciplinary Committee in respect of a matter dealt with under this Rule 14 shall be notified in writing to the Executive Council and in writing and by registered post to the Branch Section or Member affected thereby and such Branch Section or Members shall be entitled to appeal in writing to the Executive Council by notice addressed to the General Secretary within 21 days from the date of such decision so notified.

14.5.2 In the absence of an appeal as provided by 14.5.1 the decision of the Disciplinary Committee shall stand and be formally recorded by the Executive Council at its next following meeting.

14.6 In the event of an appeal to the Executive Council as envisaged by Rule 14.5 only those members of the Executive Council who have not sat on the Disciplinary Committee to hear the complaint or complaints initially shall be eligible to hear the appeal and otherwise the Executive Council shall proceed to rehear the complaint or complaints made and any defence thereto. The Executive Council shall provide the Branch Section or Member against whom the complaint has been made with a reasonable opportunity to make his/her/its defence including the right to be represented at a hearing of the complaint or complaints and the Executive Council shall have the same powers as the Disciplinary Committee as to sanctions (if any) to be imposed if the complaint is upheld.

14.7 A member whose membership is suspended by either the Disciplinary Committee or the Executive Council shall not be relieved of any duties imposed by these Rules (including liability to pay subscriptions) but shall not be entitled to take part in the affairs of the Organisation or to hold any office therein for the period of such suspension.

Executive Council

4. That rule 17.8 should be amended to include: "Subject to the provisions of Rule 17 where applicable the type of ballot to be held in relation to any matter shall be determined by the Executive Council at its sole discretion".

Executive Council

Motions proposed for ADC 2021 *(continued)*

PROFESSIONAL MOTIONS

1. In accordance with Rule 12.18 Conference calls on the INMO to change the name of the 'Cork Youth Forum' to Southern Youth Forum and the 'Dublin Youth Forum' to Eastern Youth Forum.

Cork Youth Forum & Dublin Youth Forum

2. We call INMO Executive to address the issue of safe facilities for staff within our hospitals.

During the recent Covid pandemic staff were very concerned about contracting Covid at work and bringing it home to vulnerable relatives.

Many Departments have changing facilities that do not have enough space to allow for social distancing. No lockers for personal belonging and no clean showering areas and inadequate toilet facilities.

Facilities for staff breaks are non-existent in some departments and other rooms are so small that staff are at risk of being a close contact or getting Covid. Lack of safe facilities for meal breaks for already exhausted staff have resulted in staff skipping breaks, as they fear becoming close contacts and having to self-isolate. Furthermore, there are many hospitals that have no canteen or restaurant facilities for staff after 2pm despite nurses working a 24/7 cycle This has meant some staff go to their cars for breaks or skip their breaks.

This is unacceptable and the INMO must pursue the HSE to ensure adequate basic services and facilities are available to staff (lockers, change rooms, showers and break areas) in order to allow them to take safe breaks and comply with infection prevention and control guidelines. What other employers have such unsafe facilities for staff?

ED Section & Executive Council

3. Conference resolves to strongly urge the government to form the position of Chief Midwifery Officer so as to:
   - improve the care for new and expectant mothers and their children and promote safer births in Ireland;
   - to implement the maternity strategy;
   - to grow and develop the midwifery workforce, role of the midwife and profession of midwifery in accordance with the ICM strategic goals.

Midwives Section

4. Conference calls on the INMO, on behalf of the National Children's Nurses Section, to engage with the HSE and Department of Health, and all relevant national stakeholders, to develop and implement a National Paediatric Safe Staffing Framework; to determine the safe staffing levels required with appropriate skill set and qualifications based on international evidence based practice.

National Children's Nurses Section

INDUSTRIAL MOTIONS

1. We call on the INMO to engage with the HSE to review underutilisation of key settings in the District and Community Hospital and why greater investment is not put into the District Hospital in an effort to give effect to Sláintecare, so that patients get care near home and avoid admission into an acute setting. Minimum investment could deliver major returns for patients and communities.

Conference also resolves that the INMO is not in favour of the HSE reducing any services provided in the public community hospital system.

Ballina/Belmullet Branch & Inishowen Branch

2. We call on conference to review and standardise annual leave entitlements for all nurses employed in the public service. Currently full-time nurses working over 10 years get 27 annual leave days and all other grades of nurses get 28 annual leave days.

Clare Branch

3. We call on conference to endorse the pursuit of a specialised scheme for extended sick leave for members who suffer from Covid and post Covid illnesses following confirmed diagnosis noting that it is unclear of the long term health implications for healthcare workers infected by the disease. In addition, be it resolved that priority pathways be established for nurses and midwives who become ill due to their work.

Clonakilty/Skibbereen Branch & Mallow Branch

4. We call on conference to robustly address the inconsistencies that exist in caseload allowance for all CRGNs working in the HSE. Furthermore, we seek the full implementation of an allowance for all CRGNs in all CHOs, with a view to creating parity with community nursing colleagues who are already in receipt of this allowance.

Community RGN Section

5. Be it resolved that location and qualification allowances be awarded to all areas of nursing. Currently there is a great disparity in how these are allocated throughout the nursing professional in Ireland, including all nurses working in Disability services and pursue the immediate application of same ensuring parity with our colleagues in all disciplines of nursing.

Conference also calls on the INMO to pursue the payment of a specialist qualification allowance for nurses who are dual qualified, registered with the NMBI on both the general register and the paediatric register following completion of the combined undergraduate third level nursing degree where they utilise their qualification in two specialist areas.

Dublin East Coast Branch, RNID Section & Tipperary North Branch

6. Conference calls on the government and health services to acknowledge the work done during the pandemic and beyond. It also calls for a commitment to implement a recovery plan for healthcare workers suffering from the long term effects of COVID 19. Nurses and midwives have shown the courage to care often in very difficult circumstances. It is vital that the physical, psychological, and emotional impact of COVID-19 is recognised, and action is taken to support nurses and midwives into 2021 and beyond.

Dublin Northern Branch

7. The Dublin South West Branch wish to congratulate the Executive in its decision over the winter to call for the temporary nationalisation of the private hospitals in order to deal with the Covid crisis.

However, the crisis in our public health system is now at least 30 years old. It goes back to the devastating cuts to bed capacity and mass closures of public hospitals during the late 1980s and 1990s.

In January and February 2020, just before covid hit, both our trolley wait figures and our waiting lists were at record highs with 10,000 patients on trolleys in the short month of February alone and more than 800,000 people on waiting lists of various kinds. The waiting lists are expected to grow by at least another 50,000 people over the covid period due to the halting of elective admissions, diagnostics, and surgery. We insist that there can be no going back to the failed pre-covid health system.

We call on conference to agree that the call for the

Motions proposed for ADC 2021 *(continued)*

nationalisation of the private hospitals be a demand for the permanent nationalisation of those beds and those hospitals and call for the setting up of a functioning Irish National Health System.

Dublin South West Branch

8. Conference calls on the INMO to engage with the HSE, Department of Health, private providers, Nursing Homes Ireland and IBEC with the aim of agreeing appropriate protections and clinically expert after care, for the long-term effects of Covid-19 infection. Full protections for the employee must include:
   • medical expert care;
   • protection of income; and
   • rehabilitation back to work without any loss of income.

   Executive Council

9. Conference calls on the INMO to proactively engage with the HSE to ensure that nurses and midwives can access pension estimates in a timely manner to assist retirement planning and also that on retirement after years of dedicated service they receive their pension and lump sum immediately as presently nurses & midwives have to wait months for payment in some locations.

   Executive Council

10. Conference calls on the INMO to engage with the HSE and Department of Health in light of HIQA requirements, to ensure that the role of Person in Charge (PIC) in Residential Care Facilities (RCFs) is recognised as a New Nursing Grade/Post, appropriately graded with a nationally agreed job description to include core competencies specific to the post which a candidate must demonstrate to be considered eligible and includes:
    • That the post/grade of Person in Charge requires consolidated depth and breadth of experience commensurate with the complex responsibilities associated with the role;
    • That the post/grade of Person in Charge requires that the candidate demonstrate gerontological /clinical knowledge, leadership and managerial skills obtained across a range of clinical settings;
    • That the grade of Person in Charge is appropriately remunerated by a nationally agreed salary scale and banded to reflect the range of services across RCFs;
    • That a sub-structure of Assistant Person in Charge grades to support PIC is put in place;
    • That the Person in Charge is recruited by a defined joint leadership body representative of all stakeholders including the Provider.

    Galway Branch

11. Given the physical and stressful nature associated with nurses and midwives roles today we call on government to reduce retirement age to 60 years of age, granting full access to the nurses contributory pension scheme with no affect to state pension entitlement.

    Killarney Branch

12. Conference resolves that nurses working greater than, or equal to, 30 hours per week should be entitled to apply for 19.5 hours and get full pension for the five remaining years.

    Kilkenny Branch

13. We call on conference to work to improve the working conditions and develop safe nurse staffing levels for the 24-hour perioperative period in order to stabilize and improve the recruitment and retention of experienced, skilled and perioperative nurses.

    ODN Section

14. Conference resolves to examine on-call arrangements for all members performing on-call duties in relation to protected sleep time, and other terms and conditions relating to on call, in order to maintain the highest level of patient safety and members' wellbeing.

    Radiology Nurses Section

15. Conference calls on the INMO to further engage with the HSE in regards to providing each nurse employee with a written annual statement outlining their pension contributions.

    Roscommon Branch

EDUCATION MOTIONS

1. Conference resolves to have the HSE provide support and supervision to PHNs/CRGNs like that provided in the acute setting in the form of clinical skills/practice development. This would support staff in their adjustment to the role of CRGN or PHN and would encourage development of new staff and for staff already in post. New staff would have support in developing skills such as referral pathways, wound care and dressing availability and application, agencies working within the community e.g. Tusla, management structures, induction in the classroom e.g. PHNs in post in an area for over a year who still have not had an induction day. Sláintecare is cited as the future of healthcare, let us impress on the HSE that structures must be put in place to orient staff to their new positions as PHNs/CRGNs and to support and engage with existing staff to ensure that the best service is provided to our patients.

   Assistant Directors of Nursing/Midwifery/PHN/Night Superintendents

2. Conference calls upon the HSE to further implement recommendation 20 of the HSE Report: "Shaping the future of Intellectual Disability Nursing in Ireland (2018)" with specific relevance to Clinical Nurse Specialist and Advanced Nurse Practitioner.

   Waterford Branch

SOCIAL POLICY MOTIONS

1. Conference calls for the creation of a permanent memorial in the grounds of the Richmond Centre to commemorate the contributions of all those who worked through the pandemic in providing essential services, to commemorate the lives lost during the pandemic, and to commemorate the lives of all nurses and midwives who have gone before us.

   Executive Council

2. Conference resolves that International Nurses be entitled to be afforded citizenship after working in Ireland for three years.

   International Nurses Section

3. Be it resolved that the INMO seeks from the NMBI a change of deadline submission of the Annual Retention Fee to be extended out from 31st December each year until 1st February of the following year and for an independent review of the governance and daily operation of NMBI.

   Letterkenny Branch

4. Be it proposed that the INMO will re-enforce the INMO policy of nurse's responsibility, accountability, and governance in relation to the administration of medications by support staff and engage with employer service providers where necessary to ensure implementation of this policy regarding these issues.

   Nurse/Midwife Education Section

Series of meetings for reps and branch officers in Southern Region

A SERIES of monthly information meetings for INMO reps and branch officers in the Southern Region will take place this year, commencing on April 28, 2021.

The objective of the meetings is to provide dedicated INMO activists with additional knowledge and expertise to assist the local engagement and support for their workplace colleagues.

A range of topics will be discussed over the course of these monthly events, including:

- Social media;
- Grievance and disciplinary procedures
- Sources of information
- INMO membership benefits
- The Organisation of Working Time Act
- Claiming expenses.

– Mary Power, INMO assistant director of IR

Enhanced practice scale at Cope Foundation, Cork

MEMBERS in Cope Foundation, Cork should have received retrospection payments due to them by mid-April 2021, following the implementation of the enhanced nurse/midwife practice salary scale and the enhanced senior staff nurse increment.

– Mary Power, INMO assistant director of IR

Members' swift action halts closure of Mallow MAU

THE threatened closure of Mallow General Hospital's medical assessment unit (MAU) last month was averted thanks to intervention from INMO members and officials.

Management informed staff in early April that the unit would close for at least four weeks, due to a lack of medical cover. Nurses and other staff at the unit were advised to either take leave or be redeployed.

The vast majority of patients are admitted to Mallow Hospital via the MAU, which effectively acts as a gateway to the hospital. Frontline nurses in Mallow warned that the decision to close the unit would mean that many patients would be forced to divert to other hospitals in Cork city, which are over 40km away and already facing significant overcrowding.

INMO members raised the alarm, with the union seeking immediate discussions on the unit and bringing the threatened closure to media attention.

INMO IRO for Mallow Hospital Liam Conway said: "This would have been a disastrous decision for north Cork. Patient safety would be put at risk.

"Throughout Covid-19, frontline staff have shown nothing but dedication to providing safe care. They were shocked at this decision and the manner in which they were told.

"We are glad to see that the decision to close has been reversed. In particular, I would like to thank the INMO members and activists who secured this important win."

INMO IRO Liam Conway: *"Closure of the Mallow MAU would have put patient safety at risk"*

The INMO will be monitoring the situation and new proposed developments for Mallow General Hospital in the months ahead.

Safe staffing framework commences rollout in Cork University Hospital

CORK University Hospital has received funding to commence the rollout of the Framework for Safe Nurse Staffing and Skill Mix on medical and surgical wards. This is due to commence shortly on four selected wards.

The inaugural meeting of the hospital's local implementation group (LIG) for safe staffing and skill mix took place on March 8, 2021. The INMO sits on this group and will help to oversee the ongoing rollout, representing members' interests.

The framework is official Department of Health policy and its rollout was a key part of the strike settlement from 2019. The framework acts as a scientific tool to determine the staffing need and skill mix based on dependency levels in each ward.

This will be a welcome boost for staff working on the wards selected, with work already underway to identify the staffing levels required and the recruitment of staff to these areas under the framework.

The four wards selected are 1B, 3B, 4A and GA Neuro. INMO members in these areas have welcomed the rollout and the Organisation will be monitoring implementation over the coming year as part of the LIG.

– Liam Conway, INMO IRO

Celebrating our professions

Steve Pitman gives an introduction to International Nurses Day and the International Day of the Midwife being celebrated this month

'A VOICE to lead, a vision for future healthcare' is the theme for International Nurses Day (IND), which is set to take place on May 12, 2021. It is clear that Covid-19 will undoubtedly have a lasting affect.

IND 2021 aims to look back and reflect on the impact of Covid-19 on the health system and the nursing profession and how this will affect the future of healthcare. Nurses and midwives fulfil multiple roles as carers, healers, educators, leaders and advocates, nurses are fundamental to the provision of safe, accessible and affordable care. They represent half of the global healthcare workforce and must play a leading role in planning and developing future national and global healthcare.

Nurses and midwives have adapted to the challenging circumstances presented by the pandemic through creative solutions and innovative changes in practice. This wealth of experience and energy must be harnessed to rebuild and re-imagine healthcare. Nurses and midwives will continue to showcase their vital contribution to healthcare, but their voices must be heard and included as part of the policy level decision making process.

This message is echoed by Annette Kennedy who has emphasised that "this global Covid-19 pandemic has shown the world the important role that nurses play in keeping people healthy across the lifespan". She went on to say that "while there has been significant disruption to healthcare, there has also been significant innovation that has improved access to care. In 2021, we will focus on the changes to and innovations in nursing and how this will ultimately shape the future of healthcare."[1] *(See also pages 22-23 for an interview with Annette Kennedy)*

2021 has been designated by the WHO as the International Year of Health and Care Workers. It is calling for protection and investment in the health workforce and highlights the importance of health workers standing together in solidarity with common cause.

The pandemic has highlighted the shared experience and struggle of frontline health workers, across the globe, in caring for people in often the most challenging and stressful circumstances. This contribution and sacrifice can not be forgotten.

The ICN has found that almost 80% of national nursing associations have reported that nurses have experienced high levels of mental health distress during the pandemic.[2] In Ireland, 83% of nurses and midwives experienced a negative psychological impact as a consequence of Covid-19 and 61% considered leaving the profession during the pandemic.[3]

At a global level, the ICN believe that 'mass trauma' has been experienced by the global nursing workforce.[4] It is vital that healthcare systems throughout the world recognise the extent of the problem of mental distress and take action to minimise the impact on nurses and midwives.

Failure to act will exacerbate the problem of retaining nurses and midwives. A recent report highlights that in 2020 an increasing number of nurses are left the professional as a result of increased workloads, insufficient resources, burnout and stress are the factors that are driving that exodus.[5]

IND and IMD 2021 present a time for celebration and reflection on what has occurred, what is continuing to happen and how we will respond into the future. As Tedros Adhanom Ghebreyesus, WHO director general, recognised that "nurses and midwives are the backbone of every health system,"[6] but nurses and midwives must also be at the heart of creating the future healthcare.

Invest in midwives

International Midwives Day (IDM) is celebrated on May 4. The theme for IDM is 'Follow the Money, Invest in Midwives'.This year, IDM coincides with the publication of the *State of the World's Midwifery* Report. This is an important document that was first published in 2011 and again in 2014. The International Confederation of Midwives (ICM) states that the report "will provide an updated evidence base and detailed analysis of the present progress and future challenges to deliver effective coverage and quality of midwives and midwifery services".

The report will also demonstrate the affect midwives have on women and babies' health and wellbeing.

A resource pack for IMD is available from **https://internationalmidwives.org/** and the *State of the World's Midwifery* report can be accessed on the ICM website on IDM. Remember that the 32nd ICM Triennial Congress will take place online in June 2021.

Photo competition

Congratulations to Bruno Lavi from Israel, the winner of the ICN International Nurses Day Photo Contest. The winning photo is a black and white photo of nurse Rawan Hijana dressed in her mask and shield, perfectly illustrated the reality of this pandemic.

Last year in Ireland there was an overwhelming response from nurses and midwives sharing photos to celebrate IDM and IND. The INMO is once again calling on nurses and midwives to join the celebration on both May 4 and 12 by sharing your photos on social media using the hashtags #IDM2021 and #IND2021. You can also email photos to: Michael.pidgeon@inmo.ie to be shared on the INMO's Instagram page.

Steve Pitman is INMO head of education and professional development

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Praise must be turned into action

With her retirement approaching and to mark the International Day of the Nurse, ICN president Annette Kennedy spoke to **Freda Hughes** about her career and her views on the future of healthcare

ALTHOUGH she has been president of the International Council of Nurses (ICN) since 2017, many INMO members will be familiar with Annette Kennedy from her role as INMO director of professional development from 1994 to 2012. Others will know her from her prominent international roles representing nurses worldwide and fighting for better healthcare globally. The impact of Ms Kennedy's ongoing work has no doubt improved representation and visibility for nurses worldwide, but she is conscious that there is still a long way to go before nursing will be afforded the respect it deserves.

Ms Kennedy's career started out in the Richmond Hospital in Dublin (now the INMO's Education and Event Centre) where she trained as a general nurse. She is originally from Sligo so she lived in student accommodation when she moved to Dublin. She enjoyed her training and the camaraderie, although she says the workload and responsibility put on junior nurses was immense.

Having moved to England briefly to study midwifery, Ms Kennedy returned to work in intensive care in the Richmond Hospital where she helped set up the first neurosurgical intensive care unit in Ireland. There were not as many specialised courses available to nurses at the time so she and her colleagues developed training programmes for their peers.

She decided to move into the education sphere and did a degree course in UCD to become a nurse tutor. She went on to do a master's degree in public sector analysis in Trinity College Dublin. When she started working with the INMO Ms Kennedy established the Professional Development and Education Centre. Conscious that there was very little management training available for nurses and midwives, she decided that a practical management skills course for nurses and midwives would be a good place to start.

Annette Kennedy, ICN president, pictured with Dr Tedros Adhanom, director general of the World Health Organization

"I wanted to develop new courses in response to members' needs. Although some of the universities had established specialised courses at this stage, I didn't want to duplicate work that was already being done. At the start the universities did not want to deal with unions but by the time I left the role they were asking us to work with them," she explained.

The INMO set up the first online nursing education portal – Nurse2Nurse – and Ms Kennedy subsequently was asked to travel to show organisations in other countries how to set up their own portals. It was at this time that Ms Kennedy started to take on a lot of the INMO's international liaison work and also became involved with the Commission on Nursing in Ireland.

In 2005 Ms Kennedy was elected president of the European Federation of Nurses (EFN).

"It was never my ambition to be president of anything but as I took on more advocacy roles for nursing I was coaxed into leadership positions. It was a good learning experience in relation to lobbying at EU level. It's a slow process, in the EU everything takes time.

When you're busy on the frontline, the EU or the EFN means very little to you. It took a while for me to understand just how much what happens globally affects everything we do locally. That became very clear when we went into recession and started borrowing huge amounts of money that had to be paid back. The government had little control over paying back the money. It was the agencies such as the IMF and the European banks that made the rules. The recruitment embargo was an obvious outcome of that here in Ireland," she said.

As Ms Kennedy took a greater interest in international advocacy work, she was elected to the board of the ICN in 2013. Founded in 1899, the ICN was the first non-governmental organisation recognised by the WHO and is now the global voice for nursing and advocates for nurses at all levels, representing 135 nursing organisations and over 27 million nurses worldwide.

Having joined the board, Ms Kennedy played an instrumental part in transforming the organisation to make it more relevant and representative of its members. In 2017 she was elected president.

"I firmly believe that nurses should have a seat at the table whenever decisions are being made that affect them. We have been invisible in decision making and we have to change that narrative.

"The narrative is probably effected by

the fact that we are a 90% female workforce. We're always the implementers but never the decision makers.

"It is evident now with Covid-19 that we should have a seat on every committee and coalition, but we don't and I genuinely do think that our gender is a factor in that. Women are seen as carers in the home but that is still seen as unpaid and unrecognised work. This impacts on how nursing is viewed," said Ms Kennedy.

The ICN had great plans for showcasing 2020 as the year of the nurse and midwife, but then Covid-19 hit. Nursing and the way we deliver care has had to change and adapt to the pandemic and nurses have to communicate very differently.

Ms Kennedy explained that during the pandemic, the ICN has been working closely with the WHO in relation to collating and researching information through its members to promote better, safer practice and protect the nursing workforce worldwide.

"Nurses are brilliant at finding innovative ways of communicating and organising healthcare. It is nurses who advocated for the turning of Covid-19 patients along with other good practices. Covid-19 certainly did showcase the tireless work of nurses worldwide. We heard a lot of praise from governments and policy makers worldwide but it hasn't turned into action.

"We now have the job of calling them to account and making them invest in nursing. Governments have borrowed billions that will need to be paid back and we have to ensure that resources are not taken from healthcare for this," she said.

Ms Kennedy is concerned by the number of people leaving nursing after the burnout of the pandemic or due to imminent retirement. An ICN report confirms that 4.7 million nurses will retire worldwide over the next 10 years. There is also an existing shortage of six million within the workforce. This could leave a shortage of 13 million nurses worldwide within 10 years.

The ICN and the International Confederation of Midwives (ICM) will be working with the WHO to put forward a strategic direction for nursing and midwifery for the next four years. This has to be adopted at the World Health Assembly in May and it will then be up to governments to implement it.

"We tend to put a lot of money into treatment. We put very little investment into public health, primary care, prevention and early intervention. We could save a lot of money and we could have dealt with the pandemic better had we had more investment in public health.

"Nurses have a huge role to play in the whole area of health promotion and disease prevention and our input could positively affect how health systems are set up and what is prioritised. Investing in health is investing in the economy. Unless you have a healthy population you won't have a healthy economy," she said.

Ms Kennedy is proud of her work transforming the ICN to make it more accessible and relevant to its members, who represent people providing circa 90% of the hands-on care in health services worldwide.

"I am proud of its current visibility, its status among global health organisations and its representation of nurses worldwide. It is advancing global nursing leadership which is essential to changing the nurse's role in leading the delivery of healthcare," she said.

The ICN has been calling on all governments to prioritise vaccination for nurses, midwives and healthcare workers everywhere in the world. It has also called on countries to show solidarity and generosity by sharing vaccines in order to protect workers in less developed countries.

Ms Kennedy wants to see more investment in nursing worldwide and greater opportunities for advanced practice and leadership roles within nursing. In order to improve pay and conditions and encourage recruitment and retention, she said nurses must be empowered worldwide to stand up for their rights.

"We have to use our voices more. We have not been good at this. We're so busy delivering care that we assume our colleagues and peers know what nurses do but they don't. We have a lot to do around gender equality and for this we have to look outside our own professions and work with other agencies with similar objectives representing women.

"Every day of the week nurses save lives. We tend to dismiss this fact. Doctors are seen as saving lives but nurses are seen as providing care, yet without nurses, patient outcomes would be very poor. That competence, skill and knowledge that nurses have and use every day saves lives. Nurses give so much in their working day but we need to use our voices and advocate for our professions," she said.

Although she will be retiring later this year, Ms Kennedy still has numerous projects on the go, including advocacy for patients with non-communicable diseases and education for nurses on how to identify and support victims of human trafficking. She also sits on the Sláintecare Independent Advisory Committee.

She says that a good leader and a good advocate will know that you never stop learning and that it is important to be open to this. She explained that the ICN leadership programme has led to many candidates taking on leadership roles in their own countries. The constant flow of information from the frontlines through the ICN and on to the WHO will hopefully lead to fewer deaths, infections and abuses of nurses in countries throughout the world in the future.

"I've travelled the world and observed how nurses work everywhere I go. Leadership is a strange thing. A good leader will surround themselves with people with skillsets that complement each other. Leaders get stressed but that should never stop you thinking about the nurses on the frontlines.

"I have so much awe and admiration for the nurses I have met worldwide. I have to say thank you from the bottom of my heart. It's an honour to be president of the largest nursing organisation in the world. It's time now for the politicians who were so busy applauding to turn that praise into action," Ms Kennedy told *WIN*.

The International Day of the Nurse 2021 will take place on Wednesday, May 12. See pages 21 for more details

Annette Kennedy, ICN president

Thinking globally – acting locally

The idea of 'glocalisation' will form the theme of DCU's conference celebrating International Nurses Day 2021, where two senior nurses will be awarded with honorary doctorates

Annette Kennedy (left) and Vivien Lusted (right) are to be awarded honorary doctorates in nursing from the School of Nursing, Physiotherapy and Community Health, DCU

WE live in a 'glocal' world where what happens globally impacts us locally and what happens locally affects issues globally – there is a seamless connection between the two. This concept has profound implications for the roles of nurses and midwives, particularly during a pandemic.

The immediate and innovative response demonstrated by nurses and midwives during Covid-19 was made visible and globally facilitated through shared knowledge, skills and technological advances.

Empowering nurses and midwives to enhance the knowledge acquired will drive the response needed to eradicate western society style pandemics such as of non-communicable diseases (NCDs). The ability of nurses and midwives globally to manage future health challenges will be discussed at the Dublin City University School of Nursing, Psychotherapy and Community Health's conference – 'Celebrating the International Day of the Nurse'. This online event (May 7 from 9am-4pm) will feature speakers from Ireland, the US, Italy and China, all of whom are leaders in their field and will demonstrate the return on investment of the nurse/midwife in implementing care.

Honorary doctorates in nursing

The DCU School of Nursing, Psychotherapy and Community Health will also be awarding honorary doctorates to two exceptional nurses: Annette Kennedy and Vivien Lusted.

Annette Kennedy

Ms Kennedy served as INMO director of professional development from 1993 to 2012. One of her crowning achievements was the establishment of the INMO Professional Development Centre, providing a unique flagship service for continuing education for nurses and midwives.

Ms Kennedy was centrally involved in the implementation of the Commission on Nursing recommendations in 1998. She was elected president of the International Council of Nurses (ICN) in June 2017 after serving four years as vice president. In her current role, she gives a voice to 130 national nursing associations, representing around 27 million nurses.

Ms Kennedy supports all ICN missions, including working with the World Health Organization (WHO) in partnership with Nursing Now. She was involved in workforce planning aimed at addressing the global shortage of nurses at national, European and international levels.

Throughout the pandemic, Ms Kennedy has provided remarkable leadership to nurses and national nursing associations across the world. She was a commissioner on the WHO Independent High-Level Commission on NCDs, 2017-2019. As a result of this work, recommendations and measures for action were developed to support countries in scaling up their efforts in managing the burden of chronic diseases, especially giving recognition of the crucial role of nursing in addressing NCDs.

Ms Kennedy also holds a ministerial appointment to the Sláintecare Advisory Implementation Committee, 2018-2021.

Vivien Lusted

Ms Lusted is a general nurse who completed her training in the Richmond and Beaumont Hospitals, Dublin and has spent most of her nursing career working in the humanitarian area with communities affected by conflict or health crises across the world. Her first post abroad was with Concern in Cambodia, working in a primary healthcare setting. She then began working with the Irish Red Cross, seconded to the International Committee of the Red Cross.

As a health delegate and health co-ordinator with the International Committee of the Red Cross, Ms Lusted has worked on placements lasting from six months to two years. She has worked in Somalia, Sudan, Nigeria, Sri Lanka, Liberia, Myanmar and Iraq. In the past few years, Ms Lusted's work has focused on the area of healthcare in detention and she now has a reputation for developing and leading healthcare to populations in detention centres.

Ms Lusted was awarded the Florence Nightingale Medal, becoming one of five Irish nurses to have received this international award. Her work in detention centres in Iraq formed the basis of this award, which is the highest honour that a Red Cross or Red Crescent nurse can receive.

The Covid-19 pandemic highlights the persistence of health inequalities in many countries. Those working in humanitarian nursing are being constantly challenged by the effects of the pandemic on vulnerable communities that may have limited access to public health immunisation and healthcare.

Ms Lusted's current role as health co-ordinator gives her a unique insight into the health and socio-economic impact of Covid-19 and, in her leadership in this role, she demonstrates the value of nurses and nursing in this pandemic.

The awards will take place virtually on May 7 at 12pm. The conferring will be broadcast on the DCU YouTube channel: **www.youtube.com/DublinCityUniversity** The link to join is available on the DCU Twitter account, @DCU.

Daniela Lehwaldt is academic lead in nursing , Denise Proudfoot is assistant professor of mental health nursing and Susan Kent is associate professor of nursing, midwifery community and public health, all with School of Nursing, Psychotherapy and Community Health, DCU

Delivering for midwives

ICM president Franka Cadée believes trust, respect and empathy lie at the heart of midwifery-led care. Interview by **Beibhinn Dunne**

FRANKA Cadée has been president of the International Confederation of Midwives (ICM) since 2017, having previously served on the ICM board as treasurer between 2002 and 2008. Ms Cadée has lived in a number of different countries and is a proponent of a human rights-based approach to healthcare.

Speaking to *WIN* ahead of International Day of the Midwife on May 5, she reflected on her path into midwifery, describing her decision to enter the profession as a pivotal moment.

"Originally I trained in medical anthropology and through that I came into contact with birth and wanted to become a midwife. This was really a life-changing experience for me. I really associate myself with being a midwife," she said.

Although president of the ICM is a demanding role, Ms Cadée also described it as a great honour and attributes a lot to the style of leadership that is natural to midwifery.

"The way midwives lead in general means I really don't do it alone", she said. "I play my role but everyone else plays their roles too."

Now in her second term as ICM president, Ms Cadée noted that when she first stepped into the role, her top priority was trying to make ICM self sustaining.

"Midwives associations' funding reflects midwives' pay," she said, noting that this means achieving sustainability of the organisation is a challenge.

Part of the work of ensuring the future of the organisation involves raising the profile of midwifery. Ms Cadée set out to change the way midwifery is discussed, to reflect its value and midwives' pride in their profession. Combined with growing research reflecting the value of investing in midwifery, this has helped the organisation to acquire funding for its core activities and for its new strategy aimed at creating a movement for midwifery with women at its centre.

Among the projects launched during her presidency are international health and education campaigns, including '50,000 Happy Birthdays', a programme run in conjunction with Laerdal Global Health that supports emergency health training for midwives and their associations. However, what Ms Cadée is most proud of during her presidency is the growth within ICM and their work advocating for midwifery as a profession encompassing a broad range of gender issues.

ICM president Franka Cadée: "Trust, respect and empathy are the things that stand right at the top. Once those are in place, the rest follows"

Most recently, the pandemic has brought a particular set of challenges for midwifery and ICM member organisations. Unwanted pregnancies and problems accessing safe abortion care have affected women's health, and fears around viral transmission have meant increased numbers of C-sections and challenges for breastfeeding mothers. The pandemic has also shone a light on the human rights element of midwifery, with midwives continuing to provide care in dangerous circumstances and sometimes without adequate PPE.

Ms Cadée said: "I am very proud of midwives for stepping up as human rights defenders through all of these issues."

As a human rights advocate, Ms Cadée also believes the principles of good healthcare in midwifery lie in building skills in the psychosocial model.

"Trust, respect and empathy are the things that stand right at the top. Once those are in place, the rest follows."

On midwifery in Ireland, Ms Cadée said: "I know quite a few Irish midwives and I always say 'don't mess with an Irish midwife!'"

Ms Cadée said that defending midwifery-led units and implementing the National Maternity Strategy are vital for women's health, representing the best future-proof and cost-effective path. She also noted that the term 'midwife-led' includes the whole interdisciplinary team.

"When we talk about 'midwife-led care' we know midwives work in teams so 'midwife-led' means a focus on the midwifery philosophy and choice for women, including access to home birth."

Ms Cadée also insists on being open to diverse viewpoints, although she said it is not always easy, remarking that aiming to understand where others' different positions come from is vital to moving forward together and ensuring the best possible care for women.

On the future of the profession and midwifery post Covid-19, Ms Cadée said there is need for a "paradigm shift" wherein long-term investments are made to reflect the whole-of-society value of midwifery. This includes long-term plans for educating midwives, providing them with the right medical and psychosocial training, registration and regulation and ensuring adequate and equal pay, career pathways and societal recognition. However, Ms Cadée's main ambition for her profession remains autonomy.

"In terms of priorities, I would put autonomy at the top. This is very important for midwifery and for the future of the profession and the autonomy of women," she said.

International Day of the Midwife 2021 will be celebrated on May 5. *See page 21 for more*

Spotlight on: Fiona Hannon

'Support from managers and colleagues is crucial'

NEWLY registered general nurse Fiona Hannon works in the adult sector at Cork University Hospital. She started her first job as a registered nurse in September 2020 when the second wave of the pandemic hit. It certainly wasn't the norm when it comes to starting a nursing career but she explained how she adapted to the challenge.

Having completed her training on the Covid frontline, Ms Hannon said: "It wasn't a shock to be kicking off my nursing career during the pandemic, but it has been such a scary time, particularly in the early days when none of us knew the scale or the impact."

Ms Hannon has worked for six months in a surgical department and is now working in a medical ward.

"The six-month rotation takes me back to that student feeling when you're the new person on the ward again, but it has made me realise how flexible and adaptable you need to be in nursing," she said.

Ms Hannon grew up on a dairy farm in Limerick and from a young age learned to look after and care for animals. She attributes her interest in science to this time and noted proudly that this is where she learned that care and compassion go hand in hand.

Speaking about her motivation for joining a trade union, she said: "I was in first year when an INMO student rep came to speak to us, and I was curious at first and then I came to realise the support was simply invaluable and I wanted to continue that into my registered nursing career."

She also said that she finds the support of the local industrial relations officer instrumental to workplace fulfilment.

"I never feel alone, and I know I can ask a question no matter how small it is," she said.

Recalling an instance of valuable INMO support, Ms Hannon described how a ward staffed by all graduate nurses called on the local INMO rep to help balance out the skill mix.

"Workers bring the problem to the union and the union knows how to navigate the industrial relations landscape," she said.

Discussing the importance of nurses and midwives in leadership positions, Ms Hannon said she would like to see more nurses and midwives influencing healthcare decisions.

"Nurses and midwives know the profession inside out and we understand what changes need to be implemented. We have the insight, and we need to be advocates for ourselves and our profession and ensure our voices are heard," she told *WIN*. "I see it myself in nurses who have worked in the emergency department who are now assistant directors of nursing. They know the day-to-day challenges and the systems that do and don't work. There's such merit in experience," Ms Hannon added.

She also sees upskilling as vital for her profession, noting that nurses need to be supported in accessing training, describing clinical skills in nursing as an important way to reduce delays and empower nurses to realise their potential.

Ms Hannon believes that nurse managers are the link to frontline staff, observing that "communication is vital to understanding how the floor needs to operate."

While she acknowledged how easy it is to forget when one is not working on the frontline anymore, she sees the importance of liaising with staff and implementing good reporting structures.

"The Covid frontline taught me so much. I saw very experienced nurses being redeployed to areas they hadn't worked in for 10 or more years. You see that it's easy to forget and to feel out of your depth. It really makes you realise that support from your managers and colleagues is crucial.

"I saw those instinctive skills of care and compassion come to the surface again and again during Covid. These are essential components to nursing and midwifery, not just for our patients but for each other."

Fiona Hannon: *"Care and compassion are essential components of nursing and midwifery, not just for our patients but for each other"*

Giving more time to student nurses is an area she would like to see changed. "As a newly qualified nurse myself I'm so conscious of my student colleagues. Every time I see them, I make sure to say hello. Sometimes they're taken aback and that's because they feel invisible a lot of the time. I remember that feeling so well and it takes me back to my earlier point about care and compassion being essential nursing skills."

Looking at the core role of nursing, Ms Hannon feels that there is a need for change throughout the whole system.

"Ever since I started my nursing degree, all I've heard about is staffing deficits and now that I'm a registered nurse it's the same story," she said.

This article is part of our series on Nursing Now, a worldwide campaign that aims to achieve recognition of nurses' contribution to healthcare, gender equality, the economy and wider society. The campaign's aim is to improve health by raising the profile of nurses, influencing policymakers and supporting nurses to lead a global movement. Please visit ***www.nursingnowireland.ie*** *This interview was carried out by Lisa Moyles from the INMO media office. Interviews are co-ordinated by Freda Hughes (freda.hughes@inmo.ie)*

Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

Cocooning from frontline work

Q. I have been told by my GP that I meet the 'very high risk' category and have been advised not to attend the workplace during the pandemic. Will this be treated as sick leave? I am feeling well but have an underlying medical condition.

THE HSE has identified a number of categories of persons who are deemed vulnerable, the details of this group are:

- Are over 70 years of age - even if you're fit and well
- Have Down syndrome
- Have cancer and are being treated with chemotherapy or similar drugs other than hormone therapy
- Have lung or head and neck cancer and are having radical surgery or radiotherapy
- Are having radical radiotherapy for lung cancer or head and neck cancer
- Are having certain complex cancer surgery, for example, surgery for lung cancer, head and neck cancer or oesophageal cancer
- Have advanced cancer or cancer that has spread to another part of the body
- Are on dialysis or have end-stage kidney disease and an eGFR less than 15
- Have a condition affecting the brains or nerves that has significantly affected your ability to breathe, meaning you require non-invasive ventilation (such as motor neurone disease or spinal muscular atrophy)
- Have unstable or severe cystic fibrosis, including people waiting for a transplant
- Have severe respiratory conditions including Alpha-1 antitrypsin deficiency, severe asthma, pulmonary fibrosis, lung fibrosis, interstitial lung disease and severe COPD
- Have uncontrolled diabetes
- Have had an organ transplant or are waiting for a transplant
- Have had a bone marrow or stem cell transplant in the past 12 months, or are waiting for a transplant
- Have a rare condition that means you have a very high risk of getting infections (such as APECED or errors in the interferon pathway)
- Have sickle cell disease
- Have been treated with drugs such as rituximab, cyclophosphamide, alemtuzumab, cladribine or ocrelizumab in the past six months
- Have certain inherited metabolic disorders (such as maple syrup urine disease)
- Have a BMI greater than 40.

If you are included in this category you should provide your manager with a letter from your treating specialist confirming your vulnerable status. There is no requirement for occupational health input.

As you are deemed to be vulnerable you should be facilitated to work from home to the maximum extent possible. If you are vulnerable, cocooning, and working from home in your current role is not feasible, you may be assigned work outside your usual core duties or given a new role.

While cocooning, you are deemed available for work and paid basic pay plus any allowances that you are in receipt of. It is not recorded as sick leave as you are well but have been advised to cocoon as per HSE and government guidelines.

HSE provisions for breastfeeding breaks

Q. I am currently out on maternity leave and due to return to work and would like to continue breastfeeding my child. I am aware of the statutory entitlement. Are there any provisions in the public health service to avail of breastfeeding breaks?

THE Breastfeeding Policy, HR 006/2021, was approved by the HSE and is effective from February 2, 2021 and applies to all employees in the public health service. If you are breastfeeding, after returning from maternity leave you are entitled to breastfeeding breaks at work for up to one hour per normal working day. This is in addition to your normal rest breaks. The breaks may be taken until the child's second birthday.

- Breastfeeding breaks may be taken in the form of one break of 60 minutes, two breaks of 30 minutes each or three breaks of 20 minutes each, or in such other manner as agreed by your employer
- In relation to breastfeeding facilities, a room will be made available to you to express your breast milk. This room may be used for other uses provided that another room is available if that space is in use. For example, office consultation room, treatment room, meeting room or staff room spaces. The room may be the place you normally work, provided the room: has adequate privacy, is clean and is comfortable for you. Toilet facilities are not appropriate for women to breastfeed or to express their breastmilk
- If no breastfeeding facilities exist in the workplace, you may reduce your working day by one hour without loss of pay, in accordance with service needs, in a manner to be agreed between you and your employer. Breastfeeding breaks can be taken on each working day. The breaks cannot be carried forward or banked as a further type of leave. Nurses/midwives who are working reduced hours, or work longer days, can take the breaks on a pro-rata basis
- The policy states you must apply to your line manager in writing as soon as possible but no later than four weeks prior to your return to work. Before you return to work, you and your employer will agree how the breastfeeding breaks will be taken. Your employer will need to see proof of your child's date of birth. This is part of the application process to identify when breastfeeding breaks will end.

Wide variety of voices make for lively discussion at COOP Section webinar

THE INMO Care of the Older Person (COOP) Section held a webinar in March, touching on topics ranging from burnout to vaccine rollout.

INMO president Karen McGowan thanked section members for their ongoing commitment on the frontline. She also gave a brief overview of the INMO's work in progress, including the taskforce on safe staffing and skill mix.

Steve Pitman, INMO head of education, presented on the results of the INMO survey on the psychological impact of Covid-19, which focused mainly on burnout.

Essene Cassidy, head of older person services, HSE CHO DNCC, spoke about vaccination rollout, including the work of the National Immunisation Advisory Committee. She also spoke about vaccine uptake and answered audience questions.

Frailty facilitator Fiona Munroe presented on the impact Covid-19 has had on the issues of falls and frailty. Ms Munroe also described a new frailty smartphone app.

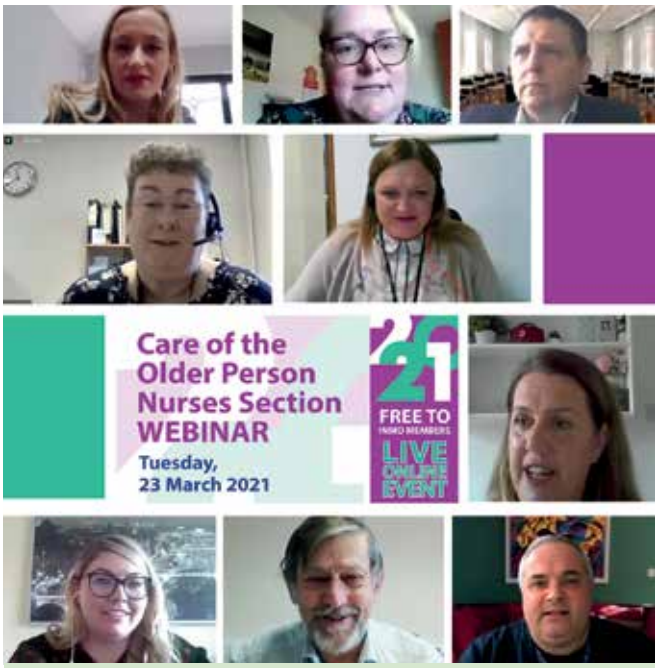
Rory Wilkinson, ANP in palliative care, spoke about palliative care and its involvement in end of life stages.

Bruce Pierce, an accredited clinical pastoral education supervisor, spoke about spiritual and pastoral care. He touched on the difficulties encountered by older people at the end of their life and the top five regrets people express when dying.

Ella Prendergast, clinical nurse advisor with 3M Ireland, also presented.

To view the webinar online, see **www.inmoprofessional.ie**

– Margot Lydon, vice chairperson, COOP Section



Pictured at the Care of the Older Person Section webinar were: (top row) Karen McGowan, INMO president; Eileen O'Keeffe, education officer, Care of the Older Person Section; Steve Pitman, INMO head of education and professional development; (second row) Caroline Gourley, chairperson, Care of the Older Person Section; Essene Cassidy, speaker; (third row) Fiona Munroe, speaker; (bottom row) Ella Prendergast, speaker; Bruce Pierce, speaker; and Rory Wilkinson, speaker

In profile: the Irish Senior Citizens Parliament

FOUNDED in 1997, the Irish Senior Citizens Parliament (ISCP) is an umbrella organisation that aims to be a strong, unified voice representing the needs of older people at a local, national and European level.

The ISCP is an organisation run for and by older people to ensure that their voices are heard and that they can contribute to decisions that affect their everyday lives.

The INMO Retired Nurses/ Midwives Section has two delegates nominated to the ISCP: Imelda Browne holds the vice president post and Mary Merriman holds the post of treasurer *(pictured)*.

The ISCP has recently appointed a new CEO, Susan Shaw, who is committed to growing the body over the coming years and to improving communication with its members.

The ISCP represents many groups of retired workers, many of whom are trade union members, including nurses and midwives, Electricity Supply Board workers and active retirement groups, in developing policy papers and making submissions on matters of importance to older people, eg. healthcare, adequate income, transport and housing .

The ISCP is a voluntary organisation that depends on subscriptions and fundraising to cover its day-to-day expenses.

Ms Browne is a nominee to the HSE's national programme 'Get up ,Get dressed, Get moving'. The implementation of the programme has been delayed by Covid-19 regulations but work has continued online.

INMO member Mary Merriman (pictured) is treasurer of the ISCP

Imelda Browne (pictured) is vice president of the ISCP

Ms Browne is interested in hearing ideas from INMO members that would encourage the maintenance of mobility in older people living in the community, as well as improve transport links, footpaths and public seating.

Ms Browne and Ms Merriman can be contacted at imeldaannbrowne@gmail.com and marycmerriman@gmail.com

The ISCP is also fundraising through a sponsored walk to help to enhance participants' immune systems and other projects. Sponsorship forms can be obtained by emailing office@seniors.ie

INMO EDUCATION PROGRAMMES

INMO Professional

Continuing professional development for nurses and midwives

Keep up to date with new online courses from INMO Professional

Eight Week Programme (Mindfulness-Based Stress Reduction)

Mindfulness-based stress reduction (MBSR) is an evidence-based programme that offers secular, intensive mindfulness training to assist people with stress, anxiety, depression or pain. It will take place for two-and-a-half hours on a Friday for eight weeks plus a retreat day. This programme is for nurses/midwives only, to learn how to be more fully aware and present in each moment of life and experience a more enjoyable, vivid and fulfilling life. Limited places and special reduced rate for INMO members €250 (€365 non-members). Visit **www.inmoprofessional.ie** for more information.

Training and Development Programmes for Intern Students

We continue to offer support to intern students by offering stand-alone programmes. We have a series of programmes coming up from May to August, which were organised following talks with Catherine O'Connor, INMO student and new graduate officer, the students and INMO Professional. These programmes cover: mindful presence for nursing students; tools for safe practice; the importance of documentation and information sessions on salary scales for new graduates. All programmes will be held virtually – please see *page 56* for more information.

Training Delivery and Evaluation *(next available dates)*

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

Due to popular demand, our next Training Delivery and Evaluation module is due to commence in September 2021. This five-day programme provides nurses and midwives with the knowledge, skills and competence necessary to deliver, assess and evaluate a training provision. It is scheduled to take place on the following dates: September 28, 29 and 30 and October 12 and 13, 2021. The training is due to take place online, pending further review closer to the time. See page 55 for more information.

Steve Pitman
Head of Education and Professional Development

International days of the midwife and nurse

The international days of the midwife and nurse are celebrated in May. Nurses and midwives are the largest professional group in healthcare, making up one-third of the Irish health service workforce.

The theme for International Nurses Day (May 12) for the past few years has focused on the importance of leadership and ensuring that the voice of nurses and midwives is heard and that it contributes to decision-making at national and international level. The Covid-19 pandemic will continue to have an impact on all of our lives for the foreseeable future, as will the challenges presented by non-communicable diseases, which the World Health Organization (WHO) describes as a 'slow-motion disaster' urgently requiring healthcare systems to adapt and evolve. Nurses and midwives must be central to any discussions and plans for re-imagining future healthcare.

International Day of the Midwife (IDM) takes place on May 5. This year the theme is 'Follow the data, invest in midwives'. The usual International Confederation of Midwives (ICM) toolkit resources have been changed for 2021. Instead, ICM is launching the Global Midwife Hub ahead of May 5. The resource includes comprehensive advocacy support for midwives and an online data resource that allows for knowledge-sharing and community collaboration.

The 2021 *State of the World's Midwifery Report* will be launched on the IDM by the ICM, the United Nations Population Fund and the WHO. This will be the third such report (following on from 2011 and 2014) and will provide an updated evidence base and detailed analysis of the current progress of and future challenges to delivering effective coverage and quality of midwives and midwifery services.

Join with the INMO on May 5 and 12 in the celebration of midwives and nurses in Ireland and across the globe. Remember to share your photos on social media using the hashtags #IDM2021and #IND2021. You can also email photos to michael.pidgeon@inmo.ie to be shared by the INMO online and in print to celebrate our professions.

Nursing and Midwifery Board of Ireland

The Nursing and Midwifery Board of Ireland (NMBI) has published a number of guidance documents over the past month. These include:

- Intellectual Disability Post Registration Registered Nurse Programme Standards and Requirements
- Return to Nursing Practice Courses, Standards and Requirements
- National Clinical Learning Environment Audit Tool
- Guidelines on the Clinical Learning Environment Audit Tool.

The NMBI has also published a test-familiarisation booklet for mature applicants to 2021 pre-registration nursing and midwifery degree programmes.

Children's nursing strategy

The Senior Children's Nursing Network (SCNN) is planning to launch the national strategy for children's nursing on May 14, 2021 via Zoom from 9am-11.30am. Registration and full details for this event will be available before the launch. Watch out for details in your workplaces or online via Twitter: @SCNN2020

Nursing Now

On Monday, May 24, Nursing Now will be hosting an event – entitled 'Global Footprints' – celebrating the achievements of the campaign and looking to the future of nursing globally. Events will take place around the world through a series of virtual regional sessions. Further details are available at **www.nursingnow.org**

ICM Triennial Congress

The 32nd ICM Triennial Congress will be held virtually in June 2021. This is expected to be the largest virtual gathering of midwives in history. The format for the Congress has been changed and the virtual event will run across five Wednesdays in June (June 2, 9, 16, 23 and 30). The programme and registration information can be found at **www.icmvirtualcongress.org**

Vaccinations

As the vaccination programme is rolled out in Ireland, we must continue to call for equitable access to vaccines for all people across the world. The INMO continues to support the call for the Irish government to formally support the WHO Covid-19 Technology Access Pool (C-TAP) initiative and the World Trade Organization Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver. This will allow developing countries to access the knowledge and manufacturing capability to produce their own vaccines.

On-site Education

INMO Professional offers an extensive range of on-site programmes facilitated by expert practitioners. If you are interested in booking one, email marian.godley@inmo.ie or call 01 6640642.

Delivering courses and writing for *WIN*

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

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

INMO Professional

Online Education Programmes

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

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

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

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

May 11 **Introduction to Chemotherapy**

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

May 13 **Understanding and Developing Care Plans for Nurses and Midwives**

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

May 17 **Clinical Governance for Senior Nurse Managers (Acute or Residential Healthcare Settings)**

This programme is aimed at senior nurse managers within the acute or residential healthcare settings and is designed to help them understand and be confident in building their skills and knowledge around clinical governance. Clinical governance is the system through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care.

May 19 **Become More Assertive**

This short online programme is designed to help nurses and midwives develop their skills to be more assertive to help them to make decisions with conviction and deal with difficult situations.

May 20 **Adult Asthma – Getting the Basics Right**

This short online programme is aimed at nurses and midwives who are working in clinical practice and who require basic knowledge and skills in order to care for people with asthma on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with asthma, utilising current best practice.

May 26 **The Sociology of Health**

This course is an introduction to sociology of health and illness. It examines the meaning and relationship of health, disease, illness and sickness. Impact of social inequality will also be explored, along with other topics such as the sick role and the role of healthcare professionals.

May 27 **End of Life Care and Covid-19**

This short online programme outlines the legal and professional requirements for end of life care in designated centres and identifies how to apply this practice to Covid-19. Participants will learn how to recognise signs and symptoms of deterioration through the programme, which will assess, monitor and review physical, psychological, social and spiritual areas of care at end of life for a person with Covid-19. It will cover the *Guidance for Registered Nurses and Midwives on Medication Administration* and national guidance. Participants will be able to identify and apply effective interpersonal communication with families of a loved one at the end of their life during this challenging period.

Jun 1 **The 'Know How' of Inhaler Technique**

This short, two-hour online programme for nurses and midwives will address issues around inhaler technique. The programme will introduce the participant to current best practice in relation to inhaler technique and assist in the understanding of the role of inhaled medication with the correct use of inhalation devices (fee for members: €20).

Cancellation policy: For cancellations five days before the course due date, a full credit to transfer onto a course at a future date will be offered. For non-attendance, there is no refund or transfer. If a course is cancelled due to insufficient numbers, a full online refund will be issued.

Jun 2 **Introduction to Treating and Preventing Pressure Ulcers**

This short online course will advise participants on pressure ulcer prevention. Topics covered on the day include; causes of pressure ulcers, risk assessment, and prevention of pressure ulcers.

Jun 3 **Falls Reduction, Assessment and Review**

This programme is designed to promote a consistent approach to falls reduction for older people through assessment, individualised care planning and post-falls review. It promotes excellence amongst nurses who provide care to the patients at risk of falls, informed by current evidence. The main aim is to assist nurses to identify those patients or residents who are at risk of falls and to reduce that risk by providing knowledge on falls reduction techniques, ultimately improving patient safety and minimising injuries in the older population.

Jun 9 **Risk Management and Incident Reporting**

This programme outlines the principles of best practice in managing risk. It will enable participants to understand terms related to risk management in healthcare, outline the stages of the risk management process based on the international standard and framework for risk management, outline the five steps of risk assessment, understand the purpose of a risk register and complete accurate records of incidents.

Jun 10 **Virtual Asthma and COPD – Reviewing Virtually**

This two-hour online course will provide nurses with tools and resources to carry out effective virtual asthma and COPD reviews. Following this course, you will have a better understanding of: advantages and disadvantages of the different modalities for virtual consultations; 'SIMPLES' – the tool for virtual consultations and also the tools required for virtual asthma and COPD reviews (fee for members: €20).

Jun 10 **Retirement Planning Webinar**

This webinar will briefly cover the following: superannuation, AVCs, lump sum and investments. Places must be booked in advance to join this webinar. Visit **www.inmoprofessional.ie** to book your place. This event is free for INMO members.

Jun 11 **Overview of Nursing Assessment and Management of Stroke**

This short online programme will give participants an overview of nursing assessment and management of stroke during the Covid-19 pandemic. At the end of the course, participants will be able to: identify and discuss the two types of strokes; identify and ascertain the various treatment options; understand the best practice for the nursing care of people who have suffered an acute stroke, including secondary prevention; be aware of aetiology of Stroke and rationale for specific diagnostic tests

Jun 14 **Clinical and Occupational Risk Register (Acute and Residential Healthcare Settings)**

This programme is aimed at senior nurse managers within the acute or residential healthcare settings. It will help them with each of the steps and responsibilities of risk management and outline the core principles of best practice in managing risk and health and safety. This programme will provide participants with the knowledge to have a consistent approach to reporting, investigation, analysis and monitoring of incidents and adverse events/risks and how this relates to their risk register within their organisation.

Jun 15 **Chronic Obstructive Pulmonary Disease (COPD) – Getting the Basics Right**

This programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with COPD. It will help participants to understand the clinical evidence underpinning the diagnosis and ongoing care of patients with COPD.

Jun 15 **Competency-based Interview Preparation for Nurses and Midwives**

This programme will assist participants for a competency-based interview that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to, dealt with and handled previous workplace situations. It will explore preparation, presentation and performance during the interview and briefly focus on CV preparation.

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

This course is for those who would like to develop information-seeking skills for clinical practice, reflection or policy development.

Jun 17 **Medication Management in Type 2 Diabetes**

This programme aims to develop the knowledge and skills required by nurses to educate and support the self-management of people with diabetes. Topics will include the classification and diagnosis of type 2 diabetes, glucose targets and current pharmacological approaches to glycaemic management, challenges to medication management and practical skills required to support education and diabetes self-management.

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

Jun 17 **Restrictive Practices in Residential Care Settings for Older People**

This webinar encourages participants to reflect on interventions that could be seen as restraining residents if viewed from a resident's perspective. Many interventions within healthcare environments can restrict movement of older people. They are unintentional and can be argued as in the best interest or for the protection of residents, for example, a nursing home locked at night to protect residents and staff from intruders.

Jun 21 **PEG Feeding – Caring for Adults and Paediatrics who have a PEG Tube in the Hospital/Community Setting**

This introductory programme is aimed at all nurses working within the hospital and community setting caring for adults and paediatrics who have a percutaneous endoscopic gastrostomy (PEG) tube. The course will address the clinical indications and requirements for PEG feeding in the home and hospital setting. It will provide guidance on medication administration and nutrition, with a focus on hospital policies and government guidance. It will also discuss the complications of PEG feeding that can occur and how these can be clinically managed.

Jun 22 **Introduction to Wound Management for Nurses and Midwives**

Topics covered in this short online course include wound healing, wound bed preparation, treatment options and dressing selections. Participants will learn about the anatomy and physiology of wound management, the factors influencing wound healing, the differences between acute and chronic wounds, implementation of a holistic assessment of individuals with wounds and different types of dressing and their application.

Jun 23 **Fundamentals of Pain Management**

This course will promote critical thinking and a safe and systematic approach in the assessment and management of pain. It will demonstrate how to recognise pain more confidently through understanding the concepts, meaning and classification of pain. Participants will learn skills in the early recognition and treatment of pain to help enhance patient comfort, wellbeing and recovery.

Jun 23 **The Importance of Documentation – Getting it Right**

This short programme will assist nurses and midwives in understanding their duty of care and responsibility in the area of best practice in documentation, keeping good records and their ethical and legal responsibility of getting it right. Introduction to legal and professional requirements: NMBI Code and Guidance for Recording Clinical Practice; relevant HIQA regulations and standards; adhering to consent and data protection legislation in record-keeping; purpose of healthcare records; the 'dos' of documentation.

Jun 24 **Understanding Epilepsy for Nurses and Midwives**

This short online course will provide a good foundation and increase participants' knowledge when caring for patients with epilepsy. Nurses who are not specialists in epilepsy can play a central role in providing optimal care, education, and support to their patients with epilepsy, given the proper tools. This course will provide a foundation on which to build increasing knowledge of epilepsy and care of the patient.

Jun 29 **Introduction to Management and Leadership Skills for Nurses and Midwives**

The aim of this short course is to identify managerial and leadership competencies for frontline managers and to explore how these are applied in practice. The course will include management theory, effective leadership and teamwork, as well as delegation and clinical supervision.

Jun 30 **Navigating Your Way Through Conflict**

This course will help participants develop the insight and skills necessary to navigate conflict situations and reach satisfactory solutions. Workplaces can be the perfect breeding ground for conflict. As well as our skills, we bring our individual needs, ambitions, personalities, perspectives, backgrounds and vulnerabilities with us to work. It is hardly surprising, then, that conflict can arise as we interact with others. While some conflict can be healthy, unresolved conflict can lead to negative outcomes for our wellbeing.

Jul 1 **Introduction to Leg Ulcer Management**

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

Jul 6 **Complaints Management for Healthcare Staff (Acute or Residential Healthcare Settings)**

This short online programme is aimed at senior nurse managers within the acute or residential healthcare settings. The course is designed to provide them with the key skills of communication tools to minimise the negative impact complaints can have in their workplace. Therefore, effective management of complaints is central to improving services and prioritises an open, honest and transparent health service.

Jul 8 **Introduction to Oncology – Terminology and Patient Pathways**

This short session will give you an increased understanding of the language of oncology in order to improve fluency with patients and colleagues and increased insight into the oncology journey and stages the patient is at that will improve overall patient care and outcomes. There will also be an opportunity to ask questions.

Jul 13 **THRIVE – Experiential Workshop**

This course will inspire and empower you with supportive techniques for calm and connection, various breath techniques for focus, balance and relaxation. You will understand emotional intelligence and how it relates to you and take a dive deep into the seven pillars of wellbeing.

Jul 14 **Tools for Safe Practice for Nurses and Midwives**

This programme provides safe practice tools to protect the nurse, midwife and patient within current healthcare settings. The programme is free to INMO members. Places must be booked online in advance of your attendance.

Jul 15 **Nutrition and Cancer Care: Nursing Roles and Interventions (Hospital, Residential and Community Settings)**

This programme is aimed at nurses who work in hospital, residential and community settings. It addresses the challenges of managing cancer patients' nutrition and will promote best practice in the provision of nutrition and cancer care in both the home and in hospital. The programme will provide guidance on assessment, care planning and monitoring of cancer patients' nutritional needs. It will identify current nutrition guidelines, the importance of nutrition in cancer care and the implementation of nursing strategies to tackle malnutrition.

Jul 15 **Diabetes CBT and general wellbeing**

This course is for nurses and midwives who have an interest in the management of a patient with diabetes. The literature would suggest that diabetes, chronic disease management and the self-care that is associated with it bring high incidence rates of depression, anxiety and negative thoughts. The use of different strategies, CBT and clinical trials look at the area of wellbeing and theories/models to help clients and healthcare providers formulate plans to look at these issues.

Jul 21 **Delegation Principles and Practices**

This programme will explore the issues surrounding delegation and decision-making. 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.

Jul 29 **Recognition and Management of Sepsis**

This session will focus on early recognition and management of sepsis. Case studies will be included to create an interactive learning platform to engage participants throughout the session.

Aug 19 **Infection Prevention and Control During Covid-19 Pandemic in residential care settings**

Infection prevention and control are essential to prevent the spread of Covid-19. This course for nurses working in residential care settings will outline evidence-based and national guidance on infection prevention and control in residential care settings during the Covid-19 pandemic. Understanding infection control will provide the participant with the tools to prevent Covid-19 from spreading.

Aug 24 **Improve Your Academic Writing and Research Skills**

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

Aug 25 **Tracheostomy Care Study Day**

This programme introduces a holistic and inter-disciplinary approach to the management of the adult patient with a tracheostomy. Participants will be given the necessary knowledge, skills and confidence to assess, manage and evaluate the nursing care of a patient with tracheostomy.

Aug 31 **Medication Management Best Practice 2020 – Guidance for Nurses and Midwives**

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

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

New Online Courses
MAY 2021

Online from 10am - 1pm

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

All courses are Category 1 approved by NMBI

Clinical Governance for Senior Nurse/Midwifery Managers (acute/residential healthcare settings)

Monday, 17 May 2021

3 CEUs

This programme is aimed at senior nurse managers within acute or residential healthcare settings and is designed to help them understand and be confident in building their skills and knowledge around cliical governance. Clinical governance is the system through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care.

Be More Assertive

Wednesday, 19 May 2021

3 CEUs

This programme is designed to help nurses and midwives develop their assertiveness to make decisions with conviction; to deal with difficult situations and people and to influence others positively. Learning self-management skills is an important part of development and can help replace passivity and dependent behaviours with behaviours that will increase personal effectiveness at work, as well as in all areas of life. This course will help participants to distinguish between assertion, aggression and unassertiveness.

The Sociology of Health

Wednesday, 26 May 2021

3 CEUs

This short online course for nurses and midwives is an introduction to sociology of health and illness. It examines the meaning and relationship of health, disease, illness and sickness. The Impact of social inequality will also be explored, along with other topics such as the sick role and the role of healthcare professionals. By the end of the course partcipants will have an understanding and appreciation of: sociology of health and illness; the difference and relationship between disease, illness and sickness; the role of health professionals in society; the 'sick role' and the role of social determinants of health (class, gender, ethnicity).

BOOKING YOUR PLACE IS ESSENTIAL

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

Leadership – roundup of recent literature

This month the library staff provide you with the latest research on nurse and midwifery leadership, including leadership during Covid-19, succession planning and patient safety

Covid-19

- Fuqiang Z. Caring for the caregiver during Covid-19 outbreak: Does inclusive leadership improve psychological safety and curb psychological distress? A cross-sectional study. International Journal of Nursing Studies. 2020. 110. https://doi.org/10.1016/j.ijnurstu.2020.103725
- William R, A blueprint for leadership during COVID-19. Nursing Management. 2020; 51(8): 25-34
- Markey K, Ventura CAA, Donnell CO, Doody O. Cultivating ethical leadership in the recovery of Covid-19. Journal of Nursing Management. 2021 Mar ;29(2):351-5
- Rosser E, Westcott L, Ali PA et al. The Need for Visible Nursing Leadership During Covid-19. Journal of Nursing Scholarship 2020 Sep; 52(5):459-61
- Paixão G, Mills C, McKimm J, Hassanien MA, Al-Hayani AA. Leadership in a crisis: doing things differently, doing different things. British Journal of Healthcare Management. 2021;27(1):43-51
- Stankiewicz Losty L, Bailey KD. Leading Through Chaos: Perspectives from Nurse Executives. Nursing Administration Quarterly. 2021;45(2):118-25

Nursing

- Cummings GG, Lee S, Tate K et al. The essentials of nursing leadership: A systematic review of factors and educational interventions influencing nursing leadership. International Journal of Nursing Studies. 2021 Mar;115
- Landerfelt PE, Lewis A, Li Y, Cimiotti JP. Nursing leadership and the reduction of catheter-associated urinary tract infection. American Journal of Infection Control. 2020 Dec; 48(12):1546-8
- Dickson C, McVittie C, Smith MC. Being conductor of the orchestra: an exploration of district nursing leadership. British Journal of Community Nursing. 2020 May ;25(5):214-21
- Castiglione SA. Implementation leadership: A concept analysis. Journal of Nursing Management. 2020 Jan ;28(1):94-101
- Salvage J, Montayre J, Gunn M. Being effective at the top table: developing nurses' policy leadership competencies. International Nursing Review. 2019 Dec ;66(4):449-52
- Quinn B. Using Benner's model of clinical competency to promote nursing leadership. Nursing Management UK. 2020 Mar 26; 27(2):33-41
- Wood C. Leadership and management for nurses working at an advanced level. British Journal of Nursing. 2021 Mar 11; 30(5):282-6
- Macrae R, Duffy FJR, Brown M, Lawson B. Learning and leadership in advanced dementia care. Nursing Older People. 2021 Feb 2 ;28-33

Library services

The library has a number of services to support your practice and educational requirements, including literature searching, document supply, reference desk assistance and searching consultations. To find out more, call 01664061 4 or email: library@inmo.ie

- McKenna J, Jeske D. Ethical leadership and decision authority effects on nurses' engagement, exhaustion, and turnover intention. Journal of Advanced Nursing 2021 Jan ;77(1):198-206

Midwifery

- Uytenbogaardt A. Promoting leadership roles in midwifery. British Journal of Midwifery. 2020; 28(3): 141-141
- Bannon E. A review of midwifery leadership. British Journal of Midwifery. 2017; 25(10): 655-661

Succession planning

- Beasley SF, Ard N. The future of nursing: Succession planning. Teaching and Learning in Nursing. 2021 Apr ;16(2):105-9
- Burke D et al. Passing the Chief Nursing Officer baton: The importance of succession planning and transformational leadership. Journal of Nursing Administration. 2020, 50(7/8): 369-371

National Clinical Leadership Centre (NCLC)

The NCLC, in collaboration with the Chief Nursing Officer, Department of Health and the Institute of Leadership, RCSI ran a series of webinars with the aim of providing an opportunity for nurses and midwives to present and share their clinical leadership experiences during Covid-19. The series ran from September 2020 to February 2021. Further information can be found at **www.healthservice.hse.ie**

Nursing

- Dean E. Nursing leadership: which type is right for you?: Effective leadership can inspire staff and improve care – and there are many styles to choose from. Nursing Management - UK. 2021;14-7
- Kirkham L. Understanding leadership for newly qualified nurses. Nursing Standard. 2020;35(12):41-5
- Alani L. Leadership roles: tips for developing confidence: How to learn from a mentor, silence your inner voice of doubt and develop your own style as a leader. Nursing Management - UK. 2021;28(2):18-9
- Kiwanuka F, Nanyonga RC, Sak DN, Muwanguzi PA, Kvist T. Nursing leadership styles and their impact on intensive care unit quality measures: An integrative review. Journal of Nursing Management. 2021 29(2):133-42

Online – Introduction to Effective Library Search Skills

Next course dates: Wednesday, June 16

Fee: €30 INMO members; €65 non-members

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

INMO Professional

RCM i-learn

THE ROYAL COLLEGE OF MIDWIVES

Nausea and vomiting in pregnancy

This month, RCM i-learn aims to guide midwives who are caring for women experiencing nausea and vomiting in pregnancy

NAUSEA and vomiting in pregnancy are very common, occurring in up to 80% of pregnancies. Caring for women with the condition requires a multidisciplinary approach. This i-learn module is aimed at midwives and student midwives who care for women experiencing these symptoms.

The module provides short, easy to understand summaries of current research evidence on this topic. This module will take approximately 30 minutes to complete.

Why it matters

Nausea and vomiting in pregnancy are very common, occurring in up to 80% of pregnancies and it can become severe for about 30% of pregnant women. Caring for women with the condition requires a multidisciplinary approach. Nausea and vomiting are often described as a 'minor' disorder but it is uncomfortable for women and in some cases can negatively impact on the woman's experience of what would otherwise be a normal pregnancy.

With a good understanding of why it occurs and how women are affected physically and emotionally, caregivers can show more compassion while providing evidence-based care. For most pregnant women, mild or moderate nausea and vomiting impact on everyday functions in life such as the daily commute to work or the ability to care for their family.

In rare cases it can be life threatening to both the foetus and the woman. Calling it 'morning sickness' is both inaccurate and damaging as it can be seen to trivialise the condition. Severe nausea and vomiting can cause depression, feelings of inadequacy, loss of time at work, admission to hospital and termination of pregnancy. It is important for midwives to treat women with nausea and vomiting with understanding and empathy, and for midwives to be able to assess women in this situation and refer for admission those developing hyperemesis gravidarum.

Role of the midwife

Very often the first professional that the woman reports the symptoms of nausea and vomiting to is the midwife. Midwives need to invest time in the initial assessment and identification of women who may be at risk of the condition and to differentiate between physiological and pathological vomiting in order to manage or refer according to severity.[1] The midwife can provide the woman with self-help strategies for the management of mild cases of nausea and vomiting, where medication is not usually required. It can be managed at home with changes in diet and lifestyle.

Hyperemesis gravidarum

The severe form of nausea and vomiting is known as hyperemesis gravidarum. This can significantly affect the women's physical wellbeing and quality of life. The unexpected effects of the condition may influence her psychological response to childbirth.

A compassionate and caring attitude from healthcare practitioners when responding to the women's complaints may make it easier for women to seek help if needed when the symptoms begin. It should be noted that anxiety and stress may also affect the woman's partner and family. They will also need reassurance and guidance on how to support the woman during this time.

Learning outcomes

Having completed this module you will be able to:

- Define nausea and vomiting in pregnancy and outline the possible causes
- Differentiate between mild, moderate and severe nausea and vomiting in pregnancy
- Discuss the psychological impact of nausea and vomiting in pregnancy
- Discuss the assessment for and recognition of mild, moderate and severe nausea and vomiting in pregnancy
- Outline the possible consequences of nausea and vomiting in pregnancy to the mother and foetus
- Give advice on self-help strategies for mild to moderate nausea and vomiting in pregnancy
- Discuss the management and possible treatments for nausea and vomiting in pregnancy.

References
1. Bartholomew CM, 2017. Nausea and Vomiting in Pregnancy, In: Macdonald S and Johnson G. (Eds) Mayes Midwifery 15th Ed, Chapter 52. Elsevier: London

Introducing Executive Council members

Niamh McKeon

Quality and safety, Galway Hospice

Niamh McKeon works in quality and safety in the Galway and Mayo Hospice. She has been an INMO workplace representative since 2016 when she worked in Roscommon General Hospital and is also active with the Roscommon Branch. This is her second term on the Executive Council.

Ms McKeon went into nursing because of a desire to help people when they need it most. She completed her training at University Hospital Galway and NUIG. She worked in oncology at St Luke's Hospital, Dublin in her early career before returning to the west in 2015.

Ms McKeon took up her role on the Executive Council to ensure the concerns of nurses and midwives across the country are heard and to provide a voice for all sectors of the professions. Safe staffing and workplace safety will continue to be her priorities.

"The INMO is ultimately the voice of nurses and midwives in Ireland. It's essential for the development and advancement of the professions. It's multifaceted in what it can do for members, from industrial relations to education and provision of accurate information," says Ms McKeon.

"As an Executive Council member I have the privilege of being part of the decision-making process and of representing the voices of nurses and midwives. It's so important for me to be a voice for the membership and respond to their needs. The professions are continuously evolving and the pandemic has shown us, yet again, the integral role of nurses and midwives in the health service. I'd like to acknowledge the commitment and strength our members have shown to their professions and their patients throughout the pandemic. I want them to know that the INMO is always here for them, no matter how big or small the issue."

Lynda Moore

Staff midwife, Cork University Maternity Hospital

Lynda Moore qualified as a nurse in Newtownard in 1984 before training as a midwife at the Ulster Hospital. She has worked as a midwifery teacher and has co-ordinated continuous professional education in Cork and Kerry.

Ms Moore also worked with the midwifery-led 'Domino' team, which provides holistic care to women in the CUMH catchment area.

Ms Moore says she's not afraid to raise her head above the parapet and stand up for her peers. She would like to see greater supports for mental and physical health within the professions, and feels that greater emphasis needs to be placed on nurturing and supporting nurses and midwives. She says she would also like the see the National Maternity Strategy implemented and proper funding allocated for its rollout.

"We have a fantastic maternity strategy and a lot of work went into developing it. I would like to see it implemented and properly funded. It provides such a strong voice for women and for midwives in Ireland but if it is not implemented it is worthless."

Ms Moore believes a Chief Midwifery Officer should be appointed to the Department of Health to give greater midwifery representation nationwide.

She would like nurses and midwives to be more confident in the importance of their work and better equipped to fight for the respect they deserve. She feels that trade union activism and education, along with peer support and kindness, help to build this confidence.

"The pandemic has shown how essential we are. We cannot be afraid to speak up for ourselves. Our professions deserve respect and we need to demand we are treated like the highly qualified professionals we are."

Tara Moran

Staff nurse, Children's Health Ireland Crumlin

Tara Moran trained in general nursing in Drogheda and completed her higher diploma in children's nursing through UCD and CHI, Crumlin. She became active with the INMO as a student and was chairperson of the Dublin Youth Forum.

Ms Moran is active with the Student Section, the Dublin South Branch and in her workplace. She addressed the INMO national rally during the 2019 strike and was put forward by her colleagues to give paediatric care a voice on the Executive Council.

"I became intrigued by what the union could do for our professions when I was in college. I became an INMO activist as a fourth-year intern fighting for our allowances and helping to carry out the INMO survey of interns. I came to realise that practising as a nurse or midwife without being in the union is like driving a car without insurance," she says.

Ms Moran's mother and aunt were both nurses, but it was her time volunteering in Lourdes that inspired her to follow in their footsteps. Her mum advised her to train as a general nurse first, and she says she also had a great start in paediatrics while training.

"I hold the seat for children's nursing on the Executive Council so I want to create links with my peers around the country and bring all of us working in paediatrics closer together. It has been a tough year for the health service but it has shown the importance of our roles. We've always been valued by the public but people have a greater understanding of how hard we work now. Progress often happens in small steps but we are moving in the right direction."

The role of volunteering

As we celebrate both the International Day of the Midwife and International Nurses' Day, both caring professions, **Catherine O'Connor** spoke with some INMO student members about their experience of extracurricular volunteering

Anthony Hanlon – third-year general nursing student

"I FIRST began volunteering with the local active retirement group when I was 11 years old. In a rural community, many of the older generation can feel isolated and this group provided them with opportunities to stay connected. I would help with the tea or assist some people with their mobility. I also act as a 'bingo buddy', playing alongside those whose eyesight may be failing. I also do some storytelling for them and my sister and I sing for them sometimes. I have seen some individuals who require thickened fluids and this learning benefited me in care of the older person.

"Volunteering helped to open my eyes to the positive impact even the smallest of gestures can have on the lives of those we are privileged to encounter. These people have lived and continue to live their life as valuable members of our society. Volunteering awakened in me the desire to 'care'.

"Our senior citizens continue to be interested and supportive of me in my nursing studies. I would encourage everyone to volunteer in their local community."

Vivienne Bamba – fourth-year intellectual disability nursing student

"WHEN the pandemic started in Ireland in 2020, I was in college and working part time as a healthcare assistant. Each time I listened to the news I felt helpless and wanted to do something positive. So I went online to look for a way to help and I came across an organisation called ALONE. I have been providing telephone support to older people around the country since then.

"Older people in the community have been experiencing difficulties in relation to physical and mental health, loneliness, isolation, finance, safety and housing. As a volunteer I provide these individuals with support and advice in the above issues, as well as advice on various aspects of the Covid-19 pandemic. What I have come to understand is that volunteering brings shared advantages for both parties. Sometimes we think that volunteering is about giving only and receiving nothing in return, but let's not flatter ourselves, the fact is that volunteering with ALONE gave me the opportunity to interact with amazing people who make me laugh, who teach me about the history of Ireland and who encouraged me to be the best I can be."

Melissa Plunkett – fourth-year midwifery student

"I WAS 15 years old when I first started to volunteer with the Order of Malta Ambulance Corps, a charitable, voluntary ambulance and first-aid organisation. I've provided first aid cover at local sport and charity events. I've taught public first aid courses and spoken in primary and secondary schools in my town. These opportunities have provided me with skills that have benefited me consistently in my life, especially as a student midwife. I developed the confidence to trust in my own ability and skills.

"The training I received and the behaviour modelled by my mentors has allowed me to refine my interpersonal skills. My organisational and leadership skills improved by teaching classes, completing paperwork, and managing a team of youth workers. Years of dealing with patients, confrontational situations and collaborating with various groups while leading a cadet unit helped me to enhance my problem-solving skills. I gained so much confidence in myself and was able to see the world from different perspectives. I would highly recommend volunteering. It helped me to meet like-minded people, develop useful skills and feel like a productive member of my community."

Ciarán Freeman – second-year general nursing student

"I'VE been volunteering with the Order of Malta since 2012, when I was in TY and my nanny pushed me to "give it a go". Back then I hadn't much of an idea about what I wanted to look at as a career. I'd fancied becoming a pilot but it was joining the local Order of Malta that made me realise I was really interested in nursing and it's something I've kept up with keen interest since moving to Galway for university. It constantly influences the areas of nursing I'm considering going into.

"The best part of volunteering for me is that it's so unique – even though it's my hobby, I get to support my communities in a lot of ways I wouldn't otherwise be able to, from providing first aid and ambulance cover at a GAA match to helping out at respite weekends for kids with disabilities and their families. It has allowed me to build up a very vibrant and supportive group of friends, while also collecting skills and qualifications that support my nursing studies."

Michelle Spillane – fourth-year intellectual disability nursing student

"SINCE 2015 I have volunteered within my community as a cardiac first responder. I found it really beneficial and would recommend that student nurses take up positions like this. The role exposed me to emergency situations and familiarised me with working alongside emergency personnel. This is important as when I qualify as an intellectual disability nurse I will be working within a community setting rather than a hospital setting, therefore, the situation may arise where I am working with emergency personnel.

"As a volunteer, I have attended cardiac arrests and this experience has enhanced my skills as I am confident in the approaches to take in an emergency situation. Unfortunately, due to time restraint while on internship I am no longer openly available to go on-call, however, I continue to volunteer with the group as a committee member."

WaterWipes announce inaugural Pure Foundation fund winners

IRISH brand WaterWipes, supported by the Irish Nurses and Midwives Organisation and the Irish Neonatal Health Alliance (INHA), is proud to announce Aisling Dixon and Bernadette Darcy as the winners of the inaugural WaterWipes Pure Foundation Fund.

The Pure Foundation Fund acknowledges excellence in midwifery and nursing, recognising the incredible work of midwives and those nurses involved in the pregnancy, birth and postnatal journey. Aisling Dixon, a community midwife, and Bernadette Darcy, a midwife at Mayo University Hospital, were selected as the Irish winners by a panel of representatives from WaterWipes, the INMO and INHA. To celebrate their outstanding work, each of the winners have been awarded a Pure Foundation Fund trophy and €2,500 for their department to continue to improve the care of parents and babies.

Ms Dixon, a self-employed community midwife with the Community Midwives Association, was nominated by colleague and fellow midwife Nanni Schluenz. Ms Dixon enables women to access homebirths, as well as supporting them in the hospital for postnatal check-ups and appointments.

Evidence-based care and woman-centred services are key tenets of her work and she strongly believes in providing women with the information they need for making personal choices in their pregnancy journey. Ms Schluenz said "it is incredible what she gives to midwives, mothers and babies equally."

Responding to the announcement, Ms Dixon said that she was very grateful to her colleagues in the Community Midwives Association for nominating her and thanked WaterWipes for the award.

"My love for normality in pregnancy and birth and breastfeeding began during my midwifery training and I remain very passionate about providing midwifery-led continuity of care to women. I am delighted that this bursary will help midwives support home births across the country," she said.

Ms Darcy, a midwife at Mayo University Hospital, was nominated by first-time mother Michelle Filan for her support and caring nature during a very traumatic time.

Inaugural winners of the WaterWipes Pure Foundation Fund awards Bernadette Darcy (left) and Aisling Dixon (right)

Events took a dramatic turn after Ms Filan gave birth, when she suffered an aneurysm leading to serious memory loss with no recollection of having her baby.

Ms Darcy provided exceptional care to Ms Filan in aiding her recovery.

"Words can't express how thankful we are to Bernadette during this worrying time. My guardian angel Bernie cared for me and my son Coby with dignity and respect," she said.

Overwhelmed by the award, Ms Darcy said: "I love my job, it is extremely rewarding and fulfilling. I'm also fortunate to work alongside an amazing team. Our patients are at the forefront of everything we do, so to be nominated for this award by a new mother that I cared for means so much to me. Thank you so much to the WaterWipes Pure Foundation Fund – this prize will go a long way in benefiting our department and the work that we do."

Judging panel member Ailbhe O'Briain, WaterWipes HCP marketing manager UK & Ireland, said that the company was thrilled to see so many outstanding nominees who were doing such incredible work across the country and that it had been a very challenging decision for the judging panel to select two winners.

"This has truly been a year like no other and so many healthcare practitioners have risen to the challenge. We set up the WaterWipes Pure Foundation Fund to recognise the hard work of midwives and nurses involved in baby and infant care – Aisling and Bernadette are true champions of their profession. I am also delighted to share that WaterWipes Pure Foundation Fund will be happening again in 2021 to help continue to highlight midwives and nurses who go above and beyond to provide outstanding care," said Ms O'Briain.

Steve Pitman, INMO head of education and professional development, said that the Organisation was delighted to support the WaterWipes Pure Foundation Fund Award that recognises the outstanding work of midwives and nurses.

"The past year has been incredibly difficult and this award is an opportunity to celebrate the incredible work midwives and nurses do every day. The INMO would like to congratulate Aisling and Bernadette on their awards. They are examples of the extraordinary care and commitment of nurses and midwives throughout Ireland, particularly through these challenging times," he said.

Commenting on the awards, Mandy Daly, director of advocacy and policymaking, Irish Neonatal Health Alliance, said: "The WaterWipes Pure Foundation Fund shines a light on the often-times unsung contributions of our Irish nurses and midwives. As service users and colleagues, we were delighted to be members of the judging panel for the inaugural year of the Pure Foundation Fund. In a year when we all learned to embrace gratitude, it is fitting that we have this opportunity to say thank you for making a difference to our two well deserving winners".

WaterWipes Pure Foundation Fund 2021 nominations will open later this year for new and expectant parents, healthcare colleagues and for self-nominations to be submitted (see **WaterWipes.com**).

Quality & Safety

A column by Maureen Flynn

Why language really matters

WATCH your thoughts, for your thoughts become your words. Watch your words, for your words become your actions.
– Unknown

This month's column draws our attention to the impressions we create by the language we use with the aim of stimulating us to reflect and think about the words we use.

Our population is aging, life expectancy is increasing and people are living longer. This is a wonderful reflection on the advances that have been made in healthcare. However, in parallel our attitudes to older people can leave a lot to be desired.

Ageism

Ageism is a social construct; it typecasts ageing as a period of frailty and inevitable decline in capacity.[1] Ageism is similar to other known forms of discrimination, like sexism, racism, homophobia etc. However, ageism is different as it is a bias we will all experience, if we live long enough. It could be described as a bias against one's future older self.

The words we use to describe older people are often an expression of our ageism. As nurses and midwives it is important that we pay attention to our language and that we challenge ageist attitudes. The term 'elderly' for example is 'othering' and depicts older people as a homogeneous group that is care dependent, burdensome on health and social care spending, and the economy.[2]

A wonderful example of how our use of language can backfire on us occurred during the marriage referendum was when Supreme Court Justice Catherine McGuinness was described as an "elderly lady with a sassy attitude" by a journalist who heard her speak to RTÉ's Miriam O'Callaghan in Dublin Castle.[3] Embarrassing when you read her biography and consider her many qualifications and achievements.

Why this matters

Negative attitudes towards older adults exist across society and so, naturally, they are also evident in the healthcare community, across professional disciplines, and across care settings. Being a regular consumer of healthcare services is a significant part of daily life for many older adults in Ireland. However, ageist stereotypes, prejudice and discrimination are potential barriers for health equality, in terms of the quantity and quality of care provided to older patients and their health-related outcomes.

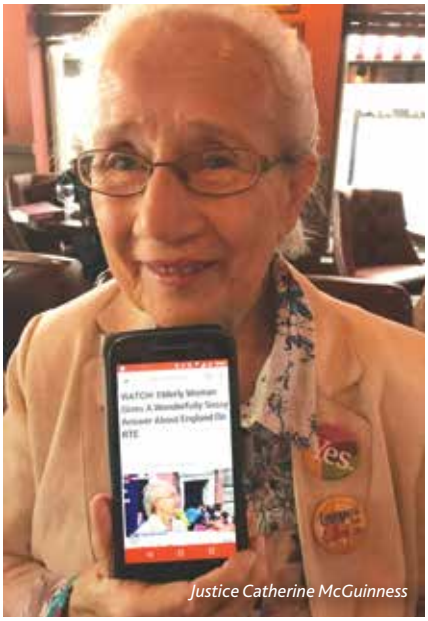
The use of language in healthcare is important. The lazy diagnosis of 'acopia', 'social admission', 'mechanical fall', 'poor historian' and 'pleasantly confused' all contribute to poor health outcomes for older adults. When older adults are labelled in this way these terms insinuate that there is no underlying medical condition that can be treated. When they become a person's final diagnosis they imply that further investigation is not warranted and therefore the plan of care is skewed from the outset.[4]

Labelling older patients as 'bed blockers' and 'delayed discharges' insinuates they are the cause, rather than the victim, of a poorly functioning system. This negatively affects how older people view their place in society and on society's attitudes to older people.

Get involved

As nurses and midwives, there is an onus on us to call out ageist language and behaviours. However, that begins with a knowledge of ageing and the understanding that frailty is a long-term condition. Only then can we ensure appropriate language, evidence-based care and internationally established models are implemented.

One way of increasing your knowledge is



Justice Catherine McGuinness

to undertake the National Frailty Education Programme which can be undertaken on **www.hseland.ie** or contact Deirdre Lang by email: deirdre.lang@hse.ie for details of a classroom programme near you.

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

Acknowledgment
A huge thank you to Deirdre Lang, director of nursing/ national lead Older Persons Services for her leadership on this important subject and in particular for collaborating in writing this column. You might like to follow Deirdre on Twitter to continue the conversation @deirdrelanglang

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Navigating transplant pathways

Freda Hughes recently caught up with four nurses working in the Transplant, Urology and Nephrology Directorate at Beaumont Hospital in Dublin

Pictured at Beaumont Hospital were transplant co-ordinators (l-r) Marion Stacey, CNM2; Andrea Fitzmaurice, CNM2; and Laura Austin, CNM3 (missing from the photo: Laura Motherway and Laura Lynch, CNM2 transplant co-ordinators)

Laura Austin, CNM3, Transplant, Urology and Nephrology (TUN) Directorate, Beaumont Hospital

LAURA Austin works as a transplant co-ordinator in the National Kidney Transplant Service in Beaumont Hospital. She is one of five staff who co-ordinate the renal transplant process and work with the multidisciplinary team to ensure that all suitable potential kidney recipients and their families are supported throughout the transplantation process.

Prior to referral, a potential transplant recipient undergoes an extensive workup, including a referral letter from their nephrologist, ECG, chest x-ray, echocardiogram, abdominal ultrasound, virology, dental clearance, and pap smear, prostate specific antigen (PSA) and glomerular filtration rate (GFR), where indicated. If the patient has significant comorbidities, they require further workup. Once this is received, the patient is given an appointment to be evaluated by a transplant surgeon.

"We have an average of about 500 patients on the list but they are not our patients – they are still under the care of their referring doctor. A lot of my contact with patients is over the phone co-ordinating their care, rather than hands on."

The transplant co-ordinators provide a 24-hour on-call service year round and work closely with the National Organ Procurement Service (NOPS). When a family has made the decision to donate a loved one's organs, the co-ordinators in NOPS contact the transplant team. When the donor referral is received, the co-ordinator on call ascertains their suitability with the transplant surgeon. Over the next 24 hours the co-ordinator liaises with several disciplines, including the consultant surgeon on call, retrieval team, ward staff, the National Histocompatibility and Immunogenetics Service for Solid Organ Transplantation (NHISSOT), dialysis, theatre staff, porters and transport. The NHISSOT provides the consultant with the recipient selection list from which recipients are chosen and contacted by the transplant co-ordinator.

"Most recipients are shocked when we call them to say there is a match for them. Some become very emotional. One recipient said his wife had never known him not on dialysis. No day is the same in this office. Everybody's journey is different, even if they look the same on paper".

The transplant co-ordinators also manage the living donor programme. Once a patient is approved and added to the transplant list, potential donors may come forward. A detailed medical history is taken and the donor's blood group and tissue typing are checked to establish suitability. The transplant co-ordinators then inform the potential donor if they are a match or not.

"It's a big step for someone to come forward as a potential living donor. They are having tests and they are potentially having surgery they don't need for the benefit of a loved one".

If a potential donor's blood group is incompatible with the recipient's, they have the option of entering the shared kidney scheme, which is run in conjunction with the UK, with other incompatible donors and recipients.

"Transplant education is a vital part of our role. Prior to the pandemic our team visited nephrology centres around the country educating patients, nurses and doctors. It was great meeting the patients on dialysis as they like to see we haven't forgotten them. We are always at the end of the phone," said Ms Austin.

"There is a huge sense of achievement in my role and teamwork plays a pivotal part. I am very passionate about my job as are the rest of the team. Recipients like to write to their donor families expressing their heartfelt gratitude and I am all too aware of how difficult it can be for the recipient to write that letter as they are thanking a stranger for giving them back their life.

"I am humbled by the selflessness and generosity, not only by donor families whom at a time of tremendous grief make the decision to pass on the gift of life, but also by our living donors who undergo months of testing and eventually surgery to improve the life of a loved one."

Annette Butler, CNM3, home therapies, TUN Directorate, Beaumont Hospital

Annette Butler was CNM2 in the home therapies department for 10 years, encompassing peritoneal dialysis and home haemodialysis. At the end of 2020, her new role of CNM3 in home therapies and nephrology outpatients was created, with a move towards an integrated home dialysis pathway and promotion of staff to specialist level within the unit. The move has also allowed for timely nephrology input to facilitate education and a support system for patient choice towards home dialysis and, eventually, kidney transplantation.

There are six home therapies units in Ireland that strive to ensure that nephrology centres nationally are made aware of this service. Ms Butler explained that home dialysis has many benefits.

"Patients can schedule the treatments around their own lifestyle, so they have fewer dietary and fluid restrictions with medication, minimal hospital visits, they can maintain work and social life, and have a great support network from the home dialysis team in Beaumont.

"We try to meet patients early on in an outpatient setting and provide education and a support system for them. Choice allows them then to make an informed decision about which dialysis they want to do. It's a huge quality initiative ensuring that patients receive the right care in the right place at the right time. It empowers and enables patients to self-manage their own kidney disease," she said.

Ms Butler's team has around 80 patients on home therapies, as well as others who avail of dialysis in the hospital. The team carries out the testing required for each patient's workup pre-transplant and liaises with other departments on the transplant pathway. Conventional dialysis patients come in three times a week, whereas home dialysis patients only have to come in once every 10 weeks. These patients can be monitored remotely.

Nephrologist-led catheter insertions increase efficiency within the service and patients can be set up for home dialysis within a month. It can take slightly longer to train in home haemodialysis patients, but Ms Butler's team also offers that service and supports patients in getting set up for home haemodialysis.

"A lovely aspect of my work is that you get to meet patients of all ages from all over the country and set them up for home dialysis if that is an option for them.

"Home therapies really are the way forward in terms of the implementation of Sláintecare and also in light of the pandemic and the restrictions around that. There has been increased interest in the service since Covid-19 as patients can avoid coming to hospital. The unit has also been carrying out virtual clinics since the beginning of the pandemic. We ran into capacity issues when we had to isolate patients and this had a huge impact in the haemodialysis service, but we all worked together to find solutions."

Pictured (l-r): Jane Ormond, CNS, home haemodialysis; Annette Butler, CNM3, home therapies and nephrology outpatients; and Deirdre Twomey, CNM1, home therapies (missing from the photo: Thea Canlas CNM II, Norah McEntee CNS, Abi Armstrong CNS, Ana Carey CNS and Karolina Gorzack RGN

Ms Butler's department follows up with patients after their transplant. She says her team often misses patients with whom they've formed a close bond over the years, describing her job as "quite community based" given that she visits patients' homes to educate them and their families.

"It's fantastic when a person gets a transplant. It really gives our team great encouragement to see a patient come back with a smile on their face. Over the past few months we've been looking at the barriers to uptake of this type of dialysis. The barriers to home dialysis are often around getting education and supports in place for patients early on. The cost-saving aspect of this for the HSE compared to in-centre dialysis is huge. It's all about visibility – we want people to know that this option is available to them," she added.

Maria Greene, renal virology and infection prevention control co-ordinator, Beaumont Hospital

Maria Greene is one of just three people who hold this role in Ireland. It involves the monitoring of renal dialysis patients and blood work on a routine schedule to check for hepatitis B and C and HIV in order to reduce the risk of blood-borne virus transmission.

Ms Greene also has responsibility for co-ordinating and promoting vaccination among patients with kidney disease, especially if they are awaiting transplant. This includes vaccines against hepatitis B, influenza, varicella and now Covid-19.

Ms Greene's role also encompasses infection prevention and control as well as support and guidance for staff. She says this element of her job is about self-care and recognising any signs and symptoms of infection, taking prompt action and maintaining dialysis catheters. She also monitors infection rates among transplant and nephrology patients.

"I have cared for many patients through their journey from diagnostics to being informed they have a chronic illness, right through exploring replacement options, gradual or sudden deterioration to dialysis and then transplant," said Ms Greene.

"There's always an element of anticipation and joy when we hear that a patient has been called for their transplant. We've often built up a bond with them over the years and it's wonderful to see them with a new lease of life."

Ms Greene has worked in all areas of the directorate and knows the service well. She is passionate about education, self-management and health promotion, as well as protecting patients through infection prevention and vaccination.

"Having worked in the directorate for so long with chronic kidney disease patients, we often care for them for their lifetime and form bonds with them. We're lucky that the directorate is small and we operate like a big family. I have the great support of the nursing and multidisciplinary team in my work and we communicate very well."

Ms Greene says staffing levels have always been an issue but that since Covid-19 they have become even more evident. She was involved with Covid-19 testing,

Maria Greene (pictured) says vaccine promotion is an integral part of her job

Pictured are staff from Damien's Ward (l-r): Kathy Breen, Donna Dodds, Debbie Gilbert, Fiona Downes, Renju Joseph, Martha Farrell and Michael Solamo (missing from the photo: Monica Cunningham and Enda Maguire)

tracing and isolation for patients. Dialysis patients couldn't cocoon and she says that transporting them to hospital three times a week, teaching them to use PPE and screening them to avoid any outbreaks in the unit was challenging but necessary as it was vital that the service remained open.

"Since Covid the infection prevention and control element of my role has really grown. The past year has been extremely challenging; I noted the fear and fatigue among the team, but on the flip side we can see the resilience and dedication of people as well. This must be recognised and appreciated," she said.

Ms Greene became involved in co-ordinating and setting up the Covid-19 vaccination clinic in Beaumont and started vaccinating healthcare workers in January 2020 before moving to the next cohort of vulnerable patients, which included transplant recipients and donors and dialysis patients, some of whom hadn't left the house for a year. At the time of going to print, around 23,000 people had been vaccinated at the hospital.

Ms Greene also set up the first peer vaccination group in the hospital several years ago. She now has a team of 40 nurses around the hospital who can vaccinate their colleagues locally and conveniently.

Monica Cunningham, CNM2, transplant unit, Damien's Ward, Beaumont Hospital

Monica Cunningham has worked in Beaumont Hospital since 1987 across many disciplines but found her niche working with transplant patients. This part of the hospital has dealt with urology, transplant and nephrology for the past 20 years. Ms Cunningham says her role is more managerial now and that while she doesn't like missing out on hands-on care, she is confident with a great team around her.

"I love my job. Most people don't want to come into hospital but for our patients this surgery is life changing. They can come off dialysis three or more times a week and get their lives back. It's exciting to see their kidney function improve the day after transplant. There's great joy in that for the patient and for the staff. I'm also passionate about my work because we work as part of such a fantastic team. We have a much bigger team now than when we started and it's great to see trainees coming back to work with us," she said.

Damien's Ward keeps two beds free at all times for potential live donors and recipients. Staff also always keep a room free for dialysis patients so that they don't have to leave the ward. Ms Cunningham and her team often identify patients with polycystic kidneys or tumours who require transplant through their urology diagnostics. However, the bulk of their transplant work is around the patients' workup and transplant surgery.

The nurses on Ms Cunningham's team are experienced in looking after these patients and have a specific teaching programme that they have to undergo. They are supervised over six months while they build their knowledge of medication and immunosuppressants, after which time they can take on patient admissions.

The first thing the team does now is swab patients for Covid-19 and fast-track their results, after which it's on to the general workup with bloods for tissue typing, ECGs and chest x-rays. The patient is then seen by both the urology and nephrology registrar and then by the anaesthetics registrar. If there is a final cross-match, they can proceed to theatre.

"Nurses play a huge role in reassuring patients throughout this process. That role has been even more important since the pandemic began. It's such a scary time for patients. They fear the transplant might not work or that they won't be properly matched with a donor and there's the fear of major surgery. Waiting those few hours for the final cross-match is a time of huge anxiety. I've had patients on their third or fourth transplant."

While transplants were briefly paused at the start of the pandemic, the unit is proud to have remained Covid free and fully operational.

The unit has increased capacity over the years but has also undergone many changes, such as the national procurement body taking over some of its work and Temple Street carrying out children's transplants.

Staff at the unit are happy to have the living donor programme up and running again now that Covid-19 cases have started to drop. Laparoscopic donor nephrectomies have greatly reduced the time spent in hospital by the donor. Donors are also now entitled to financial support from the state, which enables them to have time off post surgery to recover.

Ms Cunningham said she has had some memorable experiences on the unit.

"I've had some memorable and emotional times with patients over the years. Parents will often donate a kidney to their child and it is amazing to be part of that process. Of course transplant is a treatment and not a cure so we do sometimes see patients return for a second transplant many years after their first."

Contact directorate nurse manager AnnMarie Mulligan by email to annmariemulligan@beaumont.ie to learn more about the opportunities available within the TUN Directorate at Beaumont Hospital or visit the website: ***www.beaumont.ie/kidneycentre-aboutus-meettheteam***

Coping ahead by learning self care

THE high levels of stress and burnout associated with nursing and midwifery are well documented, researched and spoken about. While the pandemic has exacerbated many stressors, most were already present. Discussing self care now is not about adjusting to the pandemic, but has a longer-term view of making the health and wellbeing of the INMO community a priority.

Life presents us with stressful moments that test our emotional and mental agility to cope. Due to the beauty of our individuality, we all respond to stressors differently. This means that being in tune with our own needs is imperative to our wellbeing. The effects of stress can manifest in numerous ways, from the common cold to more serious illnesses such as cardiovascular disease.

Dialectical behavioural therapy talks about being able to 'cope ahead'. If we know we are going into a stressful situation, then we can engage in certain behaviours to help us prepare for the event. I like to think of self care in a similar vein. We know that work can be stressful and that stress, if left to accumulate, can have detrimental effects on our wellbeing. However, engaging in self care activities can help transform the effect of work-related stress, as well as help us to process the emotional residue left over from work. We can plan to 'cope ahead' in our week before stress has time to accumulate.

Planning self care

Self care in the past was often seen as being self indulgent. This subsequently may have raised feelings of guilt when investing in nurturing one's wellbeing. Intuitively we know that self care is important, but we all need a little nudge of permission every now and then to get back into the swing of looking after ourselves, especially if our roles are centred around caring for others.

Planning self care activities around your routine is an effective way to start. Having time to conduct your own 'mental midwifery' and hitting the pause button is essential to recovery from stress and fostering positive wellbeing, but it can't be relied on when we're already nearing the end of our capacity to cope.

The best way to think about self care is little and often so it doesn't become a chore.

What self care activity will you plan for yourself this week?

Visit the Let's Talk About It resource hub – provided by Zevo Health, for videos on 'Creating a self care routine', '12 ways to improve psychological and physical wellness', 'Self compassion 101' and more. Go to: **Cornmarket.ie/lets-talk-about-it/resources**.

Let's Talk About It, a mental health collective for INMO members, is brought to you by the INMO and Cornmarket.

Davina Ramkissoon is the Wellness Director in Zevo Health

Off to the best start

Niamh Kennelly discusses the PHN's role in breastfeeding support, including scope of practice and the available referral pathways

PREGNANCY, birth and the postnatal period is a time of significant personal, emotional, psychological and social change for women and their partners as they transition to becoming parents.[1]

The first six to eight weeks after having a baby can be the most wonderful, exciting and happy times in the lives of parents, and this is how it is most often portrayed in the media. However, for many, the physical and psychological consequences of pregnancy and childbirth, coupled with the dawning reality of the momentous change in their social lives, as well as the change in the way in which they view themselves and their partner, can have a significant impact on their health and their relationships with each other and with their baby.[1,2,3]

The public health nurse (PHN) is most often the first health professional that an Irish mother and her partner will meet when she comes home from hospital with their baby. According to the HSE, the role of the PHN is to visit homes following birth notifications and to monitor child, maternal and family health, and to particularly focus on the benefits of breastfeeding.[4]

The World Health Organization recommends that babies be exclusively breastfed for six months, with continued breastfeeding along with appropriate complementary foods for up to two years and beyond.[5] According to the HSE, 63.8% of Irish mothers initiate breastfeeding in our maternity units.[6] This falls to 37.3% breastfeeding exclusively on the day of discharge from hospital and 26.1% non-exclusively breastfeeding. Therefore, by the time the PHN sees many of these mothers – usually between day two and day seven, one-quarter will be combination feeding and many more may have completely stopped breastfeeding or be experiencing significant issues. The role of the PHN is to provide support, guidance and advice, as well as to refer families to the appropriate healthcare professionals, should more specialised care and advice be needed.

Role of the PHN

During the primary visit, one of the most important roles of the PHN in relation to breastfeeding support is active listening. Before any paperwork is taken out or physical checks are completed, it is so important to ask the woman about her experience and how she is feeling. You can tell a lot about how women are coping by just sitting, listening and watching body language, eye contact, physical movements and emotional state.

Asking open questions that invite her to tell her story and repeating back to her important observations that help her feel heard and understood will help her debrief and feel more relaxed. When mothers feel more relaxed, their babies tend to be more relaxed and feeding issues can be more easily resolved.

The PHN will then perform a top to toe assessment of the newborn, and a maternal health check. They will then observe a full breastfeed (with the mothers consent), and use the breastfeeding observation assessment tool (BOAT) to help recognise and address any breastfeeding issues.[7] The PHN will provide advice to parents with regard to care of the newborn, infant feeding, sleeping, core development etc.

Scope of the PHN within breastfeeding support

PHNs are generalists who refer clients to the relevant healthcare practitioners depending on the area of need. PHNs cannot be specialists in all of the areas that they cover, ie. wound care, child health, breastfeeding support, frail older adults, child welfare etc. Some PHNs develop interests in certain areas, such as wound care or breastfeeding, and may choose to educate themselves further in this area.

PHNs do a 20-hour breastfeeding education course as well as a maternal and child health nursing module as part of their training.[8] They also have access to the HSEland modules on breastfeeding. This does not mean that PHNs are breastfeeding specialists and can solve every issue, but they do have a lot of knowledge that may or may not be enough to help a breastfeeding mother in crisis.

Therefore if PHNs encounter a parent who is having difficulties, and feel it is beyond their scope, they should ensure they know who to refer the parent to. The PHN should have knowledge of the following services in their area:

Area lactation PHN

A primary, community and continuing care (PCCC) form can be sent to the lactation PHN who covers your area. This PHN is a lactation consultant who has a high level of expertise with regards to all aspects of breastfeeding. Unfortunately,

for a mother in crisis, she may not get an in-person appointment when she urgently needs it as these PHNs usually work in a centralised location that covers a large geographical area. However, a telephone call or an online consultation may be sufficient in some cases. In some areas there may be more lactation PHNs available than others, but it's good to know your referral pathway, for when you or the mother you are working with needs support.

Hospital lactation consultant

Hospital-based lactation consultants are providing some fantastic services for women both antenatally and postnatally, from running free breastfeeding preparation workshops to providing postnatal outpatient style clinics for six weeks postnatally. As with all services however, they vary depending on where you live.

Voluntary organisations

Cuidiu Ireland and La Leche League have breastfeeding counsellors all over Ireland that provide free telephone support. See **www.cuidiu.ie** and **www.lalecheleagueireland.com** for further information. These are an excellent resource for new mothers, as well as a trusted support service for the PHN to refer families to. They also run weekly online Breastfeeding Support Groups, which were held in person before the pandemic, as well as conferences on breastfeeding, and have fantastic published material. *The Womanly Art of Breastfeeding* by La Leche League is still one of the core texts for breastfeeding mothers and professionals alike and one that I frequently read through.

Private lactation consultations

If parents wish to have a private lactation consultant, you can direct them to: **www.alcireland.ie/find-a-consultant** where there is a list of current lactation consultants who are available all over Ireland.

Personally, in order to create a more cohesive care plan and shared learning, I believe that there needs to be greater communication between the private lactation consultant, the PHN and the GP, but this ultimately comes down to parental consent for such communication. Some parents don't wish for their lactation consultant to discuss their consultation with their GP or PHN, which is their choice.

Local breastfeeding support groups

Pre-Covid-19, there were many local breastfeeding support groups around Ireland. I believe there should be a support group in every town in Ireland in order to recreate that lost generational knowledge and support within communities. However, since Covid-19, many support groups have moved online including my own (Latching On Facebook Group).

The HSE also has weekly support groups that can be run by PHNs, hospital lactation consultants, or community lactation consultants, depending on where you live. Find out what is available in your area and give this information to the mothers you meet.

Details for the local baby-wearing library

Baby wearing is probably one of the most important (but less discussed) subjects to inform parents about, especially if they are breastfeeding and especially if they have other children. Firstly, babies who are worn cry less and are generally calmer. They also tend to suffer from less gastrointenstinal issues as they are in an upright supported position. If you think about it, the baby is close to their parent at all times, can smell and feel them and can feel their warmth and heartbeat.

Babywearing is excellent for both parents to feel connected with their baby, and for their baby to feel connected with them. The added bonus is that both hands are free and mum or dad can tend to other tasks such as making a well deserved cuppa. Also, once baby gets used to the sling, they can also feed while in it, making feeding on the go possible.

Parents should be directed to: **www.babywearingireland.ie**, where they can find information on the Facebook group, rental libraries and get expert advice from baby wearing consultants who can help them choose the right sling for them and fit it properly and safely.

Online resources

Dr Google is a dangerous place for new parents. The PHN should direct them towards online forums that have breastfeeding counsellors or lactation consultants as administrators as well as towards trusted online resources such as **www.hse.ie**, **www.friendsofbreastfeeding.ie**, **www.breastfedbabies.org**, **www.alcireland.ie**, **www.kellymom.com**, and **www.breastfeedingnetwork.org.uk**. The HSE My Child books are also an excellent source of information.[10]

Conclusion

I meet women every day who set out to breastfeed, but find themselves in a position where their plans do not come to fruition for many reasons. For some women and their babies, breastfeeding is relatively easy and with a few tips they will go on to have a wonderful journey, but for many mothers breastfeeding is hugely challenging, overwhelming and ultimately all-consuming.

Covid 19 has also brought new challenges to the mix. In-person breastfeeding support groups have stopped. While some have moved online – and it is wonderful to have this option – there are many women who do not feel comfortable with this medium and it is certainly no substitute for in-person support.

PHNs provide an invaluable service to the families of Ireland. The level of knowledge and expertise required to care for the postnatal mother, her baby and partner is extremely high. PHNs are incredibly passionate about providing the very best of care to our clients, but they cannot be all things to all people. This is why it is so important that PHNs are aware of the services that are available to them and the families they serve, in order to enable and empower each mother who chooses to breastfeed to be able to do so.

Niamh Kennelly is a PHN and lactation consultant working in Kerry and Limerick

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

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

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

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

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Injected subcutaneously in the abdomen, thigh or upper arm. Starting dose: 0.25 mg once weekly. After 4 weeks the dose should be increased to 0.5 mg once weekly. After at least 4 weeks with a dose of 0.5 mg once weekly, the dose can be increased to 1 mg once weekly to further improve glycaemic control. When Ozempic® is added to existing metformin and/or thiazolidinedione therapy or to an SGLT2 inhibitor, the current dose of metformin and/or thiazolidinedione or SGLT2 inhibitor can be continued unchanged. When Ozempic® is added to a sulfonylurea or insulin, a reduction in dose of sulfonylurea or insulin should be considered to reduce the risk of hypoglycaemia. Blood glucose self-monitoring is necessary to adjust the dose of sulfonylurea and insulin, particularly when Ozempic® is started and insulin is reduced. A stepwise approach to insulin reduction is recommended. Children: No data available. Elderly: No dose adjustment required, therapeutic experience in patients age ≥75 is limited. Renal impairment: No dose adjustment is required for patients with mild, moderate or severe renal impairment. Experience in patients with severe renal impairment is limited. Not recommended for use in patients with end-stage renal disease. Hepatic impairment: No dose adjustment is required for patients with hepatic impairment. Experience with severe hepatic impairment is limited. Caution should be exercised when treating these patients with semaglutide. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Special warnings and precautions for use:** Should not be used in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis. Not a substitute for insulin. Diabetic ketoacidosis has been reported in insulin-dependent patients whom had rapid discontinuation or dose reduction of insulin. There is no experience in patients with congestive heart failure NYHA class IV and is therefore not recommended in these patients. Use of GLP-1 receptor agonists may be associated with gastrointestinal adverse reactions. This should be considered when treating patients with impaired renal function as nausea, vomiting, and diarrhoea may cause dehydration which could cause a deterioration of renal function. Acute pancreatitis has been observed with the use of GLP-1 receptor agonists. Patients should be informed of the characteristic symptoms of acute pancreatitis. If pancreatitis is suspected, semaglutide should be discontinued; if confirmed, semaglutide should not be restarted. Caution should be exercised in patients with a history of pancreatitis. Use of semaglutide in combination with a sulfonylurea or insulin may have an increased risk of hypoglycaemia, therefore consider reducing the dose of sulfonylurea or insulin when initiating treatment with Ozempic®. 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Effect on fertility unknown. **Undesirable effects:** *Very common (≥1/10):* Hypoglycaemia when used with insulin or sulfonylurea, nausea, diarrhoea. *Common (≥1/100 to <1/10):* Hypoglycaemia when used with other oral antidiabetic medications, decreased appetite, dizziness, diabetic retinopathy complications, vomiting, abdominal pain, abdominal distension, constipation, dyspepsia, gastritis, gastro-oesophageal reflux disease, eructation, flatulence, cholelithiasis, fatigue, increased lipase, increased amylase, weight decreased. *Uncommon (≥1/1,000 to <1/100):* Hypersensitivity, dysgeusia, increased heart rate, acute pancreatitis, injection site reactions. *Rare (≥1/10,000 to <1/1,000):* Anaphylactic reaction. The Summary of Product Characteristics should be consulted for a full list of side effects. **MA Numbers:** Ozempic® 0.25 mg pre-filled pen EU/1/17/1251/002. Ozempic® 0.5 mg pre-filled pen EU/1/17/1251/003. Ozempic® 1 mg pre-filled pen EU/1/17/1251/005. Each pre-filled pen delivers 4 doses and includes 4 disposable NovoFine® Plus needles. **Legal Category:** POM. For complete prescribing information, please refer to the Summary of Product Characteristics which is available on www.medicines.ie or by email from infoireland@novonordisk.com or from the Clinical, Medical and Regulatory Department, Novo Nordisk Limited, 1st Floor, Block A, The Crescent Building, Northwood Business Park, Santry, Dublin 9, Ireland. **Date last revised:** February 2021.

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

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Learning from the data

Covid-19 is linked with acute metabolic disturbances and the data show a higher burden on those with diabetes, writes **Denise Blanchfield**

GLOBALLY, at the time of writing, more than 141 million cases of Covid-19 have been confirmed, with an estimated 2.2% fatality rate contributing to more than 3 million deaths in 213 countries.[1]

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) invades human cells by binding angiotensin-converting enzyme 2 (ACE2) on a cell membrane located in the liver, heart, kidney and lungs.[2]

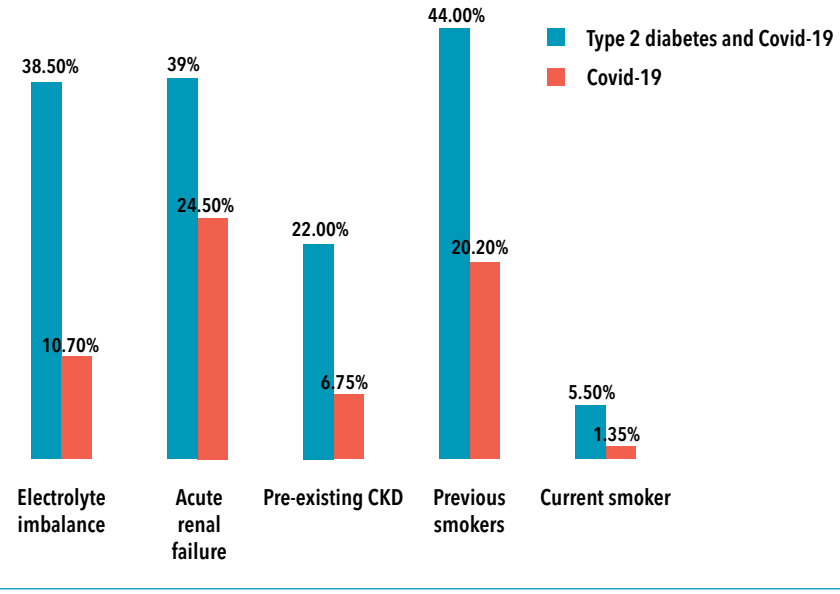
SARS-CoV-2 binds to and degrades ACE2 and reduces the impact of ACE2 on the rennin-angiotensin system, leading to increased reabsorption of sodium and water, which results in increased blood pressure and potassium loss.[3] Additionally, Covid-19 may cause gastrointestinal disturbance, leading to diarrhoea and vomiting, further causing electrolyte and pH imbalance with particular reference to hypokalaemia.[4] International evidence also indicates that Covid-19 is associated with sodium, chloride and calcium abnormalities.[5]

Patients with severe Covid-19 tend to display a higher proportion of hypokalaemia when compared to those with less severe forms of the disease.[6] Pooled analysis from five studies with 1,415 participants identified that Covid-19 severity is associated with lower serum sodium, potassium and calcium levels, with recommendations for serial monitoring and corrective actions during hospitalisation.[6]

Individuals with diabetes are more likely to experience severe Covid-19 symptoms in which hyperglycaemia and increased inflammatory response are contributing factors, coupled with the potential electrolyte imbalance associated with severe Covid-19 manifestations.[7]

Electrolyte imbalance may have clinically significant implications for patient management and clinical outcomes. The aim of this article is to utilise the Hospital Inpatient Enquiry (HIPE) data system to examine documented electrolyte imbalances, features of patients admitted with/without type 2 diabetes and Covid-19. The purpose of this was to identify the commonly documented electrolyte imbalances experienced by patients admitted within the Irish healthcare system.

Figure 1: HIPE data on electrolyte disorders recorded during hospital admission in patients with Covid-19



The main function of the HIPE data system is the collection and correlation of information from discharged hospital patients on the national HIPE database.[8] Each diagnosis and procedure is assigned a code and coded data is exported on a monthly basis to the Economic and Social Research Institute (ESRI), which has been contracted by the Department of Health to monitor and maintain this national database. Submitted data can be used to assess activity levels, compare performance indicators, apply specialty costs and inform research by clinical staff.[8]

Within the context of this discussion, HIPE data was used to examine renal and electrolyte imbalance diagnosis for patients with confirmed Covid-19 (n = 92) in cohorts with/without type 2 diabetes admitted over a six-month period (January to June 2020). Patient gender, age, average length of inpatient stay and smoking history was also explored and entered into Microsoft Office Excel spreadsheets for statistical analysis using descriptive statistics that characterise data without losing or distorting the information.[9]

Of note, clarity was sought from the Regional Ethics Committee (REC) regarding application for ethical approval to access HIPE data. The REC advised that it was not necessary to apply for ethical approval as HIPE information was collected in the course of routine clinical and hospital functions and anonymised prior to use by the researchers.

Outcomes from HIPE data identified that patients with type 2 diabetes represented 19% (n = 18) of the total population (n = 92) admitted with a

confirmed Covid-19 diagnosis in the six-month period from January to June 2020. The mean patient age with diabetes was 73 years, with an average length of hospital stay of 10.4 days.

In total, 44% previously smoked with 5.5% active smokers. In comparison, patients without diabetes were five years younger on average (67.8 years), experienced shorter length of stay (10.06 days) and fewer smoked in the past (20.2%) or currently smoked (1.35%).

HIPE data recorded that patients with type 2 diabetes developed the following documented electrolyte disorders during admission: hyperkalaemia (11%), hypo-osmolar and hyponatraemia (16.5%), hyperosmolar and hypernatraemia (11%). Additional diagnosis included pre-existing chronic kidney disease (CKD) (22%) and 39% developed acute renal failure of unknown cause *(see Figure 1)*.

A significant proportion of patients with diabetes who developed acute renal failure had pre-existing stage 3 CKD (16.5%).

In comparison, patients without diabetes developed fewer electrolyte disorders during admission: hyperkalaemia (1.35%), hypokalaemia (1.35%) hypo-osmolar and hyponatraemia (6.75%), hyperosmolar and hypernatraemia (1.35%). Pre-existing CKD was present in 6.75% and a further 24.3% developed acute renal failure of unknown cause *(see Figure 1)*.

Patients with type 2 diabetes and Covid-19 represented an older cohort compared to those without diabetes, experienced a slightly longer average length of stay (0.34 days), more had smoked in the past and more continued to smoke. Electrolyte imbalances such as hyperkalaemia, hypo-osmolar with hyponatraemia, hyperosmolar with hypernatraemia were reported at a higher proportion in patients with diabetes.

Furthermore, more patients with diabetes had pre-existing CKD, which is consistent with international evidence in that 25-33% of patients with type 2 diabetes will develop a kidney disorder in their lifetime.[10] Additionally, more patients with diabetes developed acute renal failure of unknown cause and had pre-existing CKD than those without diabetes.

Pooled analysis from previous international evidence suggests that Covid-19 severity is associated with lower concentrations of sodium, potassium, and calcium.[6] Recommendations state that additional information such as fluid status, serum albumin and ionised calcium concentrations is required to adequately interpret these abnormalities.[6]

Outcomes from this HIPE data review indicate a disparate collection of electrolyte imbalances, ranging from hypo/hypernatraemia, hypokalaemia/hyperkalaemia, hypo/hyperosmolarity, which are experienced at increased levels in cohorts with diabetes.

Additionally, HIPE data indicated an increased level of pre-existing CKD and acute renal failure in the population with diabetes, which corroborates international evidence. CKD is a progressive condition and the risk for the development of end-stage kidney disease is 3.6 times greater than in those without diabetes.[11]

International discourse indicates that diabetes and obesity appear to be independent risk factors for severe Covid-19 disease, yet the primacy of diabetes or obesity has yet to be made clear and has been impacted by variables such as the population studied and the outcome.[7] However, obesity is associated with a pro-inflammatory state and altered respiratory mechanics, which are risk factors for hospital admission, ICU admission and respiratory failure.[12]

Covid-19 is associated with an acute inflammatory response and debate is ongoing regarding whether hyperglycaemia is a cause or consequence of severe disease. An analysis of NHS diabetes and mortality data in 2020 indicates that suboptimal blood glucose control of Hba1c > 58mmol/mol and BMI > 40kg/m^2 are associated with increased mortality in patients with type 1 and type 2 diabetes.[13]

Covid-19 is also linked to the development of the acute metabolic disturbances correlated with diabetes, including hyperosmolar hyperglycaemic state (HHS), which may result in severe electrolyte disturbance and death. In addition, Covid-19 infection is also associated with severe insulin resistance[14] within the context of severe inflammatory response and corresponding elevations in inflammatory markers such as interleukin (IL6).[7]

Notwithstanding a higher level of pre-existing CKD, HIPE data stated that patients with type 2 diabetes and Covid-19 experienced increased levels of acute renal failure and electrolyte imbalance in comparison to cohorts without diabetes.

International evidence contends that while Covid-19 is associated with electrolyte imbalance,[6] additional research is required to include large prospective studies to examine electrolyte imbalance during the course of Covid-19 illness, in reference to conditions such as type 2 diabetes, which also influences electrolyte balance.

Limitations of utilising HIPE data such as quality of recorded diagnosis and HIPE coding are acknowledged. Additionally, the feasibility of real-time data collection was severely impacted by the first Covid-19 surge and associated restrictions.

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Covid-19 and cancer: Reflections from the clinic

One year on, frontline healthcare staff continue to struggle with professional and personal challenges presented by the Covid-19 pandemic, writes **Seamus O'Reilly**

A YEAR ago, the first case of community transmission of Covid-19 in Ireland was reported in a patient at Cork University Hospital (CUH), where I work. The previous months had been dominated by reports of the impending pandemic and the overwhelming medical situations in China and Italy. News that the virus was hiding in plain sight in our own community was a wake-up call.

About 100 members of staff at CUH were sent home to self-isolate. Soon after, a government-mandated lockdown was imposed to curb the spread of the virus. Unfortunately, the initial optimism that this crisis would be short lived and over by the summer proved cruelly wrong, with more than 239,000 confirmed cases and 4,700 Covid-19-related deaths recorded by April 2021.

In the ensuing months, the aura of crisis brought a unity of purpose to our health service. Much-needed infrastructural improvements to ensure patient safety were implemented, teams were rearranged to reduce infection risk, physical clinic visits became virtual to reduce patient risk and cancer treatments were deferred where feasible. At the Mercy University Hospital in Cork, the Irish Army moved the oncology day ward to a simulated nursing centre at University College Cork to enable social distancing for patients receiving treatment and reduce exposure risk.

The pandemic exposed long-term vulnerabilities and well-heralded deficits in ICU capacity, which were now rapidly addressed and ultimately stretched to the limit in the significant third wave of the pandemic earlier this year.

In every crisis it is the vulnerable that experience the most hardship. This pandemic has proven no different. Being a patient with cancer before the pandemic involved logical, orderly and timely care – now it is order wrestling with chaos.

Schedules are disrupted by loss of staff due to Covid-19, while supports for cancer patients are gone: many have children with special needs who are suffering because schools have closed; the local cancer support centres are closed; their partners keep losing and regaining their jobs; domestic abuse has worsened; and if they have a bereavement they may not be able to see their families to mourn their loss.

Our hospice services are also struggling to juggle safe patient care and humane care. Patients have had to cocoon constantly so that their treatments can continue on schedule. This isolation has been magnified by loss of liaison nurse staff who were reassigned to cover for Covid-19-associated staff leave. Patients are terrified that a child or partner who needs to work outside the home will bring Covid-19 back with them. Previously, they felt that cancer had locked them out of life, now Covid-19 has imprisoned them in their suffering. This virus is a cruel disease as it simultaneously causes illness and isolation for all patients.

Mental health

As the writer Henning Mankell wrote, being diagnosed with cancer is an "extreme catastrophe". Cancer survival rates improve with improved mental health. Data from the Central Statistics Office indicate that almost 60% of people have experienced a negative impact on mental health during the pandemic. While in medicine we consider cancer to be physical – a palpable lump or a lesion on a scan – for patients with cancer and their families it is psychological. Studies have noted a tripling of mental distress rates among patients with cancer, reducing quality of survival and increasing cancer-related mortality.

Many patients are worried about going to hospital if they're sick or for treatment because they might contract Covid-19. In 2020, around 1,000 patients in Irish hospitals acquired the virus; in January 2021, when we had the highest Covid-19 incidence per capita in Europe, around 800 did. These numbers would have been significantly greater without the changes and lessons from the first and second waves. While published studies indicate the safety of chemotherapy administration during the pandemic, our patients are concerned about the limited knowledge on Covid and chemotherapy that we have, or on how to treat people who have had Covid, including 'long Covid'.

Clinical trials

The trials needed to answer these questions have also been impacted; in the US and Ireland, initiation of new trials has fallen by 40%. Supervision of trials has been challenged by staff reassignment and limitations of remote monitoring. Trial conduct has been hampered by concerns about patient safety and Covid-19 exposure.

In the medium term, many funding agencies, which are charitable organisations such as Breakthrough Cancer Research, rely on community fundraisers that have been dramatically reduced, particularly in the third wave as the aura of crisis is now replaced by crisis fatigue. Consequently, Breakthrough's recent campaign called for increased research funding and an urgent approach to finding new treatments for cancer, akin to the rapid response taken globally to combating Covid-19.

Delaying critical care

Epidemiological studies have shown that even a six-week delay in surgery can increase cancer mortality. The disruption caused by Covid-19, with delays in cancer surgery, reluctance of patients to attend

for screening or assessment, cancellation of screening services, cancellation of cancer genetics services and reduction in physical examinations due to telemedicine, will have a significant legacy.

In the US, the director of the National Cancer Institute Ned Sharpless modelled what happens if you disrupt a service for six months. He showed that death rates will remain increased for more than a decade.

It was reported in November 2020 that more than 2,000 cancers went undetected in the small Covid waves we experienced in Ireland – when will those cancers appear? This current third wave is much bigger than the smaller waves of last year and it will hide a lot of cancers.

The cumulative impact of delays in presentation and deferred, later presentations due to lack of screening is concerning. I feel it is also important to emphasise that later presentations mean more cancer-related symptoms, more treatment and more suffering.

Equally, non-cancer services have been impacted and many of them are time-dependant, such as cleft pallet surgery in children. In the US, it is estimated that it will take two years to clear an orthopaedic surgery backlog of one million surgeries. In Ireland, in February 2020, some 60,000 people were on the waiting list to see a consultant in Cork. The deputy chief medical officer anticipates that more than one million people in Ireland will be on a waiting list by the end of 2021. As the epidemiologist Austin Bradford Hill stated: "Statistics are human beings with the tears wiped away". There will be a significant amount of suffering in our communities in the years ahead based on these figures.

Economic fallout

This suffering will be compounded by the economic cost of the pandemic. In January 2020 our unemployment rate was 5% – now it is around 25%. The world's richest individuals recovered their Covid-19-associated losses within six months of the onset of the pandemic while the world's poorest will take a decade to recover their losses.

Discussing the legacy of the pandemic, the French foreign minister Jean Yves Driann said: "My fear is that the world after [the pandemic] will look like the world before, only worse". These comments made in April 2020 have proven prescient. Gender inequality has widened, with women bearing the brunt of the hardships of Covid-19 at home where 80% do home schooling, as opposed to 50% of men.

Numerous academic publications have highlighted concerns that the pandemic will undo years of efforts to bring gender balance to our universities. A study presented in 2019 in Vienna indicated that it would take 100 years to achieve gender equality in Europe – to put this in context it means that it is unlikely that the children of anyone reading this article will see gender equality in their lifetime. How many years will Covid-19 add to the 100-year figure?

Suggested strategies to reduce Covid-19-related cancer mortality

- Establishment of a Covid-19 and cancer national taskforce
- Development of 'green' Covid-19-free treatment pathways
- Prioritisation of vaccination for patients receiving cancer treatment
- National commission on nursing to address workforce deficits
- Extension of EU collective bargaining for vaccines to include anticancer drugs, leading to reduced costs and increased access for patients in Ireland
- Expansion of psycho-oncology services to reduce the burden of Covid-19/cancer-related mental distress

Personal and professional crisis

Being a healthcare worker during the pandemic has been difficult. There's a constant underlying anxiety that patients or family might contract Covid-19 from me and die as a result. Clinic visits need to be timed and there needs to be a constant awareness of ventilation and the need for social distancing. The pandemic has made me do things I don't want to do again, like praying for negative swabs so that patients don't die alone or telling patients lying alone in a bed that they are dying when I'm dressed in full PPE.

It was projected that in 2020, Europe would experience a shortfall of one million healthcare workers – half of these were nurses. In our hospital in January/February 2021, consultants in pathology, radiology, surgery and oncology and healthcare managers volunteered as nurses in our ICU – they were needed as capacity was at three times its usual level and staff shortages were at a critical level. Lack of nursing staff became the determinant of our service. In my time in Ireland I have seen two national nursing strikes and yet we have had a persistent failure to value our nursing staff and have an absolute reliance on nurses from other countries to run our hospitals.

In the past year, 15 healthcare workers in Ireland have died due to occupationally acquired Covid-19 at the time of writing. Many of my co-workers moved to Ireland to train and work and now they're scared that minority groups are more vulnerable to the virus. They hope that their sacrifices will be acknowledged when they apply for citizenship. I sincerely hope that they receive this recognition.

Hope in sight

The initiation of vaccination at the end of 2020 has hopefully marked the beginning of the end of the pandemic. The recent change in prioritisation tiers for patients has been a welcome development – it will allow treatments to continue in a more timely, optimum fashion, reducing isolation and facilitating safe patient care.

The development of vaccination globally within a year of the onset of the pandemic represents a triumph of science, information sharing and international collaboration. The initiation also marks a time for reflection of what has been done well and what could have been improved, such as care in nursing homes at the onset of the pandemic.

The beginning of the end also marks a time to strategise about mitigating the impact of the pandemic. Admiring the problem doesn't help our patients. At this juncture I feel a Covid-cancer strategy is needed; bringing all stakeholders together, prioritising diagnostics and surgery in Covid-free 'green' healthcare environments and, importantly, quantifying and ease the potentially preventable suffering lying in the statistics cited in this article.

Our healthcare system and vaccine rollout would be assisted by a national healthcare number and by a national commission on nursing to address how we value the significant human capital that we have in healthcare and to help develop a sustainable workforce.

The economic costs of the pandemic will be significant, reducing funds available to develop our health services and allowing access to new anticancer drugs – an area where we already lag behind. In this regard, the collective EU bargaining for vaccines could be extended to anticancer drugs, reducing the cost barrier that is prevalent for access to care at present.

In the long term, we need to strengthen public health and health promotion to reduce the impact of future pandemics and cancer incidence in the community.

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

accord
www.accord-healthcare.ie

accord
Oncology & Haematology

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

May 2020. IE-01429

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

Emergency Department Nurses Section Webinar

LIVE ONLINE EVENT

Thursday, 10th June 2021
From 11.00am

Topics that will be covered will include, amongst others:

- ***Social Challenges - Domestic Violence***
- ***Wellness***
- ***Trauma Care***
- ***Reflection on and Future Vision for Emergency Nursing***

For more information, please **contact Jean Carroll, INMO Section Development Officer, jean.carroll@inmo.ie**

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

Operating Department Nurses Section Webinar

LIVE ONLINE EVENT

Friday, 18th June 2021
From 11.00am

Topics will include, amongst others:

- ***Effects of Covid-19 on healthcare staff in Ireland - Dr Tara Feeley***
- ***Dealing with Traumatic Death - Bruce Pierce, Director of Education, St Lukes Home, Cork***
- ***Burnout and Disengagement - Steve Pitman, Head of Education & Professional Development, INMO***
- ***Workplace Health & Wellbeing Unit - HSE***
- ***Heartfulness - Dr Hestor O'Connor, Principal Psychology Manager***

For more information, please **contact Jean Carroll, INMO Section Development Officer, jean.carroll@inmo.ie**

The growing case for vitamin D supplements

WIN looks at some recent research that has added to the growing evidence that vitamin D adds some protection against disease

OVER the past few years scientists have been investigating the influence of an adequate supply of vitamin D on the prognosis of numerous diseases. The focus is particularly on inflammatory diseases, diabetes, respiratory diseases and cancer.

Three recent meta-analyses of clinical studies have come to the conclusion that vitamin D supplementation was associated with a reduction in the mortality rate from cancer of around 1%. Scientists at the German Cancer Research Centre (DKFZ) have now transferred these results to the situation in Germany and calculated: If all Germans over the age of 50 were to take vitamin D supplements, up to 30,000 cancer deaths per year could possibly be avoided and more than 300,000 years of life could be gained – in addition, healthcare costs could be reduced.

These meta-analyses on the question of how vitamin D supply affects cancer mortality rates came to the same conclusion: cancer mortality is reduced by around 13% with vitamin D supplementation – across all cancers. Exactly what biological mechanisms might underlie this is not yet clear.

"In many countries around the world, the age-adjusted rate of cancer mortality has fortunately declined over the past decade. However, given the often considerable costs of many new cancer drugs, this success has often come at a high price. Vitamin D, on the other hand, is comparatively inexpensive in the usual daily doses," says Hermann Brenner, an epidemiologist at the DKFZ.

Vitamin D deficiency is common in the older population and especially among cancer patients. Brenner et al calculated the costs that would be incurred by vitamin D supplementation of the entire population of Germany from the age of 50. They contrasted this sum with the potential savings for cancer therapies, which are often associated with costs in the range of multiples of €10,000, particularly in the case of advanced cancers during the last months of patients' lives.

The scientists based this calculation on a daily administration of 1,000 international units (IU) of vitamin D at a cost of €25 per person per year. In 2016, approximately 36 million people over the age of 50 lived in Germany, resulting in annual supplementation costs of €900 million.

The researchers took the cost of cancer treatment from the scientific literature, assuming mean additional treatment costs of €40,000 for the final year of life. A 13% reduction in cancer mortality in Germany corresponded to approximately 30,000 fewer cancer-related deaths per year, the treatment costs of which amounted to €1.154 billion in the model calculation. Compared with the costs of vitamin supplementation, this model calculates an annual saving of €254 million.

The researchers determined the number of years of life lost at the time of cancer death using data from the German Federal Statistical Office. Brenner considers the costs and effort of a routine determination of the individual vitamin D level to be dispensable, since an overdose is not to be feared with a supplementation of 1,000 IU. Such a prior testing had not been made in the clinical trials either.

"In view of the potentially significant positive effects on cancer mortality, additionally combined with a possible cost saving, we should look for new ways to reduce the widespread vitamin D deficiency in the elderly population in Germany. In some countries, foods have been enriched with vitamin D for many years, for example in Finland, where cancer mortality rates are about 20% lower than in Germany. Not to mention that there is mounting evidence of other positive health effects of adequate vitamin D supply, such as in lung disease mortality rates. Finally, we consider vitamin D supplementation so safe that we even recommend it for newborn babies to develop healthy bones," said Dr Brenner.

– DOI: 10.1002/1878-0261.12924

Meanwhile, it has been found that patients with low vitamin D levels who are hospitalised for Covid-19 may have a lower risk of dying or requiring mechanical ventilation if they receive vitamin D supplementation of at least 1,000 IU weekly, according to a study presented virtually at ENDO 2021, the recent Endocrine Society's annual meeting.

"Given how common vitamin D deficiency is in the world and the US, we believe that this research is highly relevant right now," said co-author Sweta Chekuri, of Montefiore Health System and Albert Einstein College of Medicine in the Bronx, New York.

Research has shown that vitamin D supplementation can prevent inflammation in other respiratory diseases, but there have been limited studies examining the role of vitamin D supplementation in Covid-19. This study aimed to determine whether being supplemented with vitamin D before being admitted to hospital with Covid-19 resulted in less severe Covid-19 disease in patients with a low vitamin D level.

The researchers studied 124 adult patients with low vitamin D measured up to 90 days before their admission for Covid-19. They compared the patients who were supplemented with at least 1,000 IU of vitamin D weekly to those who had not received vitamin D supplements in terms of whether they were mechanically ventilated or died during admission.

They found that patients who were supplemented were less likely to be mechanically ventilated or to die following admission, though the finding wasn't statistically significant (37.5% not supplemented versus 33.3% who were). They also found that more than half of those who should have been supplemented were not.

"Though we weren't able to show a definitive link to severe Covid-19, it is clear that patients with low vitamin D should receive supplementation not only for bone health, but also for stronger protection against severe Covid-19," said co-author Corinne Levitus also from Montefiore Health System and Albert Einstein College of Medicine.

– www.endocrine.org

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Organised by INMO Student/New Graduate Officer, Catherine O'Connor, with INMO Professional.

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	Mon 24/05	**Mindful Presence for Nursing and Midwifery Students**
JUNE	**Tues 01/06**	**Tools for Safe Practice for Intern Students**
	Wed 16/06	**The Importance of Documentation for Intern Students**
	Mon 21/06	**Mindful Presence for Nursing and Midwifery Students**
JULY	**Tues 20/07**	**The Importance of Documentation for Intern Students**
	Wed 28/07	**Mindful Presence for Nursing and Midwifery Students**
	Tbc	**Becoming New Graduate Webinar**
AUG	**Thurs 26/08**	**Tools for Safe Practice for Intern Students**
	Tbc	**Information Session on Salary Scales for New Graduates – details to follow**
SEPT	**Tbc**	**Information Session on Salary Scales for New Graduates – details to follow**

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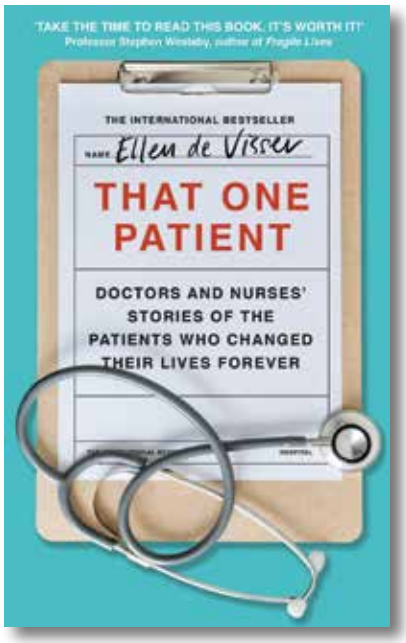
Patients who leave a mark

FOR every doctor, nurse or carer there is that one patient whose story touches them in a way they didn't expect, either leaving a lasting impression or changing their entire outlook on life. *That One Patient: Doctors and Nurses' stories of the Patients who Changed their Lives Forever* is a collection of memoirs celebrating the patients who inspired them.

In her native Netherlands, health journalist Ellen de Visser has a weekly column in the newspaper *de Volkskrant* in which she asks a different medical professional to tell her about 'that one patient' who made a lasting impression. It is these columns that have been compiled for this book.

De Visser notes that every day, in every country, thousands of patients share their stories with those who are caring for them: stories they may never have told anyone else; stories that are heartbreaking, sometimes funny and, just occasionally, unforgettable.

To be able to do their job to the best of their abilities, healthcare professionals use their 'professional empathy': they sympathise with their patients but try to keep themselves at a distance. But there is always that one patient who, for whatever reason, bridges this distance and often unwittingly, has a lasting impact on the life of those charged with their care.



There's the dying patient whose decision to donate their organs would save the lives of five different people, bringing incredible comfort to the family they left behind. There's the little boy, diagnosed with life-threatening malaria in a Sudanese refugee camp, whose astonishing survival against the odds still inspires their doctor each time they stand by the bed of a child who looks unlikely to make it.

Most of those whose stories feature are based in the Netherlands and it is interesting to read about the role of assisted dying there and its affect on both patients and those who administer such care.

Immunologist Dr Anthony Fauci is one recognised name who features. He recalled treating a volunteer doctor who had contracted Ebola, while tending to patients in Sierra Leone. "I couldn't justify asking my staff to put themselves in danger, providing round-the-clock care for an extremely infectious patient, without doing the same thing myself," he said.

This inspiring and moving book is a recommended read.

– Alison Moore

That One Patient by Ellen de Visser is published by 4th Estate. ISBN: 9780008375133 RRP €14.99

CROSSWORD Competition

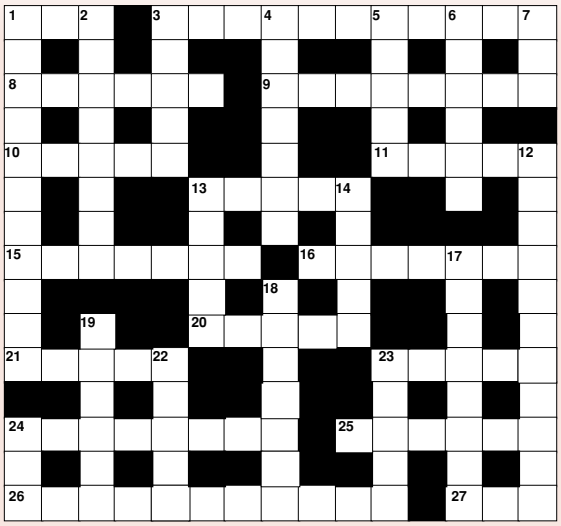
WIN a €50 gift voucher

Across

1 & 23d Some bald, bony, musical Nobel laureate (3,5)
3 Everything but this might make the galley go under (7,4)
8 & 23a He wrote Robinson Crusoe (6,5)
9 The man stood about with a prehistoric elephant (8)
10 Spring month (5)
11 Seaside golf course (5)
13 Weasel (5)
15 Not yet domesticated (7)
16 Make a pin hold up this sea mammal (7)
20 Defamation (5)
21 Forcibly remove (5)
23 See 8 across
24 Crack a code (8)
25 Give the cardinal offal - just a thin slice (6)
26 Witch-doctor one might deem in manic form (8,3)
27 Regret (3)

Down

1 Curses! Could it be that evil Italian or poor German? (3,8)
2 Financially insolvent (8)
3 Get down on your knees (5)
4 The location of the Court of King Arthur (7)
5 Does this relate to the birth of some sonata, Liam? (5)
6 Might I die on this chemical? (6)
7 Relations (3)
12 England's patron might adopt a saggier tone (5,6)
13 The olfactory sense (5)
14 Use social media in an inflammatory way (5)
17 Allergy that upsets a heavy ref (3,5)
18 Notice, keep an eye on (7)
19 Took part in a sport with swords (6)
22 As discussed by the best ninety-nine? (5)
23 See 1 across
24 Indistinct (3)



April crossword solution

Across: 1 Vocabulary 6 Numb 10 Salon 11 Gastritis 12 Enfield 15 Ad lib 17 Iced 18 Asia 19 Thumb 21 Cheetah 23 T-cell 24 Epee 25 Oahu 26 Merit 28 Theatre 33 Movie-goer 34 Omagh 35 Sold 36 Game warden

Down: 1 Vest 2 Celandine 3 Bondi 4 Legal 5 Ruse 7 Until 8 Bush babies 9 Breadth 13 Etch 14 Dine out 16 Pantomimes 20 Upper hand 21 Clothes-horse 22 Acne 27 Rival 30 Aroma Sofa 32 Thin

The winner of the April crossword is: Joan Brosnan Cashel, Co Tipperary

You can now email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included. Please put 'crossword competition' in the subject field. Closing date: Tuesday, May 25, 2021
If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:
Address:

Ireland to host virtual cancer event

Inaugural cancer retreat to shape next five years of cancer trials

AHEAD of International Clinical Trials Day on May 20, Cancer Trials Ireland, the national organisation responsible for overseeing cancer trials in Ireland, is to host an inaugural 'Cancer Retreat' on Friday, May 21 from 9am to 4pm.

Taoiseach Micheál Martin will deliver the opening address via video message at the event, which is taking place virtually.

With Health Research Board funding structures for cancer clinical trials changing in 2022, the conference comes at a critical time for cancer trials and offers a key opportunity for the cancer research community in Ireland to come together, reflect and plan for the future.

The day-long event will address the next five years in Irish cancer clinical trials, and features presentations and panel discussions from Prof Ray McDermott (clinical lead, Cancer Trials Ireland) and Prof Seamus O'Reilly (vice-clinical lead, Cancer Trials Ireland). Panellists and participants will explore funding trials, recruiting patients, an all-island approach to research and care, trial selection processes for disease-specific sub-groups and trial logistics.

While the Retreat is chiefly targeting healthcare professionals working in cancer clinical care and cancer research, session one will be open to patients, advocates, industry representatives and interested members of the public.

To view the programme and to register free of charge, visit: **www.cancertrials.ie**

For Eibhlin Mulroe, chief executive of Cancer Trials Ireland, the Cancer Retreat comes at a crucial time of change: "At this critical juncture of changing funding structures, our inaugural Cancer Retreat offers an invaluable opportunity to look at the challenges and opportunities that may emerge over the coming years. When so many of us are working remotely, it also offers a moment to take stock, to look at how we are working together and how we can maximise our co-operation.

"A recent survey of 1,000 people undertaken by Cancer Trials Ireland found that one in two people (48%) are willing to participate in a clinical trial. This is very good news and shows the willingness of people to not only access the latest treatments for themselves, but to pave the way for others to access potentially life-saving therapies. Our hope is that by bringing the cancer trials community together we can capitalise on this public goodwill and make the most of the opportunities that will present themselves over the coming years," said Ms Munroe.

Between the years 2000 and 2020, nearly 31,000 patients (30,770) were enrolled on close to 800 (786) cancer clinical trials in Ireland. Based on figures reported from sites for the first quarter of this year, a total of 153 patients have been enrolled in 40 trials to date.

Asthma Society launches pollen tracker

MORE than 300,000 people in Ireland have both asthma and hayfever and while the symptoms for many are just frustrating, unmanaged hayfever can cause asthma symptoms to heighten and escalate into an asthma attack, which can be fatal. With this in mind, the Asthma Society of Ireland has launched its annual hayfever campaign aimed at providing practical support for alleviating unpleasant hayfever symptoms like itchy eyes, scratchy throat and running nose.

As part of the campaign, the Asthma Society pollen tracker will provide daily updates on pollen levels around Ireland including regional prediction levels for the current and following day. 'Pollen season' runs from now until September, and people with asthma are advised to ensure their asthma and hayfever are well managed. Updates, available on **www.asthma.ie** and the pollen tracker, can help people to recognise the days when they need to take additional precautions to manage their asthma and hayfever.

As we enter the pollen season amid an ongoing pandemic, it is extremely important to be aware of the differences between asthma, hayfever and Covid-19 symptoms. Common Covid-19 symptoms include feeling unwell, high temperature, shortness of breath or a persistent cough. Common hayfever symptoms include itchy eyes, scratchy throat and running nose. The loss of sense of smell and of taste, which are symptoms of Covid-19, can also be a symptom of hayfever.

Dr Dermot Nolan, GP and national clinical lead on Asthma for the HSE, said: "There are noticeable differences between Covid-19 and hayfever symptoms. The Covid-19 cough is persistent, while a hayfever cough tends to occur at nighttime. Hayfever sufferers don't usually feel unwell or tired, but these are common symptoms of Covid-19. People with hayfever, although they have symptoms, do not tend to feel particularly unwell.

"When a patient has Covid-19, they usually are unwell and tend to feel flu-like aches, pains or chills in their body, which is not typical of hayfever. Many people have also identified tiredness as a feature of Covid-19 but any tiredness that hayfever sufferers experience is related to patients taking certain antihistamines and not the condition itself."

Ruth Morrow, a respiratory advanced nurse practitioner at the Asthma Society of Ireland, said: "We have also put together a number of practical tips for management of hayfever symptoms. We encourage people with asthma and hayfever to be vigilant about managing their symptoms and to continue to follow HSE guidance around Covid-19. If people have concerns, we would encourage them to actively reach out for help via our free nurse-led adviceline and WhatsApp messaging services or their own healthcare professional."

If advice is needed, those with asthma and hayfever management can speak to an experienced respiratory nurse from the Asthma Adviceline service at Tel: 1800 445464 and put a hayfever management plan in place.

A WhatsApp message support service for asthma and COPD patients is also available at Tel: 086 059 0132 for any questions on asthma, hayfever and Covid-19 symptoms.

The Asthma Society of Ireland Hayfever Campaign is supported by ALK, a pharmaceutical company specialising in allergy immunotherapy. For more information visit **www.asthma.ie**

New director of nursing at Cappagh

THE National Orthopaedic Hospital Cappagh has announced the appointment of Val Connolly as director of nursing, effective from March 8, 2021. Ms Connolly will lead the nursing team and, as a member of the executive management team, will also take a leading role in strategic planning for the hospital, with a particular focus on stakeholder engagement across the wider orthopaedic and health sector.

Ms Connolly held the position of assistant director of nursing in the peri-operative directorate and also served as interim director of nursing in Connolly Hospital. She has also held a number of senior nursing positions in both Ireland and the UK. She graduated from King's College Hospital, London in 1991 and attained a bachelor of science in cancer nursing in Royal Marsden Hospital, London. In 2014, she completed a higher diploma in executive and personal coaching and in 2017, graduated with a masters in healthcare management at the Institute of Public Administration.

Croí first organisation in Ireland to win prestigious international accreditation

CROÍ, the heart disease and stroke charity based in Galway, has received a major international recognition in being the first Irish organisation to be accredited by the European Association of Preventive Cardiology (EAPC) for its work in cardiovascular risk management and prevention.

Croí is one of only 11 organisations across Europe to be awarded the status for its Croí Heart and Stroke Centre in Galway.

The purpose-built facility opened in November 2012 and is a leading centre for heart and stroke prevention, research, education, support and rehabilitation. The centre is also home to the Croí Courtyard Apartments which allow family members to be as close as possible to patients receiving cardiac or stroke care in University Hospital Galway.

The announcement follows an assessment and benchmarking of Croí's cardiovascular risk management and prevention work under a range of performance indicators. These include standards around care protocols, staff training, equipment and facilities, and management of its centre. As part of the assessment process, a scientific review of Croí's work was undertaken by two experts from the EAPC. Accreditation is for an initial period of three years.

Congratulating Croí, Prof Martin Halle, president of the European Association of Preventive Cardiology, said: "With this accreditation programme, the European Association of Preventive Cardiology aims to set standards for preventive cardiology practice, thus improving quality of care and cardiovascular health.

"The EAPC accreditation programme enables centres to document that the care they provide is sound and based on the latest guidelines, that infrastructure is in place, that a multidisciplinary team is present and well-trained, and that procedures are organised in an adequate way. We congratulate Croí on this achievement."

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

May

Wednesday 5
International Day of the Midwife

Thursday-Friday 6&7
INMO Annual Delegate Conference

Wednesday 12
International Nurses Day

Thursday 13
SALO Networking Group meeting. 12pm via Microsoft Teams

Tuesday 18
CPC Section webinar

Saturday 22
CRGN Section meeting. 11am via Zoom

June

Thursday 10
ED Section webinar. 11am via Zoom

Saturday 12
PHN Section meeting. 11am via Zoom

Saturday 12
Midwives Section meeting. 11am via Zoom

Wednesday 16
CPC Section meeting. 11am via Zoom

Friday 18
ODN Section webinar. 11am via Zoom

Friday 25
LGBT Ireland &INMO Pride webinar. 11am-2pm Registration available at inmoprofessional.ie

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

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, please contact

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

INMO Membership Fees 2021

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

Condolences

- The INMO extends its deepest sympathies to the family and friends of nurse Graham Pink. Mr Pink was one of the first whistle-blowers to report unsafe staffing issues within the NHS in the UK in the 1990s. Mr Pink's campaign to focus attention on safer staffing included contacting the media, picketing, and writing letters to hospital management and the UK prime minister. He was aware he might lose his job but was undeterred. He was wrongly dismissed from his job by his employer but was later compensated. It is widely believed that Mr Pink's campaigning and his subsequent treatment played a vital part in establishing the protections whistle-blowers receive in Europe today.
- It is with great sadness that we learned of the tragic death of Siobhan Brosnan, organ donation manager in University Hospital Limerick. The thoughts and prayers of this entire Organisation are with all of the staff in UHL during these very difficult days. The INMO Executive, management and staff extend our sincere condolences to Ms Brosnan's family, friends and colleagues at this difficult time.

Breastfeeding: The best start

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

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Working Together

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

WIN Recruitment & Training

Mailed directly to Irish nurses and midwives every month

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

Cancer Nurses

The Irish Cancer Society has a number of nursing opportunities available. We are seeking experienced cancer nurses in our Cancer Information Centre (Daffodil Centre) in St Vincent's Hospital (part time) and on our Cancer Support Line (currently working remotely from home – full and part time considered). We are also urgently recruiting Night Nurses for our palliative care night nursing service nationwide. A minimum commitment of two nights per week is required for this role. See **www.cancer.ie/about-us/jobs** for more information. To apply, email CV to **recruitment@irishcancer.ie**

Informal enquiries about the roles in Daffodil Centre and Support Line, contact Aileen McHale: **amchale@irishcancer.ie**
For enquiries about the palliative care roles in Night Nursing, contact Mary Ferns: **mferns@irishcancer.ie**

Irish Cancer Society

Nursing in Saudi Arabia

Hiring is ongoing.
Processing time 4-5 months.

Contact :WhatsApp + 353 85 8622 413
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ARAG LEGAL

Here to support our frontline workers

If you are asked for your insurer on the call, simply indicate that you are covered by the scheme as INMO union member. You do not need a separate insurance package to access the service.

Legal Advice & Domestic Assistance Helpline

1850 670 707 or (01) 670 7472

Counselling Helpline

1850 670 407 or (01) 881 8047

INMO
Irish **Nurses** and **Midwives** Organisation
Working Together

www.arag.ie

Mayo University Hospital
Critical Care Nursing Career Development Programme for Newly Graduated Nurses 2022

We are delighted to be accepting applications from registered general nursing students due to graduate this year (October/November 2021) for our 2nd intake of our Critical Care Nursing Career Development Programme.

This innovative programme provides an exciting opportunity for newly graduated registered general nurses to be employed while undertaking a structured clinical career development programme gaining experience caring for critically ill patients and also completing a postgraduate qualification in critical care. As a work-based programme, each member of staff has ongoing support through a structured clinical learning plan with the guidance of a Clinical Educator.

Successful applicants will commence permanent employment as registered nurses with us in October/November 2021 and will gain six-month blocks of experience undertaking registered nursing critical care experience in our Theatres, Critical Care Unit and Emergency Department. On completion of this first 18 months, we will then employ individuals in their choice of critical care area (Theatres, ICU or ED) where you will be funded and supported to undertake a postgraduate diploma in your chosen critical care area.

For individuals who wish to work in critical care clinical areas, this programme is the ideal opportunity to gain extensive experience while also studying for a postgraduate qualification; providing an ideal foundation for your ongoing career plans.

Informal enquiries should be made to **Ms Moya Hughes (Clinical Facilitator) by email to moya.hughes@hse.ie or telephone: 087 696 5919**

Fully completed applications should be submitted by **midday on Friday May 28th 2021** and Interviews will be held in late June.

This exciting opportunity is open to all newly registered general nurses with the NMBI between September and November 2021. Places are limited and if a career in critical care nursing is where you wish to develop your nursing expertise, then we would like to hear from you !

Details on how to apply are available on line: **www.saolta.ie/jobs**

LGBT IRELAND

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

LGBT Ireland & INMO Pride Webinar

LIVE ONLINE EVENT

FULL PROGRAMME TO FOLLOW

SAVE THE DATE

Friday, 25th June 2021

11.00pm to 2.00pm

FREE TO INMO MEMBERS

BOOKING IS ESSENTIAL

Registration information available at
www.inmoprofessional.ie/course and www.lgbt.ie