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NEWSLETTER

SPRING 2011

PRESIDENT'S COMMENTS

Dear Members,

Another year gone and a new promising if challenging one ahead for all members in the OHNAI in 2011.

I would like to take this opportunity to welcome the new committee members, all our new members and thank the current members for their support and for renewing their subscriptions.

Articles or social column news are always required and welcomed for the newsletter. If you have article/social column news, please forward to our newsletter editors. Members asked that we increase the number of newsletters to 3 times a year if feasible. We plan to draw up guidelines for newspaper articles for 2011-we will be paying 100 euro per article, so keep them coming, they are much appreciated.

The OHNAI committee welcomes all suggestions and comments. Please do not hesitate to contact any committee member with your suggestions.

It is important to ensure that we can communicate with you. Please inform me if there is any change to email addresses, as all communication, along with our newsletter are sent electronically by email. Please also be aware this is a voluntary committee and while we communicate regularly we only meet 4-5 times a year so if there is a delay in answering your written communication bear with us- we will get to it.

OHNAI conference/AGM:

As those of you who attended our conference "*Empowering employees at work in these challenging times*" on the 12th of November in the Gresham hotel are aware that this was very successful and very well received by the members. It also included our AGM. I would like to take this opportunity to thank all our speakers. The Gresham hotel was well received as a venue and following members suggestions in their evaluation forms it has been agreed that it will again be the venue for our 2011 conference. >>

As suggested by members at our AGM the committee has already made inroads to incorporate some of the member's suggestions:

- *Approaches have been made to the INMO to hold discussions to re introduce meetings and joint conferences.*
- *Workshops which were suggested were, legal issues, healthcare records on trial.*
- *On Bord Altranais Scope of practice-updates for OHNs.*
- *TB guidelines and mantoux workshops.*
- *Worksite visits to industry/ healthcare sites.*

A spring workshop for some of these issues is planned. Details of dates etc. to follow by email to all paid up members.

If you have a conference you would like to attend then please submit full details and the committee may sanction part or full payment

Already this year the OHNA is offering to support 4 paid up members who attend the PEP conference in Croke Park on April 1st. Please get your subscriptions as soon as possible.

A reminder for members that the membership fee for 2011 is now already *overdue*. The fee for 2011 fell due in November 2010. The fee remains at €40 for existing members and is free to new members again this year. This new initiative introduced in 2010 brought on board new members which was very welcome. Member who have not paid their subscription please forward it ASAP. *I would like to remind unpaid members that their name will be removed from the database list and mailing list as agreed at the AGM.*

The election of officers:

President: Ann O Reilly

Secretary: Margaret Kelleher

Treasurer: Kathleen Treanor

Website Co-ordinator: Aisling Quinn

Catherine Smith PRO

Therese Hodgins: Newsletter editor

Sarah Creedon –I am personally delighted to say that Sarah has agreed to stay on the committee and to thank her for her commitment to the committee and her past experience as president will be invaluable to the committee.

Once more I would like to thank you all for your continued support.

Regards,



President, OHNAI

SOCIAL COLUMN

Congratulations to **Hilda Dowler** (former treasurer OHNAI), The Well @ Work, on her marriage to Tom Browne in March. On behalf of the committee we would like to take this opportunity to wish them both many years of happiness.

Congratulations to **Trudi McHugh** (former committee member), Intel, and Dominic Comerford on the arrival of baby Mathilda Rose in March.

Congratulations to **Catherine Smith** (VHI-Corporate Solutions and committee member) on her recent marriage to Colm Delaney in Wicklow.

Congratulations to **Aisling (Purcell)** and Ronan O'Halloran on the birth of their son Rian

Congratulations to **Eilish Fairless** OHN in Our Lady's Hospital for Sick Children, Crumlin on the birth of her baby boy Jimmy.

Congratulations to **Liz Twomey** (IBM) her husband Denis and big brother Richard on the arrival of their beautiful daughter Anna Mai in November.

Condolences to **Bernadette Lavelle's**, Civil Service, past president, on the recent death of her brother Michael Casey. Our thoughts and prays are with Bernadette and her family.

COMMITTEE CONTACT DETAILS

Ann O'Reilly - President

01-2214320 | ann.oreilly@svuh.ie

Aisling Quinn - Website Co-ordinator

info@ohnai.ie

Sarah Creedon - Outgoing President

01-4142770 | sarah.creedon@amnch.ie

Kathleen Treanor - Hon. Treasurer

kathleentreanor@eircom.net

Margaret Kelleher - Public Relations

01-6209175 | margaret.kelleher1@hse.ie

Therese Hodgins - Newsletter Editor

Therese.hodgins@pfizer.com

LEGAL WORKSHOP

Friday the 13th of May

Venue -Gresham Hotel Dublin

Speaker - (Barrister) Ronan Cosgrave BCL.LL.M

This workshop is available only to fully paid up members of the OHNAI and numbers are limited so early booking is essential to confirm your place.

To be included please send a cheque for €50 made payable to the OHNAI – (refundable on the day) to book a place.

The format of the day :

9.30 -11.00 | Session 1 Healthcare Records

11.00-11.15 | Coffee Break

11.15-13.00 | Session 2 Expert Witnesses

13.00-14.00 | Lunch (included)

14.00-15.45 | Session 3 Courtroom Skills

15.45-16.00 | Q&A session

It aims to be an interactive day and questions are encouraged, so it should be a very interesting day.

MIGRAINE

Mairéad Holland-Flynn, Advanced Nurse Practitioner The Adelaide and Meath Hospital, Incorporating the National's Children's Hospital

Headache affects nearly everyone at some time in their life. It is one of the most frequent reasons for attendance at GP surgeries and neurology clinics. In its various forms, headache represents an immense socioeconomic burden.

Migraine generally features a one-sided throbbing headache which is episodic and lasts hours or even days with total freedom between attacks. The headache is normally worsened by movement or routine physical activity. Migraine affects a large variety of people of different shapes, ages, temperaments and personalities. It is three times more common in women mainly due to hormonal changes and is hereditary in up to 60% of cases.



12-15% of Irish people suffer from migraine - this means that roughly half a million people suffer from migraine in Ireland. It is estimated that migraine costs Irish businesses €52 million every year as a result of lost productivity with the average migraineur missing between 1.5 and 4.5 days from work annually. Despite these staggering figures migraine remains a misunderstood and under managed condition.

Patients with migraine typically give an account of recurrent episodic moderate or severe headaches which may be unilateral and/or pulsating. It can last

part of a day or up to 3 days, and is often associated with gastrointestinal symptoms, during which the patient limits activity and prefers a dark and quiet atmosphere. They are symptom-free between attacks.

There are two main types of migraine headache. Migraine without aura (common migraine) and migraine with aura (classical migraine). Migraine without aura accounts for about 80% of cases. The symptoms are summarised below.

Migraine without aura

- Intense throbbing headache
- Unilateral
- Lasts 4-72 hours
- Nausea &/or vomiting
- Sensitivity to light, noise & smells
- Stiffness of the neck
- Blurred vision

Aura refers to a range of neurological disturbances that occur before the headache begins. The other symptoms of migraine will usually follow the aura. Typical aura is progressive, lasting 5-60 minutes. Other reversible focal neurological disturbance include transient blind spots, zig-zag patterns and flashing lights, unilateral pins & needles of hand, arm or face, dysphasia, slurring of speech, muscular weakness, loss of co-ordination and confusion.

Predisposing factors and trigger (precipitating) factors are important to identify in order to manage migraine attacks appropriately. Certain predisposing factors are well recognised. They are not always avoidable but may be treatable (stress, depression, hormonal changes).

Trigger factors are important in some patients but generally less so than is commonly supposed. Many attacks have no obvious trigger and, those that are identified are not always avoidable. >>

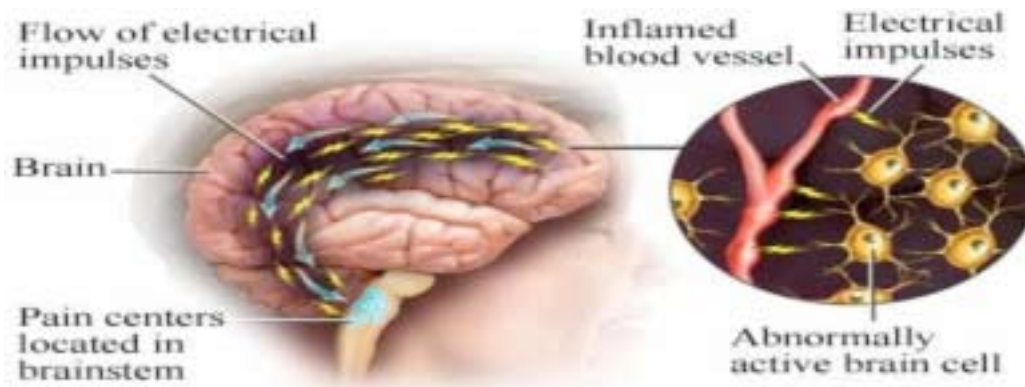


Figure 1. Pathophysiology of acute migraine headache.

Common Trigger Factors

- Diet (e.g. red wine, aged-cheese, smoked fish, chocolate, nuts, dairy products)
- Changes to daily routines
- Bright lights
- Loud noise
- Long exposure to VDU's
- Menstruation
- Certain medications (e.g. contraceptives or nitrates)

TREATMENT

Cure is not a realistic option for migraine sufferers. The objective should be control of symptoms so that the effect of the illness on a patient's life and lifestyle is the least it can be. Patients should work through the treatment options in a rational order, and continue to do so until it is certain they have found the management strategy that suits them best. Pharmacological treatments are considered effective if they reduce the frequency or severity of migraine attacks by 50%.

Treatment of the acute migraine attack should be guided by response to a previous treatment and the severity of the attack. Patients themselves often start with a simple analgesia purchased over-the-counter (OTC) such as paracetamol (Panadol®), aspirin (Disprin®) or ibuprofen (Nurofen®), preferably in a soluble or dispersible formulation. Some patients may get additional benefit from a product which also contains an anti-emetic which may help relieve symptoms of nausea and prevent vomiting, which can diminish the effectiveness of orally taken

analgesia. Relief with these OTC agents, is typically not effective for many sufferers. Patients should be made aware that excessive use of acute migraine treatments can lead to medication-overuse or "rebound" headaches.



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If OTC treatment is inadequate, the patient may require a prescription for a specific anti-migraine agent such as a "triptan" (5HT₁ agonist). Examples of triptans include sumatriptan (Imigran®), frovatriptan (Frovex®) and zolmitriptan (Zomig®). Triptans are often excellent for severe migraines or those >>

that do not respond to OTC drugs. Ideally, each triptan should be tried in three attacks before it is rejected for lack of efficacy.

Preventative treatment should be considered for patients who:

- Have at least 2 migraine attacks per month
- Suffer increasingly frequent headaches
- Experience significant disability despite suitable treatment for attacks
- Cannot take suitable treatment for acute attacks.

Patients should see their GP who will be able to advise on the variety of agents available and recommend a suitable treatment based on individual patient factors.



Dear Occupational Health Nurses,

I trained as an Occupational Health Nurse in 1997 and have worked in many Healthcare, Industrial and Pharmaceutical settings and so am familiar with the very varied challenges you deal with on a daily basis. I have met many of you as President of the OHNAI and at conferences over the past 15 years.

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Keeping Ireland 'Fit for Work' **Dublin Castle**

19th April 2011

Timing: 8.30am – 2pm

Arthritis Ireland, in partnership with Abbott and FÁS invite you to the high level forum '***Keeping Ireland Fit for Work***' to be held in Dublin Castle.

By improving the health and well-being of the working population there are added benefits for society as a whole. It benefits the individual through better health; employers through improved productivity and reduced absenteeism and leads to savings for Government through reduced welfare and health spending.

Musculoskeletal Disorders (MSDs) are the single biggest contributory factor to workplace absenteeism, accounting for 50% of all work absenteeism and over €750m in lost productivity.

The Forum will discuss how a joined up approach between policy makers, patient associations, employers and health professionals can help people with chronic conditions to stay in work or return to work.

This is your opportunity to take part in an exciting and innovative discussion on Keeping Ireland 'Fit for Work'.

John Bowman will chair, key note speakers and topics are:

Dame Carol Black, UK National Director for Work and Health
'Working for a healthier tomorrow'

Dr. Steve Boorman, Medical Director, Royal Mail
'Good health is good business'

Richard Wynne of the Work Research Centre Ireland
'Transforming workplace health'

Each key note address will be followed by an interactive session with a select panel of experts.

The closing address by **John Church, CEO, Arthritis Ireland** will conclude with lunch.

The attendees represent a broad mix of society and include policy makers, patient associations, trade union representatives, employers and healthcare professionals.

For more information and registration details contact **Michelle Towey** [**mtowey@arthritisisireland.ie**](mailto:mtowey@arthritisisireland.ie). We would appreciate your RSVP by 4th March 2011.



Supported by Abbott and FÁS.





The National Cancer Screening Service encompasses BreastCheck - The National Breast Screening Programme and CervicalCheck - The National Cervical Screening Programme.

CANCER SCREENING TRAINING OPPORTUNITY FOR OCCUPATIONAL HEALTH NURSES

BACKGROUND

The National Cancer Screening Service will provide a cancer screening workshop for Occupational Health Nurses. The training will focus on the two national population-based cancer screening programmes in Ireland - BreastCheck and CervicalCheck.

The workplace is an ideal setting by which to promote the importance of breast and cervical screening and we believe that Occupational Health Nurses are ideally placed to deliver key messages to women in the workforce about the importance of screening. We are aware that Occupational Health Nurses currently do valuable work in terms of organising specific initiatives in the workplace that are focused on screening and women's health. In order to build on this great work we would like to offer a focused workshop to Occupational Health Nurses on BreastCheck and CervicalCheck in order to enable them to provide current, accurate information to women about both screening programmes to help women make informed decisions about screening.

AIM OF TRAINING

To provide core knowledge on breast and cervical cancer screening and to enable local Occupational Health Nurses to support women in the workplace to make informed choices about breast and cervical screening.

OBJECTIVES OF TRAINING

To provide an overview of cancer screening and why we screen for certain cancers and not others.

To provide an overview of the BreastCheck service and breast screening

To provide an overview of the CervicalCheck programme and cervical screening

To support women in the workplace to make informed choices about screening.

EXPECTED OUTCOMES OF TRAINING

Have a good understanding of the BreastCheck and CervicalCheck programmes.

Be screening advocates in the workplace setting

Have a clear understanding of our key messages for women to enable them to make an informed choice about screening.

PARTICIPANTS COMMITMENTS

Attend one half day free workshop delivered by NCSS Screening Promotion Officers on March 30th, National Cancer Screening Service, Parnell St, Dublin 1

Incorporate specific initiatives into your own workplace to increase the uptake of BreastCheck and CervicalCheck

Phone/Email Screening Promotion Officers with queries/issues arising

Attend a half day training workshop when the National Colorectal screening Programme commences in 2012.

NURSES AND GPs REQUIRED TO CONTRIBUTE IN TACKLING OBESITY

Dr. Anne Moorhead (Principal Investigator) & Weight Care Team

Nurses and GPs throughout the island of Ireland are invited to participate in a research project. An all-Ireland project led by researchers in University of Ulster and National University of Ireland, Galway are conducting a survey of health professional attitudes to body weight status. The key project objectives are as follows: 1. To assess the attitudes, current practices/behaviours and knowledge of key health professional groups on an all-island basis; 2. To assess the health professional groups' ability to identify body weight categories in both adults and children.

The health professional groups that are invited to participate:

- Public Health Nurses (community; postnatal home/clinic visits and developmental checks);
- Public Health Nurses (Schools);
- GPs and Practice Nurses (primary care);
- Occupational health nurses (workplace).

Nurses and GPs are required to participate in the following studies:

1. Telephone interviews with GPs (10 mins) - to gain an in-depth insight into the views of health professionals in assessing body weight status.
2. Focus group with nurses (max. 1.5 hour) - to gain an in-depth insight into the views of health professionals in assessing body weight status. The focus groups will take place in health clinics/centres, hospitals or universities within the greater Belfast or Galway areas.
3. Survey (mainly on-line but also paper-based; 10-15 mins) - to determine the attitudes, current practices/behaviours and knowledge of health professionals in assessing body weight status.
4. Online study (45 mins) - an on-line programme will be developed to assess health professionals' ability to identify the body weight category of adults and children.

If you participate in any of these studies, you will be part of a valuable project, which will contribute to assessing health professionals' ability to identify body weight categories in both adults and children.

Ethical approval has been obtained for this project.

CONTACT DETAILS

If you would like further information or to discuss participating in any of the above studies please do not hesitate to contact the Weight Care Team using the following contact details:

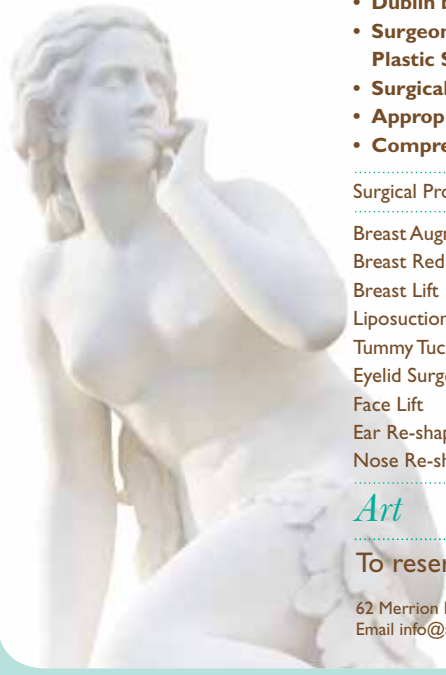
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BOOK REVIEWS

Reviewed by Justine Mc Grane RGN, RM, BSc, MAppSc (CNSp, St. Vincent's University Hospital).

The following two book reviews may be of interest to Occupational Health Nurses' (either as a self-reference and/or suggested reading for clients) who manage employees with chronic painful disorders (i.e. long standing muscular-skeletal issues) rather than for acute pain conditions which generally resolve within a three-month period or less. However, the overall management approaches apply to both symptomatic conditions.

'Explain Pain'

by Lorimer Moseley & David Bulter

(2003) (Fourth re-print, 2008)

The book is written by two academics with a specialist interest in pain science and clinical research. It is divided into 6 compact sections ranging from the introduction to the pain concept, a view of the anatomy and physiology of the body systems involved in the pain pathway, damaged nerves and how they react ('the backfiring nerves') and the final sections look at coping and management strategies. There are also a number of handy diagrams and illustrations.

Each section has a helpful recap which is a very useful way to re-digest the presented material. The book acknowledges that the pain an individual experiences from everyday occurrences such as sprains or postural pain is an indicator of changes in the tissues which the brain perceives as a threat. It suggests that action is required such as healing behaviours and furthermore acknowledges the emotional experiences and thoughts/feelings that evolve from such an event! Interestingly, it also crucially points out that the severity of pain that a person may encounter does not necessarily mean damage to tissues rather it may refer to 'the damaged and deconditioned body' such as that apparent to individuals with chronic pain.

Available from www.physiouk.co.uk (€43.71 approximately excluding postage and packaging) and www.amazon.co.uk (€57 approximately excluding postage and packaging).

'Manage Your Pain'

by Dr. Michael Nicholas, Dr. Allan Molloy, Lois Tonkin & Lee Beeston (2003) (Third re-print, 2008)

This book looks at the positive ways and practical steps to managing chronic pain. The authors who are health professionals are all very familiar with this area of medicine, each bringing a different area of expertise thus ensuring that all specialities that contribute to a pain management programme are represented (i.e. clinical psychologist, clinical physiotherapist, a consultant anaesthetist and a nurse specialising in pain).

The text is mostly based on the ADAPT programme (cognitive behavioural treatment) developed in St. Thomas Hospital, London which looks at activities to reduce the impact of pain on daily life rather than the underlying cause of the pain, specifically, the 'emotional state' on activities, sleep, use of inappropriate medication, and/or passive treatments that can impede active living.

The paperback begins with a pain self-management checklist to enable the reader to decide what chapters may be of most benefit to the state of the pain experienced at the present time. It might mean for some that 'fine-tuning' is all that is need to support life's activities.

There are 19 chapters in all which look at areas such as: the possible pathology causing the underlying pain, working with your physician, treatments/interventions, pacing, goal setting, relaxation, dealing with flare ups, how to address issues in the working environment and maintaining changes.

The book also draws on the individual experiences of those patients that have gone through the ADAPT programme which personalises the chronic pain experience.

It is nice to observe that Manage Your Pain is written in an easy to understand language and is laid out in such a way that facilitates one to read as much or as little at any one time.

Available from <http://www.amazon.co.uk> (Price from €18.62 excluding postage and packaging) and/or <http://www.eason.ie/> (Price €19.80 excluding delivery charge).



UCC

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

Department of Epidemiology & Public Health University College Cork

Applications are invited for 2011 – 2013 cycle of the following programme.

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An integrated course in occupational health, safety & welfare

Date of Commencement: October 2011. The programme provides a multi-disciplinary approach to Occupational Health & Safety Management in the Workplace, including occupational medicine, epidemiology, psychology, public health, risk assessment, law and training and development.

The course is suitable for individuals already working in occupational safety and health such as health and safety advisors, health and safety officers, occupational health nurses or other persons with a keen interest in occupational health and safety. The MSc in Occupational Health is a part-time taught programme run over 2 calendar years. The course will be held 2 evenings per week (Monday and Thursday 6.15 – 8.50pm) from October to May.

Further information on the programme is available from Sheilah Nolan:

Tel: 021 4905308 | Email: s.nolan@ucc.ie | Web: <http://www.ucc/depts/pubh>



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ALCOHOL AND DRUG MISUSE

Bernadette Lavelle, OHN Civil Service

INTRODUCTION

Twenty five years ago the Civil Service Programme to Deal with Alcoholism was produced. In July 2010 Dr. Tom O'Connell, myself and Eileen Maher, employee assistance officer (EAO), updated the document for publication and includes The Civil Service Alcohol and Drug Misuse Policy. The word alcoholism is replaced with alcohol misuse and addiction includes illicit and/or prescription drug misuse.

ALCOHOL

Prevention is better than cure. Information and a change in lifestyle will avoid alcohol misuse. Risks from misuse include accidents, injuries, mental impairment, overdose, relationship difficulties, addiction, financial problems, absenteeism and problems with the law. Age, gender, body weight, with /without food all have an impact. Long term drinking can lead to health problems such as raised blood pressure, heart failure, stroke and cancer of the mouth, throat, oesophagus, colon and rectum, liver failure and cirrhosis, psychological and emotional problems and depression. Alcohol is a depressant and not a stimulant.

FACTS ABOUT ALCOHOL

Alcohol problems are not always associated with alcoholics. Binge drinking consists of six or more drinks in one sitting and is harmful to health. Alcohol absorption into the bloodstream takes place within minutes of consumption and levels depend on how much is drunk, over what time span and whether it is consumed with or without food. A standard drink varies from one country to another and contains about 10 grams of pure alcohol in Ireland. It takes a healthy liver 1 hour to break down and remove 1 standard drink. Black coffee, cold showers or fresh air do not speed up the process. Safe limits vary for men and women. Generally 2 -3 standard alcoholic drinks per day for females and 3 – 4 for males without any health affects. These are over the legal limits for driving. The safe limits for teenagers vary. There is no safe limit for drinking alcohol in pregnancy.

SENSIBLE ALCOHOL CONSUMPTION

- Do not drink before going out
- Buy smaller drinks e.g. glasses instead of pints
- Have a break from finishing one drink and ordering another
- Drink water between drinks
- Do not take part in rounds
- Home measures are usually larger than pub measures
- Refuse a drink you don't want
- Plan alternative non drinking activities

DRUGS

Drug misuse refers to the use of illicit drugs as well as the misuse of prescribed and over the counter drugs and solvents. All drugs can have side effects and risks. People from all social and educational backgrounds are involved in drug misuse including people in the workplace. Misuse of drugs can alter the way a person thinks, perceives and feels and can lead to impaired judgement, concentration and performance.

REASONS FOR DRUG MISUSE

There are all sorts of reasons why people misuse drugs. Most people are introduced to illicit drugs by a friend or someone they know and are often tried out of curiosity, boredom, to feel good and/or because friends use them, often referred to as 'recreational' use. Regular use can lead to psychological and physical dependence. Psychologically the user feels a loss of control, cravings and a preoccupation with obtaining the drug. Misuse may cause sudden physical health problems leading to hospital treatment and possibly long term effects.

SIGNS OF MISUSE

- Sudden mood change
- Unusual irritability and/or aggression
- Confusion

- Abnormal fluctuations in energy levels
- Poor concentration and performance levels
- Poor time keeping
- Repeated short term sickness absence
- Relationship deterioration with friends, colleagues, managers and customers
- Dishonesty and theft

These can also be signs of other factors such as stress or various medical conditions.

TYPES OF DRUGS

There are five main types of drugs

- Depressants – alcohol can calm the mind, relieve anxiety and cause sleepiness
- Sedatives – minor tranquillisers same as depressants and can be addictive
- Opiates – narcotic analgesics and can give feelings of euphoria and sleepiness
- Stimulants – cocaine/amphetamines alertness, high energy and confident
- Hallucinogens – LSD/magic mushrooms, strange and intense visions

Some drugs have multiple effects e.g. cannabis can cause depression as well as causing euphoria and both 'soft drugs' and 'hard drugs' can impact on many individuals.

ADVICE TO EMPLOYERS/MANAGERS

Legislation in the workplace protects both the employer and the employee. An employee must not be under the influence of any intoxicant at work. Discrimination in the workplace is outlawed on nine grounds one of which is disability. Disabled employees must be offered accommodation provided it does not impose a disproportionate burden on the employer. The employer is not required to recruit, retain or promote an employee who is not capable, competent or available for work. The employer

- Does not permit an employee who presents for work under the influence of alcohol and/or drugs, (in management's opinion following conferral with a colleague) to work and s/he is sent home

- Does not personalise and diagnose workplace issue(s) as an alcohol or drug problem
- Interviews the employee in private and addresses issue(s) in a performance context
- Offers reasonable (not indefinite) accommodation for engagement with appropriate treatment if s/he admits to addiction problem
- Accepts absenteeism under current sick leave regulations if s/he engages in treatment
- Follows the code of practice for attendance, performance and behaviour if treatment is refused
- Informs personnel who will follow normal code of practice.

Currently there is no statutory workplace screening for alcohol and/or drugs in Ireland except under the Railway Safety Act.

ADVICE TO EMPLOYEES

Under health and safety legislation, the employee must not put him/herself and/or their work colleagues in danger in the workplace by their actions. S/he

- Is responsible for own actions and the safety of self and others in the workplace
- Informs him/herself on the dangers of alcohol and drug misuse
- Knows the code of practice to follow if suffering from alcohol and/or drug problems e.g. seek expert advice and follow it
- Contacts EAO for advice, counselling etc
- Informs supervisor/manager of problem
- Supplies certificates of sick leave/programme attendance etc to employer
- Is sensitive to colleagues who are recovering from alcohol and drug related problems
- Understands the code of practice to be followed by management if treatment/programme is refused e.g. treated as a non performance issue e.g. attendance, performance, behaviour, attitude etc

The full document is available on the Department of Finance web site publications www.finance.gov.ie.



Kathleen Treanor Consultant Ergonomist

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