

# PRESIDENT'S COMMENTS

Dear Members,

This year as President, I am hoping to continue to develop, support and raise the profile of the association.

Our Spring Conference held in April was well attended and many thanks go to the hard working committee who put so much hard work into organising it. An evaluation of the conference is included in this issue. At this stage, there is no news regarding the Joint OHNAI/INO conference for 2009, I have been in contact with the conference co-ordinator, and I will update you of any progress.

As I informed you all at our Spring Conference, we will be trialling on a pilot basis, to make funds available for educational purposes. Once details are finalised, I will email you all. We also envisage running an evening workshop in the autumn. The committee welcomes any suggestions for topics.

As previously mentioned and agreed at our AGM, our newsletter will be available only in an electronic version. It will also be issued by email on a twice yearly basis, a Spring/Summer edition and Autumn/Winter edition. Articles are always required and welcomed for the newsletter. If you have an article, please forward to our OHNAI newsletter editor: edelx.fogarty@intel.com

Please advise if there are any change to email addresses, as all correspondence from the OHNAI, along with our newsletter are sent via email. If for some reason you do not have email access or if you have any other query in relation to the above please contact our OHNAI secretary: Sinead.Brady@finance.gov.ie

The OHNAI committee welcomes all suggestions and comments. Again, I would like to thank you all for your continued support.

Enjoy the summer break.

Regards,

Sarah Creedon

Incoming President, OHNAI

# MEDICATION MANAGEMENT

Bernadette Lavelle, OHN Civil Service

I looked at the 58 page Guidance to Nurses and Midwives on Medication Management 2007 published by An Bord Altranais and transcribed some relevant information in this short article which might be of interest to OHNs in practice. The publication can be found on *www.nursingboard.ie* or ordered from An Bord Altranais.

The professions involved in medication management are nursing, midwifery, medicine and pharmacology along with the patient. In 2007 the Irish Medicines Board Act and Medicinal Products Regulations were changed to allow nurses to prescribe medications under specific conditions e.g.

- s/he is employed by a hospital, nursing home, clinic or other health service setting
- the medicinal product is one that would be given in the usual course of the service provided in his/ her place of employment
- the prescription is issued in the usual course of the provision of that health service

The prescribing nurse is expected to develop and maintain competence with regard to all aspects of medication management, ensuring that his/her knowledge, skills and clinical practice are up to date e.g. undertaken the relevant course in RCSI or UCC. The regulation allows for additional conditions, if necessary, to limit nurse prescriptions. The nurse's PIN must be stated on each prescription.

# **PRINCIPLES**

The key principles considered for the scope of practice for each nurse apply to the scope of practice for medication management e.g. competence, accountability and autonomy, continuing professional development, support for professional nursing practice, delegation and emergency situations.

# **ACCOUNTABILITY**

The nurse is accountable to the patient, the public, the regulatory body, his/her employer, the relevant supervisory authority and includes actions and omissions. Education and information must be given

in understandable language to the patient. Informed consent is required prior to medication administration. The nurse is responsible for his/her competence in practice especially regarding medicinal products and must seek assistance and support where necessary. The five rights of medication administration should be followed for each patient e.g. right medication, right patient, right dosage, right form and right time. The patient's vital signs for effects of the drug are monitored following administration and the response is documented.

### **OVER THE COUNTER MEDICATION**

The practice of nurses advising, supplying and/or administering over the counter (OTC) medication should be consistent with the established policies of the health service provider in which they practice and the medicines legislation pertaining to non-prescription medications (page 21).

### STORAGE

All medicinal products should be stored in a secure manner, either in a locked cupboard/fridge or room as indicated on the label or advised by the pharmacist. MDA scheduled controlled drugs should be stored in a separate locked cupboard/container to ensure further security. Medicinal products requiring refrigeration should be stored in a designated refrigerator

- not used for any other purpose
- accessible and reliable
- capable of being secured.

### IMMUNISATION AND VACCINATIONS

Nurses involved in immunisation programmes should maintain their competency and knowledge with all aspects of this practice e.g.

- obtaining consent
- vaccine handling and delivery
- storage and stock control
- proper technique of administration

- recognition and intervention with side effects, adverse events and/or complication post immunisation.
- reporting of adverse reactions
- standards and protocols

The nurse should have the ability to manage adverse reactions and anaphylaxis. Anticipation of this may require additional resources, skills, equipment and training. Anaphylaxis may necessitate the administration of emergency medications (e.g. adrenalin). S/he should be knowledgeable of treatment with these medications as indicated for the particular vaccine/medication. An organisational policy on immunisation vaccination is required to support best practice as per Immunisation Guidelines for Ireland (Royal College of Physicians of Ireland, 2002). Reporting of suspected adverse reactions is critical for safe medication management and patient care (page 31).

## **MEDICATION PROTOCOLS**

Medication protocols are written directions that allow for the supply and administration of a named medicinal product, by a nurse, in identified clinical situations (page 35) e.g. a group of patients in a defined situation meeting specific criteria and who may not be individually identified before presentation for treatment. An individually named prescription is not required for the supply and administration of medication when a medication protocol is in effect. The use of medication protocol should be reserved for situations offering an advantage for patient care and is consistent with appropriate professional relationships. Medication protocol must be developed based on evidence of best practice and supported locally by a multidisciplinary team e.g. doctors, nurses, pharmacists and health care managers. It should adhere to particular standards e.g.

- identify who is responsible and competent to implement the protocol
- specific exclusion and inclusion criteria is stated
- includes a review date for evaluation of the protocol

The nurse authorised to supply, is responsible for administration of medication and s/he cannot delegate the activity. The responsibility for developing and quality assuring medication protocols rests with the health service provider. It is important that local policies are devised to support the development and implementation of any medication protocols for patent care. A Medication Protocol Framework Template is given on page 37 of the document. It includes

- 1. Critical elements e.g. name of the organisation; date of effect and review date; names and signatures of author and reviewer; name and signature of employing authority authorising the protocol
- 2. Clinical criteria e.g. definition; evidence base; inclusion and exclusion criteria; actions to be taken; referral arrangements, documentation etc.
- 3. Name of medication e.g. legal classification, dosage etc; warnings, side effects etc; adverse reactions and procedures; reporting and documentation of adverse reactions; errors and near misses documentation; procedure for calculation of dose if required; storage and supply mechanism; resources and equipment; audit process etc.
- 4. Patient care information e.g. advice (including written) before and after administration; medication information including warnings and side effects; follow up action and referral arrangements (as specific as possible).
- 5. Staff authorised to use protocol e.g. name and signature of nurse(s) including professional qualification, experience etc; requirements for continuing training and education of staff.

# OCCUPATIONAL HEALTH NURSES ASSOCIATION OF IRELAND (OHNAI) SPRING CONFERENCE 2009

### SUMMARY OF FEEDBACK FROM EVALUATION FORMS

A total of 43 OHNAI delegates attended this year's Spring Conference in the Heritage Hotel, Portlaoise on 3rd April; this represents 30% of the OHNAI membership. Of those who attended, 88% (n=38) completed their evaluation forms and the following is a summary of the feedback received.

The majority of attendees (n=18) came from Dublin, 7 came from leinster (outside Dublin), 9 came from Munster and 4 from Connaught, there were no attendees from Ulster.

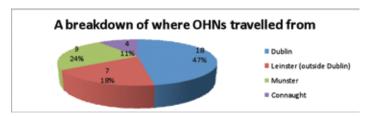


Figure 1

Of those who gave feedback 58% (n= 22) identified email shots as the main source of being advised of the conference, while 21% (n= 8) identified 'word of mouth' as the main source. Half of those who completed the evaluation forms (n= 19) identified a combination of 'the topics covered and keeping in touch' as the main reason for attending and an additional fifteen delegates (39%) identified 'keeping in touch' solely as their reason for attending the conference.

Overall the feedback in relation to the venue and facilities was positive with most attendees 74% (n=28) rating the venue as excellent, while 24% (n=9) rated it as very good. Many OHNs complimented the lunch, however one OHN suggested the lunch was too slow. Other comments noted

- Train times didn't tie in very well
- One comment suggested conference room too hot

Several suggestions for future conference venues all around the county were made. Figure 2 charts the distribution of venues suggested.

The general feedback in relation to the speakers,

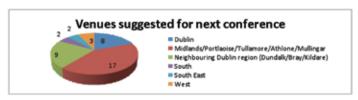


Figure 2

the relevance and interest in topics and the presentation style was very positive. The percentage of respondents who 'strongly agreed' that they found the topic interesting ranged from 61% (n=23) for Beverly Websters presentation to 74% (n=28) for Dr Jeff Connells presentation. In relation to those who 'strongly agreed' that they found the topic relevant, the percentage ranged from 55% (n=21) for the presentation by Raphael Kane to 71% (n=27) for Jeff Connells presentation. While the percentage of those who 'strongly agreed' that they liked the style of presentation ranged from 45% (n = 17) for Raphael Kanes presentation to 58% (n=22) for Dr Jack Lamberts presentation. The Tables below outline the overall range of feedback in relation to the speakers/ presentations.

In summary, the vast majority of comments in relation to each of the individual speakers were very positive; here is a brief outline of the comments made.

While many OHNs complimented Dr Jeff Connells presentation on being an excellent update, several comments stated that they found it difficult to hear him. Many OHNs stated that Beverly Websters presentation shared interesting information, however there were a few OHNs who suggested that there was too much information on individual slides. Many comments on Paula Lawlors presentation indicated great interest in her talk, some OHNs stated having an interest in doing a CBT course. However many suggested that the presentation was too long. There was alot of supportive feedback in relation to Raphael Kane's presentation on New Developments in Occupational Health Education, with many stating an interest in this programme. In relation to Dr Jack Lamberts presentation, several comments praised its educational content and informative update, however two OHNs noted that there was some over-

lap between this presentation and Dr Jeff Connells presentation.

Other comments on the day in general included that it was a very educational, informative day however two OHNs suggested less speakers, that there was too much information for one day. Other comments noted for future reference

- 1. Use of lapel microphones
- 2. Include speakers qualification on title slide of presentation
- 3.Bibliography to be provided on programme prior to conference
- 4. Keep presentations to time schedules
- 5. Allow more time for discussion
- 6. Retain reduced conference price
- 7. Offer course in CBT

# **DISCUSSION**

Following suggestions made at the AGM in December 08, the Spring Conference was held outside Dublin. Also, following suggestions made at the AGM, a 'weekend away' prize was offered to attendees of the conference.

In addition to this, the price of the conference was reduced, however attendance at the conference remained relatively low 30% (n=43). The majority of delegates 66% (n=25) attended from the Leinster area. The majority of suggestions for future venues include Dublin/neighbouring Dublin or Midland locations.

The conference content covered topics relevant to OHNs as indicated by feedback (see Figure 4) and topics suggested for future conferences included more of the same as evident in Figure 6. If any member has a particular preference for a speaker in these areas please contact a committee member. The OHNAI committee continue to be open to suggestions to help improve attendance. We will take on board constructive comments and suggestions made.

### **RECOMMENDATION:**

Increase attendance at conference.

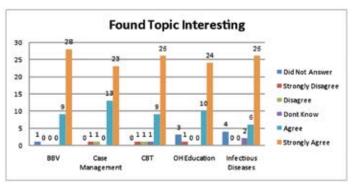


Figure 3

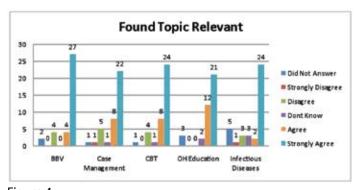


Figure 4

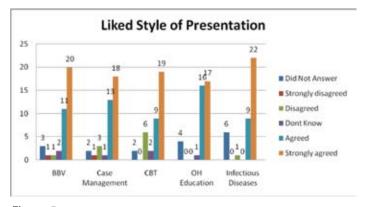


Figure 5

### A WIDE AND VARYING RANGE OF TOPICS WERE SUGGESTED FOR FUTURE CONFERENCES AS BROKEN DOWN BELOW.

OH ISSUES/EDUCATION	BBVs	LEGAL/BUSINESS	OTHER					
Health promotion Health surveillance Skin care Industrial hygiene Backcare C BT Case management Depression Post natal depression Alcohol & drug testing Conflict in the Workplace MSDs/RSI TB	Immunisations Occupational blood exposure Mgt of NSI Risk assessments • Hospital based • Pregnancy • Ergonomic Travel vaccines & malaria prophylaxis	Business communication skills Report writing Templates of OH policies Examples of OH reports Health screening protocol Audits IT systems Conforming to Law/confidentiality/data protection Evaluating your own work and making a case to your employer	GP v OHP opinion OHN power to certify fit An Bord taking over role NCNM Working with trade unions Effects of external national factors on OH The effects of the ageing workforce Lone OH v working within a multidisciplinary team					

Thank you to all who all who completed the evaluation forms.

# **Sinead Brady**

Secretary OHNAI

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# DOYLE MEALTH & SAFETY

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Doyle Health & Safety provides an integrated and comprehensive occupational health and safety service which is tailored to meet each client's needs and requirements thus ensuring quality of service provision.

# **OUR SERVICES INCLUDE:**

# **TRAINING:**

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- ★ Manual handling
- ★ Chemical awareness
- ★ Fire warden

# **ASSESSMENTS:**

- ★ VDU eye screening
- ★ VDU workstation assessments
- ★ Pregnancy assessments

# WORKPLACE HEALTH & WELL-BEING PROGRAMMES:

- ★ Health screening programmes
- ★ Smoking cessation programmes

# **HEALTH & SAFETY CONSULTANCY:**

- ★ Assessment of health & safety needs
- ★ Formulation and revision of safety statements
- ★ Development of health and safety policies/procedures

# **OCCUPATIONAL HEALTH (OH) MODEL:**

- ★ OH system setup & lead OH programmes on client sites
- ★ OH Nurse Advisor on site (including maternity & annual leave cover)
- ★ Health surveillance medicals
- ★ Case management and return to work programmes

Doyle Health & Safety provide excellent consultancy services, training courses and occupational health services to a large range of clients. We have accreditations such as Institution of Occupational Safety and Health (IOSH) and we are an affiliated training site for the Irish Heart Foundation.

For more information on the above services, please contact us on:

Tel.: 086 8012925 / 021 4374859

E-mail: coradoyle@dhas.ie

Web: www.doylehealthandsafety.ie Office: PO Box 23, Carrigaline, Cork

# THE ROLE OF CBT IN PREVENTING ABSENCE AND MANAGING RETURN TO WORK

CBT is a term used to describe a group of psychotherapies including Rational Emotive Behaviour Therapy, Cognitive Therapy, Dialectic Behaviour Therapy, Mindfulness and Cognitive Analytic Therapy among others.

All Cognitive Behaviour Therapies are based on the premise that it is not what happens to us in our lives that cause us to feel and behave in ways that are unhelpful to us, but that it is the way we think about these events that creates our emotional and behavioural reactions. In other words, we create our own distress about situations/life events largely by thinking about them in unhelpful and self-defeating ways.

There is significant evidence to support this premise. There is also growing evidence that Cognitive Behavioural interventions that help people to change how they think are extremely effective in helping them to overcome their emotional and behavioural problems. CBT is the only form of therapy specifically recommended for use in community based interventions in 'A Vision for Change' the Department of Health & Children's policy document on mental health, and in the NICE guidelines in the UK. CBT is not only effective but it also achieves results within a short time-frame which is important in today's managed care environment. CBT has proven to be useful in preventing absence from occurring in the first place and in ensuring the safe and timely return of absent workers.

The skills used by CBT therapists can be applied in the workplace both for the purposes of self-development and mental health promotion. This involves teaching people how to become more aware of their own emotions and the thoughts that generate them, showing them that while circumstances/ others can affect them, they create their own emotional responses by thinking in self defeating ways, and then teaching them more productive ways of thinking which results in improved coping skills and less stress.

Occupational Health Nurses can play a major role in the prevention of absence due to mental health

difficulties if they can spot them early and are proactive in making appropriate referrals. Early intervention is the key in terms of preventing absence. Training in applied CBT skills can enable OH Nurses to differentiate between everyday distress and deeper emotional difficulties that can impact on a person's functioning. This assists nurses to refer those in need of help at an early stage before their difficulties escalate to the point where they go absent. It can also enable Nurses to make appropriate helping interventions at an early stage themselves and this can provide very useful additional in house support to those that have been referred out for CBT so enabling a more speedy recovery for the individual concerned.

In terms of returning absent workers to the workplace it can be used to assist both those absent due to physical illness/ injury and those with mental health difficulties. It is our experience that intervention with CBT at an early stage in the rehabilitation of individuals who are absent from work due to physical illness/ injury is useful in assisting them to overcome any anxiety or depression they may feel about their illness/ injury and the circumstances they find themselves in.

It can be used with those absent due to mental health difficulties to overcome these difficulties (often, but not always, in conjunction with medical intervention).

It is also useful when a return to work plan is under discussion/ in place. CBT at this stage can be used to help the individual to overcome any anxiety they may have about their return and their potential to perform in the workplace and about how others may view them (particularly if they have acquired a disability or have been absent due to mental health difficulties).

At Webster Lawlor & Associates we provide rehabilitation and return to work services. While these services are holistic in nature and are specifically tailored to meet the needs of the individual concerned, we use Rational Emotive Behaviour Therapy (REBT – the first form of CBT originated) as the

cornerstone of our approach in working with people with mental health difficulties. In many cases we also use REBT as part of our vocational case management services for those absent due to physical illnesses/injuries.

We recommend this approach as it is effective, time limited, cost effective, and progress can be clearly tracked. We typically see a successful return or a clear and conscious decision not to return to work after between 6 and 8 sessions of CBT if the client has engaged with the therapy. CBT not only helps the client to overcome the emotional barriers to returning to work but learns how to deal with any emotional difficulties that may arise for them in the future.

We provide in-company positive mental health and psychological resilience programmes as a preventative measure, and we train other professionals in Applied CBT skills that they can use in their work to increase their own effectiveness and efficiency. We can design practical tools (e.g. questionnaires/checklists) that can be used by OH Nurses in the identification of emotional difficulties, for use in making appropriate onward referrals and for use in monitoring the progress of those externally referred.

# **Paula Lawlor & Beverly Webster**

Webster Lawlor & Associates can be contacted via their website www.websterlawlor.ie

# TRAINING IN APPLIED COGNITIVE BEHAVIOUR THERAPY

Webster Lawlor & Associates are delighted to announce that we are now providing training in Applied CBT specifically for OH Professionals.

### **CERTIFICATE IN APPLIED CBT FOR OH PROFESSIONALS**

A 5 day course run over a number of weeks that will provide participants with basic knowledge, skills and techniques to apply the skills and methods of CBT as a first line tool to help people who may be experiencing a range of emotional/mental health difficulties. On completion participants will receive a certificate of attendance from the Institute of Cognitive Behaviour Therapy. The cost per participant is €1,000. We can also offer this course to groups of between 6 and 16 people for the all inclusive cost of €6,000.

# IDENTIFYING EMOTIONS AND TARGETED QUESTIONING: A CBT APPROACH

A 1 day course that will help Occupational Health Professionals to identify the range of emotions that may interfere with a persons ability to function in the workplace and will increase their skill in using targeted questions to elicit information regarding emotional difficulties. On completion participants will be better equipped to intervene early and to make referrals appropriate to the needs of the individual concerned. The cost per participant is €200.

We can also offer this course to groups of between 6 and 16 people (1 full day or 2 half days) for the all inclusive cost of €1200

We also run a number of other courses that can be delivered on site or off site and in a range of flexible formats. These include:

- The CBT approach to Stress, Anxiety & Panic/Depression/ Anger (1 day each)
- CBT Based Workplace Mental Health Promotion (2 days)
- Mental Health Awareness (half day)
- Absence Management Audits (1 day)
- Developing Absence Management Systems in Companies (1 day)
- Vocational Case Management (Half day)
- Job Analysis and Transferable skills analysis
   (1 day)

Register your interest for any of these courses by emailing bev@websterlawlor.ie

# THE SEARCH IS ON TO FIND IRELAND'S "NURSE OF THE YEAR"

**NEW AWARD INTRODUCED TO THE PEOPLE OF THE YEAR AWARDS 2009** 

TV star Leigh Arnold has made a special appeal to members of the public to nominate their "Nurse of the Year". The star of RTÉ's The Clinic launched the special Award as part of the 2009 People of the Year Awards, which are organised by Rehab, sponsored by QUINN-healthcare, and which will be televised live on RTÉ One on Saturday 12th September.

Following in the footsteps of Florence Nightingale, who revolutionised the art and science of nursing, modern nurses all over the world have played a vital role in providing medical care and relieving the suffering of patients. However, more than that, they have also earned a unique position of loyalty and trust in people's minds. One outstanding nurse will receive this year's special "Nurse of the Year" Award at the People of the Year Awards ceremony in recognition of the work of this extraordinary profession.

Celebrating their 35th anniversary in 2009, the People of the Year Awards provide a unique opportunity for the Irish public to honour contributions made by individuals and organisations to life in Ireland. All registered nurses in full or part-time employment as nurses in Ireland are eligible for nomination. Nominations for the Awards, including "Nurse of the Year", can be submitted online at www.peopleoftheyear. com or by email at poy@quinn-healthcare.com. The closing date for entries is June 1, 2009.

The winners of the People of the Year Awards are chosen by members of the public through a nominations process and finalised by a panel of adjudicators comprising of leading members of the public service, community, business and media sectors. The Awards include the International Person of the Year and the Young Person of the Year (under 25 years of age). In addition, a number of People of the Year Awards will be presented for achievements in the areas of community service, arts and culture, sports and public sector achievement, among others.

Commenting at the launch, Mr Dónal Clancy, General Manager, QUINN-healthcare said:

"As a health insurance provider, we are keenly aware of the pivotal role that nurses play in providing for the treatment, care and recovery of ill and injured people. Not only do they provide outstanding medical expertise, but they also offer invaluable support and assistance to both patients and their families in times when people are often at their most vulnerable. We hope this Nurse of the Year Award, as part of the People of the Year Awards, will go a small way in rewarding these often unsung heroes of the Irish medical profession."

Past winners of the People of the Year Awards include Sir Bob Geldof, Padraig Harrington, Mary Robinson, Veronica Guerin, Mo Mowlam, Christy Moore, Darren Sutherland, Kenny Egan and Keith Duffy.

Nomination forms are also available directly from Rehab, Roslyn Park, Sandymount, Dublin 4, or by telephoning (01) 205 7200. All entries should include details of the nominee and the reasons why they should win an Award.

For additional information and interview requests with previous winners, Rehab or QUINN-healthcare, please contact:

**Colm Ó Riagáin or Jennifer Tighe** Slattery Communications
Tel: +353 1 661 4055 / +353 86 804 9383 (CO'R) / +353 87 122 3631 (JT)

**Don Delaney** Rehab

Tel.: +353 1 205 7311 / +353 86 835 8575

Joseph Hoban RTÉ Television

Tel.: +353 1 208 2399 / +353 86 812 8662

# **SOCIAL COLUMN**

Congratulations to **Marie Kinsella** and **Tina Lynskey** (VHI Corporate Solutions) on their Christmas engagements and **Eilish Friel** (Crumlin Hospital) on her recent engagement.

We also wish **Niamh Sourke** (former committee member) congratulations along with husband Brian on the December arrival of baby Niall.

Bon voyage to **Claire Hand** (Temple St.) who has immigrated to Australia for sunnier shores.

The committee along with all Ohnai members wishes Mary Maguire (Civil Service), Mairead Holland Flynn (AMNCH) and Justine McGrane (St Vincents Hospital) many thanks for invaluable contribution to Ohnai during their time on the committee.

Please send any worthy news to newsletter editor at following email address - edelx.fogarty@intel.com



Busy Occupational Health practice in Naas, Co. Kildare

- Health and Safety Consultancy
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- Health Surveillance

# **WANTED**

Locum for maternity leave (10 months) from 10 July 2009 to end of May 2010. Half weeks (2½ days per week and additional days if this suits).

## **DUAL ROLE**

Occupational Health Nurse / Occupational Health and Safety Consultant.

# **QUALIFICATIONS**

Occupational Health Nurse Qualification Health and Safety Training Qualification

## CONTACT

Email: danmaccarthy@medwise.ie

Phone: 045-854022 | Mobile: 087-7767543

Fax: 045-854218

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Committee photo – from left to right – Trudi Mc Hugh, Edel Fogarty (Newslettter Editor) sitting, Hilda Dowler (Treasurer), Ann O Reilly (Public Relations), Sinead Brady (Treasurer) and Sarah Creedon (president) – sitting.



Contact: Tony Curran
Mobile: 087 6816682
Tel/Fax: 061 323952
Email: info@tcsafety.ie
Web www.tcsafety.ie

TCS is dedicated to developing training courses that suit your requirements, are specific to your site and offer value for money.

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Self Contained Breathing Apparatus
Emergency Response Team Training