



Protection of Older Adults Policy

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1. INTRODUCTION

This policy outlines the role and responsibility Age Action staff and volunteers have in relation to older people at risk or experiencing elder abuse. Every staff member and volunteer has an obligation to familiarise themselves with the policy and adhere to the procedures outlined.

1.1 Staff/Volunteer Responsibility

Staff and volunteers have different levels of responsibility in relation to dealing with disclosures of elder abuse.

- Volunteer – pass relevant information to team leader or project manager; do not investigate the cause of the abuse or offer any other advice or information.
- Staff with a minimum common law duty of care – report case to team leader; offer the person disclosing the information contact details for Age Action’s information line and HSE elder abuse service; suggest to the person that if they give their contact details another Age Action staff member will be in contact with them.
- Staff with a higher level of common law duty of care – see procedures outlined in section 4.3.

1.2 Age Action’s Mission Statement

“To achieve fundamental change in the lives of all older people by empowering them to live full lives as actively engaged citizens and to secure their rights to comprehensive high quality services according to their changing needs”

1.3 Core Strategic Approach

Age Action is committed to effecting fundamental changes in Irish society whereby:

- Age discrimination is tackled and eliminated;
- Positive ageing becomes the norm for all people.

In contributing to these fundamental changes, our primary role is to

- Mobilise older people to take on the role of advocates, collectively and individually, for themselves and others;
- Advocate at national, regional, local and individual levels on behalf of older people;
- Gain support from the general public and from key interest groups;
- Secure the rights of older people to high quality services and initiate selected services that directly contribute to the achievement of the necessary fundamental changes or address needs not being adequately tackled.

1.4 Underlying Principles of this Policy

Following the core strategic approach outlined above the underlying principles of this policy are:

- Recognise the rights of individuals to lead independent lives based on self-determination;
- Empower older people to make decisions on their own behalf;
- Advocate for the injured person once consent has been given to do so;
- Acknowledge that a common law duty of care¹ exists between Age Action duty holder's and injured parties;
- Adhere to the procedures and best practice guidelines in this policy document which constitute an acceptable standard of care;
- Ensure that Age Action's policy and procedures are known and used appropriately by all staff (including voluntary staff members).

The core principle underpinning this policy is that Age Action's role in relation to elder abuse is **to empower older people** to seek interventions and assistance themselves. Where this is not possible, our role is **to advocate** on their behalf once consent to do so has been given (there are exceptions to this, see below section on especially vulnerable older adults).

2. Policy Statement

Age Action is committed to the prevention of Elder Abuse. This commitment is underpinned by the acknowledgement that staff need structured procedures and guidelines on appropriate responses to disclosures or suspicion of abuse. We are committed to the protection and promotion of the rights of older people and to their dignity, diversity and independence. It is the duty of all team leaders and senior managers to ensure that procedures and programmes that reflect the principles of this policy are followed within their teams.

2.1 Policy Context

In October 1999 the Minister of State at the Department of Health and Children with special responsibility for Older People, formed the Working Group on Elder Abuse following the publication of 'Abuse, Neglect and Mistreatment of Older People' (O'Loughlin and Duggan, 1998). The group published its report in 2002 entitled "Protecting our Future; the Working Group Report on Elder Abuse" (Department of Health and Children, 2002). This report made a number of recommendations on how Elder Abuse should be identified and managed by Health and Social Services. Since then funding has been provided to the HSE to implement recommendations contained in 'Protecting our Future' and its

¹ Age Action does not have a statutory duty of care to report allegations of elder abuse however we have a common law duty of care. This means a certain standard or care exists where there is a type of relationship between the duty holder and the injured party, often referred to as proximity. If the duty holder uses a skill in favour of the other person where they know they will rely on it, proximity exists. The standard of care may be different based on employment status of Age Action duty holders, e.g. it would be less for a volunteer than the standard required by a full-time member of staff.

implementation is being monitored by an Elder Abuse National Advisory Group. One of the key recommendations of the report is that “a clear policy on Elder Abuse is formulated and implemented at all levels of governance within the health, social and protection services in Ireland” (2002: 2-3). In 2008, Age Action made a commitment to address the serious issue of Elder Abuse, due to the unique contact we have with older people, for example there is a high number of self-referral calls to the information line from older people who are experiencing some form of elder abuse.

2.2 Prevalence of Elder Abuse

The reported incidence of elder abuse is increasing. In total, there were 1,840 referrals made to the HSE elder abuse service in 2008². This is an increase from 927 cases in 2007 (83% of these cases involved older people living on their own). There are no conclusive figures on the prevalence of elder abuse in Ireland, however based on international studies it can be estimated that there are between 14,000 and 24,000(3% - 5%) older people experiencing abuse in the Republic of Ireland. Most elder abuse is perpetrated by a family member in the person’s own home.

2.3 Legal Context

There is no mandatory obligation to report elder abuse; it is voluntary. The HSE has Senior Case Workers for elder abuse (32 post, 27 appointed) and four (three appointed) Elder Abuse Dedicated Officers. The Domestic Violence Act 1996 allows barring and safety orders to be made against spouses, cohabitees and adult children in cases of domestic violence, and the HSE may bring such actions on behalf of adults who are too frightened to act on their own behalf. Institutional abuse may represent a poor standard of care and as such the Health Information and Quality Authority (HIQA) has an obligation to investigate such situations.

Other legislation which can be applied to incidents of elder abuse include; Rights under the Constitution (Article 40); Rights under the European Convention on Human Rights Act 2003; Non-Fatal Offences against the Person Act 1997; Enduring Powers of Attorney are governed by the Powers of Attorney Act 1996; Wardship; Criminal Law and the Domestic Violence Act 1996³.

² Most referrals were women and the greatest prevalence was amongst those aged 80 years and over. Most referrals were due to psychological abuse (26%), followed by self-neglect (20%) and neglect (19%).

³ The Domestic Violence Act 1996 allows safety and protection orders to be made against spouses adult children and cohabitees but barring orders can only be made against spouses and cohabitees and parents who have a legal or beneficial interest in the house equal to or greater than the alleged abuser. Under s.6 of the act the HSE may seek orders on behalf of those too frightened to seek them.

3. PROTECTION OF OLDER ADULTS

3.1 Definition of Elder Abuse

An internationally accepted definition of elder abuse is used by the World Health Organisation (2002⁴) adapted from an Action on Elder Abuse (UK) definition (1995). It states that Elder Abuse is:

“A single or repeated act or lack of appropriate action, occurring in a relationship where there is an expectation of trust, and which causes harm or distress to an older person”.

3.2 Categories of Elder Abuse

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or ignorance.

Physical abuse: This may include hitting, slapping, pushing, kicking, spitting, misuse of medication, restraint or inappropriate sanctions. Signs of physical abuse include:

- Dismissive attitude about these injuries
- Refusal to have injuries treated
- Signs of being restrained
- Caregiver refusal to allow the older person to be seen alone.

Sexual abuse: This may include rape and sexual assault or sexual actions to which the older adult has not consented, or could not consent. Signs of sexual abuse include:

- Bruising
- Torn or bloody underwear
- Unexplained venereal disease or genital infection

Psychological abuse: This may include emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks. Signs of emotional abuse include:

- Threatening, belittling or controlling behaviour by the caregiver
- The older person displays behaviour such as rocking, sucking or mumbling
- Unreasonably fearful or suspicious
- Uncommunicative and unresponsive

⁴ World Health Organisation (2008) A Global Response to Elder Abuse and Neglect. Geneva: WHO.

Financial or Material abuse: This may include theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. Signs of financial abuse include:

- Significant withdrawal of monies from bank accounts
- Sudden change in financial situation
- Life circumstances which do not reflect size of estate
- Signature on checks does not match older person's signature
- Suspicious changes in wills, power of attorney, titles and policies

Neglect and act of omissions: Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication adequate nutrition and heating. Failing to provide appropriate equipment. Signs of neglect include:

- Unusual weight loss, malnutrition, dehydration
- Untreated physical problem such as bed sores
- Unsanitary and/or unsafe living conditions
- Unsuitable clothing in cold weather

Discriminatory abuse: To include racism, ageism, sexism, and other forms of harassment, slurs or similar treatment.

Institutional abuse: Abuse resulting from the implementation of a policy or systematic practice that impinges on the rights and dignity of one or more individuals within any institution where there is an expectation of trust between the client and those providing services on behalf of the institution (Age Concern New Zealand).

Some of the signs of elder abuse listed above can also be common symptoms of taking medication or physical and/or cognitive ill-health/disability. It is important however that a cause for these signs/symptoms is established and they should prompt a further investigation. **However, it is not the duty of Age Action staff members or volunteers to investigate the cause, it is important to follow the procedures listed below.**

3.3 Risk Factors

Research has found that a number of factors exist which can increase the chance that elder abuse will occur. These have been documented as factors relating to the older person and those that relate to caregivers (where a caregiver exists):

Factors relating to the older person:

- History of domestic violence in the home
- Decreased mobility and overall health
- If they have a dementia
- Social isolation
- If they have a history of being an abusive parent or spouse
- If they have a tendency towards verbal or physical aggression
- Interdependence exists between the person and their carer; where they depend on the other for care and the other person depends on them for financial and/or emotional support and/or for housing.

Factors relating to the Caregiver:

- Inability to cope with stress
- Caregiver burden
- Depression
- Lack of support from other potential caregivers
- Perception that taking care of the older person is without psychological reward
- Substance abuse
- History of domestic abuse

4. PROCEDURES

The following are the procedures which each staff member and volunteer must follow when an alleged incident of elder abuse is disclosed or witnessed or if they are concerned that an older person who they are in contact with in relation to their Age Action work is at risk or has experienced abuse.

4.1 All staff

Have a responsibility to make themselves aware of these procedures and to ensure that disclosures of Elder Abuse are promptly responded to. This may involve:

- Take an allegation or disclosure of abuse seriously;
- Assure confidentiality between the individual and the organisation, unless a situation arises where it is felt that this is no longer appropriate e.g. the person is at immediate risk of severe abuse or the person is deemed especially vulnerable. Confidentiality may be broken in these circumstances and automatic referral can be made to an outside agency e.g. HSE; Garda etc.

- Inform team leader and/or designated elder abuse⁵ staff member in accordance with this policy
- Seek/attend training on Elder Abuse

4.2 Reporting a concern

Staff and volunteers and have different responsibilities in relation to reporting a concern. See section 1.1. All reports of abuse should be taken seriously. Only staff with a common law duty of care are required to fill out the logging form (see Appendix A), otherwise details must be passed to team leaders. The storage of material relating to elder abuse disclosure is extremely important and this data should be protected at all times. There is a designated locked file in each Age Action Office.

4.3 Specific staff (with a greater common law duty of care)

In the case where first person abuse (when the older person themselves has contacted the organisation) is being disclosed staff who have a common law duty of care must:

- Record disclosures of abuse appropriately and thoroughly. A standard elder **abuse logging form** has been developed and should be filled out in full (see appendix A). In logging a case it is essential to be clear whether the older person is at immediate and serious risk of abuse and outline any actions taken.
- Build rapport and secure the person's trust
- Maintain contact over time (where possible)
- Offer advice and support to the person disclosing the abuse
- Provide the person with knowledge and information about available services and resources to them and encourage them to contact the HSE or other appropriate agencies
- Provide advocacy services where requested in relation to allegations of abuse
- Seek consent to refer the person to an outside body if it has been determined that the person cannot or does not want to do so themselves and wishes you to do so on their behalf

4.4 Person is in imminent danger of serious harm

Serious harm is an injury which creates a substantial risk of death or which causes serious disfigurement or substantial loss or impairment of the mobility of the body as a whole or the function of any particular bodily member or organ (Non Fatal Offences Against the Person Act 1997). 'Imminent' can mean within the next day, but may be a longer period depending on the context. If the person is in imminent danger of serious harm, and/or is a vulnerable adult, an urgent referral to an outside

⁵ Team leaders should be informed of all cases of elder abuse. However, only in cases where immediate danger or risk of abuse is assumed should team leaders take over responsibility for handling that case.

organisation/agency such as the HSE can be made without their consent. There is a presumption in favour of protecting life and avoiding serious harm.

4.5 Providing information

A list of contact and referral information accompanies this policy (see appendix B). Staff can relay this information to people at risk or disclosing abuse. The purpose of this is to provide persons with information to self-refer to other agencies/organisations.

4.6 Advocating on the person's behalf

When the person does not wish to make a self-referral, designated staff members (to be decided) can refer the person to outside organisations/agencies only when consent has been given from the 'client' to do so. In certain circumstances where it has been determined that the person is in immediate risk of danger or harm and in extreme cases it is best to refer the case to a HSE Senior Case Worker for Elder Abuse. Confidentiality is very important and it is the practice of Age Action to assure confidentiality between the person and the organisation (information may be passed to other staff members). However, the person's information will not be passed outside of the organisation without their consent unless the person is deemed in imminent danger or is an especially vulnerable adult (see below for the definition of an especially vulnerable adult).

4.7 Specific procedures for volunteers

Volunteers and certain other members of staff do not have the same level of responsibility as other staff members, therefore they do not handle elder abuse cases themselves. Volunteers have to make note of the case of elder abuse and refer the case to their team leader. Team leaders then make the decision to handle the case themselves or refer to another appropriate member of staff. Like all staff members, volunteers should not take it upon themselves to investigate allegations of elder abuse, but should report such allegations to their team leader. If they suspect elder abuse during the course of a home visit, for example, they should refer the matter to their team leader. They must share the information appropriately within Age Action, and should maintain confidentiality.

A leaflet or card should be developed displaying the number of Age Action's information line and the HSE Elder Abuse service so that members of the public who wish to report elder abuse can be directed to report appropriately.

4.8 Response for third party disclosures

There is a duty of care to the abused person, and third party disclosures who allege abuse of another person should be directed to the appropriate agency. The Age Action staff member should only make the referral themselves if the person clearly indicates they will not do so and there is a risk of imminent and serious harm, or a vulnerable adult is involved.

4.9 Response to ‘especially vulnerable older people’

We must presume that the person has capacity unless the contrary is shown. A person lacks capacity to make a decision if they are unable to understand the information relevant to the decision; retain that information; weigh that information as part of the decision making process and/or communicate their decision. A person is not to be regarded as unable to understand information if they are not given information in a way in which they can understand (Department of Justice, 2008⁶). In certain cases the person may be an especially vulnerable adult and entitled to special consideration and an allegation of elder abuse should trigger an immediate referral to an appropriate outside agency.

A vulnerable adult is:

1. A person in an institution
2. A person known to be a ward of court
3. A person whose Enduring Power of Attorney has been activated
4. A person known to have a form dementia.

4.10 Response to an anonymous disclosure

If the person will not identify themselves they should be provided with clear information about agencies such as HIQA, or the HSE elder abuse social worker who will be able to help.

4.11 Alleged abuse by an employee of Age Action

All Age Action staff and volunteers should be given a copy of this policy and should be familiar with Age Action’s procedures around elder abuse. If a staff member/volunteer receives an allegation of abuse by a staff member/volunteer or witnesses any type of abuse perpetrated by a staff member/volunteer they should document all details thoroughly, using the elder abuse logging form. These allegations should immediately be disclosed to a team leader. In cases where it is not deemed appropriate to inform a team leader, the Deputy CEO or CEO should be informed. The reporting staff member/volunteer should not question the person whom the allegation is made against.

⁶ Department of Justice. Equality and Law Reform (2008). Scheme of Mental Capacity Bill. Dublin: Stationary Office.

Team leaders are responsible for carrying out an investigation into cases where allegations of abuse are made against a staff member/volunteer. They should refer to Age Action's disciplinary policy. Procedures in these cases include: notifying the staff member whom the allegation is made against; advise that a preliminary investigation is going ahead into the allegation; the staff member/volunteer is given the right to have a union or legal representative present during any meetings with management on the allegation; the person who made the allegation of abuse is questioned, as is the person who has allegedly perpetrated the abuse; depending on the allegation implement a greater supervisory role with the staff member/volunteer or put staff member/volunteer off duty pending the results of the investigation.

4.12 Alleged abuse by staff in a day or residential care setting

People who are resident in a long-term care unit or residential setting are still part of the community and as such any alleged abuse should be reported to the local HSE elder abuse case worker. As residents are deemed especially vulnerable adults there should be an automatic referral to the HSE elder abuse service unless otherwise stated by the older person. This type of abuse may represent a poor standard of care, as such the Health Information and Quality Authority (HIQA) should also be informed.

4.13 Alleged abuse by staff in another organisation

Where alleged abuse is disclosed against another agency a written report of complaint should be sent to them and to the person who disclosed the abuse within 7 days. In cases where the organisation is funded externally, the funding body will also be sent the report. The organisation is given an amount of time (usually seven working days) to address the allegation. The Age Action staff member will follow this up via telephone communication. A decision, based on this response, will be made to refer the case to an outside body e.g. HSE, HIQA, Gardai etc.

4.14 Support for Staff

It is proposed that an external independent and neutral support service is offered to staff working with people who are experiencing elder abuse. This is common practice in the community sector. This practice offers the Age Action staff member the space to off-load stress and address the personal impact experiences of elder abuse has on them. It is suggested that a number of sessions are available to the staff member over a period of time, for example 8 sessions over 3 years. Staff are under no obligation to attend sessions and discussion with team leaders are required before attending. It is suggested that Age Action evaluate and review this practice after a period of time (this should be written into any funding proposals for elder abuse programmes/projects).

Note

This policy is an evolving piece of work and as such it should be noted that it will be amended at such time that it does not meet the needs and protect the interests of both older people and Age Action staff members

APPENDIX A: Logging Form



Section 1: Staff person dealing with allegation of elder abuse

Staff name: _____

(Please note that this is the name of staff person originally dealing with the allegation of elder abuse through phonecall or direct contact with the person)

Position within the organisation: _____

Age Action Ireland Office/Region: _____

Date of original referral: _____

Line Manager of Staff Person: _____

(Staff person should immediately inform their line manager and discuss actions to be taken)

Section 2: Details of Older Person

Name of Older Person: _____

Preferred name: _____

Date of Birth: _____

Address of Person: _____

Contact Numbers: Home Number: _____

Mobile Number: _____

Have you consent from the older person to refer the matter on to the local Senior Case Worker for Elder Abuse? _____

Have you referred this case to any other agency including General Practitioner, Public Health Nurse, Gardai etc? If so, please provide details below:

Section 4: Actions taken by Age Action Staff:

Which Senior Case Worker for Elder Abuse did you refer the matter to:
(Please provide all contact details for the specific Senior Case Worker):

Date referral was sent: _____

Did you receive confirmation from the Senior Case Worker for Elder Abuse:

Signed By: _____
Original Staff Person

Signed By: _____
Team Leader

Date: _____

Date: _____

APPENDIX B: Elder Abuse Contact Details

HSE Information Line

Call: 1850 24 1850

Email: info@hse.ie

Monday – Saturday 8am-8pm

Garda Siochana

Emergencies call 999 or 112 or contact a local Garda Station

Financial Regulator

Consumer Helpline LoCall: 1890 77 77 77

Email: consumerinfo@financialregulator.ie

Drop in information centre: 6-8 College Green, Dublin 2

(For free impartial information on personal finance)

Financial Service Ombudsman

LoCall: 1890 88 20 90

Email: enquiries@financialombudsman.ie

(Independently deals with consumer complaints with financial service providers)

Law Society of Ireland

01 672 4800

Email: general@lawsociety.ie

(For information on local solicitors)

The National Consumer Agency

LoCall: 1890 432 432

Website: www.consumerconnect.ie

(Provides free and independent information on consumer rights)

Senior Helpline

LoCall: 1850 440 444

10am – 4pm and 7pm – 10pm daily

Email: info@seniorhelpline.ie

Citizen's Information Centres

LoCall: 1890 777 121

Monday to Friday, 9am-9pm

Website: www.citizensinformation.ie

(Citizens Information provides comprehensive information on all aspects of Public Services and entitlements for citizens in Ireland)

Free Legal Aid Centres (FLAC)

Call: 1890 350 250

(Provides advice and referral to people who require guidance on legal matters)

Women's Aid

Call: 1800 341 900

(A voluntary organisation which provides support and information to women and their children who are being physically, emotionally and sexually abused in their own homes)

HSE General Managers and Elder Abuse Case Workers

Dublin North West Pauline Ducray 01 882 5036 Email: pauline.ducray@hse.ie	Cavan/Monaghan Manus Birt (social work department) 049 436 0463 Email: manus.birt@hse.ie
North Central Dublin Edel McAloon Tierney 01 704 4223 Email: edel.mcaloontierney@hse.ie	Louth Maire Brady 041 9832963 ext 2127 Email: maire.brady@hse.ie
North Dublin Marcella Kelly 01 816 0316 Email: marcella.kelly@hse.ie	Meath Bried Kelly 046 9280523 Email: bried.kelly@hse.ie
Dun Laoghaire Nora Cummins (General Manager) 01 2843597 Email: nora.cummins@hse.ie	Kildare/West Wicklow Mary O'Callaghan (Manager) 045 873243
Dublin South East Mary Kenny (General Manager) 01 2843597 Email: kenny.mary@hse.ie	Dublin South West Kristen Murphy 01 4154895 Email: kristen.murphy@hse.ie
Wicklow Grace Fraher (General Manager) 0404 60670 Email: grace.fraher@hse.ie	Dublin West Cherry Orchard Hospital 01 6206296 Email: frances.griffin@hse.ie
Laois/Offaly Maura Seabrooke 044 9353200 Email: maura.seabrooke@hse.ie	Donegal Kieran Doherty (General Manager) 074 9131391 Email: Kieran.doherty@hse.ie
Mayo Gina Dowd 094 9042011# Email: gina.dowd@hse.ie	Galway Susan Rodden 091 741757 Email: susanrodden@hse.ie
Sligo/Leitrim Carmel Taheny (General Manager) 071 9155175 Email: carmel.taheny@hse.ie	Roscommon Paul Finnegan 090 6637833 Email: Paul.Finnegan@hse.ie
Limerick Julie Linwood 061 475129 Email: juliek.linwood@hse.ie	Clare Donal Hurley 065 6863869 Email: donal.hurley@hse.ie
Cork/South Lee Bernadette Coleman 021 492 3855 Email: bernadette.coleman1@hse.ie	North Tipperary/East Limerick Alice varley (Gernal Manager) 021 4923855 Email: alice.varley@hse.ie
West Cork Cathy O'Regan	Cork/North Lee Pauline Glavin

028 40568 Email: cathy.oregan@hse.ie	021 4923461 Email: Pauline.glavin@hse.ie
Carlow/Kilkenny Declan Doyle 056 7722170 Email: declanp.doyle@hse.ie	North Cork Edward Myers 022 31831 Email: ted.myers@hse.ie
Waterford Jacinta Brennan 051 842984 Email: jacinta.brennan@hse.ie	South Tipperary Geraldine Sutton 052 77277 Email: Geraldine.sutton@hse.ie
Kerry Maureen Chalmers 066 7184563 Email: maureen.chalmers@hse.ie	Wexford Carsten Kohl 087 9855479 Email: carsten.kohl@hse.ie