



**IDI Committee Contact Details**

Web Address: <http://idi.wfss.com>

Chairperson: Joy Markey  
Quality, Risk & Clinical Care  
Directorate HSE  
Tel: 086-8718449

Vice-Chairperson: Tony McLoughlin  
Bon Secours Hospital  
Cork  
Tel: 021-4941976

Treasurer: Patricia Doheny  
CSSD  
St Luke's Hospital, Kilkenny  
Tel: 056-7785404

Secretary: Paschal Kent  
University Hospital  
Cork  
Tel: 021-4546400

Committee Members: Oonagh Ryan  
Veronica Maher  
Ann Marie Darcy (Industry)

**B|Braun / Aesculap**  
**Studyday 5<sup>th</sup> March 2011**  
**"Care & Maintenance  
of RIMD Workshop"**

**B|Braun / Aesculap**

**"Care & Maintenance  
of RIMD Workshop"**

Saturday 5th March 2011  
9.30am – 3.30pm  
Ashling Hotel, Parkgate Street, Dublin

**In Association with the  
Irish Decontamination Institute (IDI)**

**IDI Studyday**

**"Care & Maintenance  
of RIMD Workshop"**

Saturday 5th March 2011  
9:30am – 3:30pm

Ashling Hotel  
Parkgate Street  
Dublin



## IDI Studyday 5<sup>th</sup> March 2011

The **Irish Decontamination Institute (IDI)** have identified a need for further education in the area of care and maintenance of RIMD in the CDU setting. We are planning to host a day of lectures and 'hands-on' workshops on

Saturday 5<sup>th</sup> March 2011  
9:30am – 3:30pm

Ashling Hotel, Parkgate Street, Dublin

The Course will target Technicians and Operatives working in the CDU and will be delivered by Ursel Oelrich from the Aesculap Academy in Germany. Topics include:

- **Manufacture of RIMD**
- **Surface Changes**
- **Inspection/Function Testing**
- **Care & Maintenance**

N.B.: Strictly 35 Places allocated on 1<sup>st</sup> come basis

Closing Date for Registration  
(with €20 payment) is:

**Friday 25th February 2011**

**Lunch included**

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Completed application forms should be returned with payment (draft cheque payable to IDI) to:

Patricia Doheny  
CSSD, St Luke's Hospital, Kilkenny  
Tel: 056-7785404

## REGISTRATION FORM

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

IDI Member:  YES  NO

If YES:  NEW  PREVIOUS

If NEW please provide Email address:  
\_\_\_\_\_

I wish to register for the IDI Studyday 5<sup>th</sup> March 2011.

I enclose payment of € \_\_\_\_\_ to register for the day(s) I would like to attend the conference.

Signature: \_\_\_\_\_

Official Use only:

Full payment received: \_\_\_\_\_

Signed: \_\_\_\_\_