

IDI – Irish Decontamination Institute
Committee Contact Details

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

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



IDI Studyday 2011
Endoscopy
Decontamination
Workshop

"Endoscopy
Decontamination
Workshop"

Saturday 16th April 2011
9am - 4pm
Dublin Dental School & Hospital
Trinity College Dublin



IDI Studyday 2011

“Endoscopy Decontamination Workshop”



Irish Decontamination Institute

Saturday 16th April 2011
9am - 4pm
Dublin Dental School & Hospital
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IDI Studyday 2011

The **Irish Decontamination Institute (IDI)** have identified a need for inclusion of professional development of Endoscopy personnel in relation to decontamination practices and have agreed that we as a professional organisation need to focus on both Central Decontamination professional education and endoscopy professional education.

We are planning to host an Endoscopy Decontamination Studyday on

Saturday 16th April
9am – 4pm

Dublin Dental School & Hospital
Trinity College Dublin.

The Course will target the Endoscopy Decontamination personnel, the Central Decontamination personnel and Endoscopy nursing staff responsible for decontamination in the EDU. The topics are as follows:

- Water testing - including microbiological Testing
- Soil & cleaning efficacy testing
- AER process cycle
- Scope Tracking
- Drying/storage cabinet validation

Closing Date for registration
(with €50 payment) is:

Friday 8th April 2011

Lunch included

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

Educational & Practical sessions provided by:

- Water testing - including microbiological Testing - Whitewater
- Soil & cleaning efficacy including scope cleaning testing - Swords Medical
- AER process cycle - ASP
- Scope Tracking - ASP
- Drying/storage cabinet validation - ASP

REGISTRATION FORM

Name: _____

Organization: _____

Position: _____

Email address: _____

Mailing address: _____

Telephone Number: _____

IDI Member: YES ___ NO ___

I wish to register for the
IDI Studyday 16 April 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: _____