



**IRISH  
DECONTAMINATION  
INSTITUTE**

#### IDI Committee Contact Details

[www.wfhss.com](http://www.wfhss.com) and click on Ireland homepage.

Chairperson: Joy Markey  
National Decontamination Lead  
Quality, & Patient Safety  
Directorate HSE  
086 8718449

Vice-Chairperson: Tony McLoughlin  
Bon Secours Hospital  
Cork

Treasurer Patricia Doheny  
Ballyragget, Co. Kilkenny.  
087 1960252

Secretary : Paschal Kent  
University Hospital  
Cork

Committee members:: Veronica Maher  
Oonagh Ryan  
Ralph Cullinan  
Eoghan Casey

**Irish Decontamination  
Institute**

**“Care & Maintenance  
of RIMD”  
In conjunction with  
B.Braun**



**Irish Decontamination  
Institute  
Workshop  
“Care & Maintenance of  
RIMD”**



**IRISH  
DECONTAMINATION  
INSTITUTE**

**Saturday 31st Aug  
2013  
10am—3pm  
Bon Secours Hospital  
Renmore  
Galway**

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## ***JDJ workshop 31st Aug 2013***

I would like to take this opportunity on behalf of the Irish Decontamination Institute to invite you to attend a workshop on-

### **“Care & Maintenance of RIMD”**

If you require further information please contact

Geraldine Mc Nulty, Organiser

091 757711 Ext 790

Joy Markey IDI Chairperson

[joy.markey@hse.ie](mailto:joy.markey@hse.ie)

Patricia Doheny IDI Treasurer

[patricia.doheny.idi@gmail.com](mailto:patricia.doheny.idi@gmail.com)

Kind Regards

Joy Markey

Chairperson

Irish Decontamination Institute

details are available on the IDI homepage @[www.wfhss.com](http://www.wfhss.com)

Closing Date for registration (with full payment)

**Friday 26th July 2013**

Individual delegate registration cost:

IDI members—€10

IDI non members— €15

Lunch extra—approx €7

Please N.B IDI Membership is free to join in 2013—see [wfhss.com](http://wfhss.com) and click Ireland flag!

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

Patricia Doheny,

Ballyragget,

Co. Kilkenny

087 1960252

[patricia.doheny.idi@gmail.com](mailto:patricia.doheny.idi@gmail.com)

**Note; places limited and given on a first come basis**

## REGISTRATION FORM

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

Organisation: \_\_\_\_\_

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

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

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

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

IDI Member : YES NO

I wish to register for the IDI workshop 31st Aug 2013

I enclose payment of € \_\_\_\_\_

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

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

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

Date: \_\_\_\_\_