A day on the maternity ward

Family Friendly

Changes to the Fair Work Act 2009

Also in this issue:

Grade 4 Success Story

Snapshot: History of Nursing in Tasmania
**It’s now in your hands!**

**ANMF supported a campaign; Nurses and Midwives, You Couldn’t be in Better Hands.**

The future of Australia now lies in the hands of politicians or more importantly, you as voters who elect the politicians to govern our country. It is now in your hands to make an informed vote and the August ANJ summarised the political parties commitments to ANMF’s key issues in Health, Industrial Relations, Workforce, Aged Care, Mental Health, Climate Change and Social Determinants of Health. We will be voting for both the lower house, which forms Government and the Senate, the house of review.

ANMF (Tas Branch) continues to lobby the Federal Health Minister to ensure the Federal Tasmanian Health Assistance Package is allocated to meet both the immediate concerns but more importantly the longer term sustainable. A representative group of the ANMF Branch Councillors recently met with Andrew Wilkie MP to raise concerns and seek his support for additional graduate nurse positions and a fairer, more appropriately targeted allocation of funds.

Aged Care has had two recent positive outcomes and we congratulate OneCare ANF EBA Representatives for pursing a positive outcome for all nurses and care staff at the One Care facilities across the state which includes Presbyterian Care also had a win through an arbitrated decision from Fair Work Australia, which supported the ANF position that four hours overtime is paid as a minimum for a call back. (Please see page 9 for further details)

The Public Sector EBA negotiations are starting and we look forward to ensuring nurses and midwives are valued by their employer throughout this process, with a positive outcome to assist in recruitment and retention in order to reduce the heavy workloads being experienced throughout the public sector.

The four key pillars to the claim are:

- Building on the Career Structure
- Patient Care- Workloads and Safety at Work
- Improving Quality through Professional Development
- Wages and Conditions.

ANMF encourages your active involvement in the Public sector EBA campaign and will be providing weekly feedback through eNews and membership meetings. To download a copy of your 2013 EBA Claim please visit http://tiny.cc/j6aj1w

You will note the election notice for the Branch Secretary election is now posted. As I have informed Branch Council and ANF Organisers for pursing a positive outcome for all nurses and care staff at the One Care facilities across the state which includes

So it is all in your hands, voting for a Federal Government, being active in the public sector EBA campaign and ensuring that aged care members receive the additional wage increase through the Workforce Supplement- a busy time ahead!

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**Newly Elected Reps**

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<thead>
<tr>
<th>Pamela Bridge</th>
<th>Tania Wells</th>
<th>Karen Smythe</th>
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<tr>
<td>RN, RHH, Theatre</td>
<td>RN, Primary Health, Burnie CHC</td>
<td>EN, Bupa South Hobart</td>
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<th>Mathew Morrison</th>
<th>Mary-Ellen Alexander</th>
<th>Amy Wignall</th>
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<td>EN, OneCare, Umina Park</td>
<td>RN, RHH, APU</td>
<td>EN, Bupa South Hobart</td>
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**Cover Image:** Miss Chicken, Australian Hospital c. 1950
A Snapshot:

**HISTORY OF THE ANF**

**Australasian Trained Nurses’ Association (ATNA) Tasmanian Branch:**
The Australasian Trained Nurses’ Association was first established in Sydney in 1899 as a professional association. Branches were formed in other States: Tasmania joined in 1908 with a membership of about 50, which also included some doctors.

**Australian Nursing Federation (ANF)**
In 1924 the Australian Nursing Federation was formed as an unincorporated association comprising the ATNA, its State branches and the Royal Victorian Trained Nurses’ Association (RVTNA). This national nursing organisation of ATNA branches and ANF operated until the 1950s.

**Tasmanian Nurses Union (TNU)**
Operated as an independent nurses union between 1944 and 1952, when its responsibilities passed to the Australian United Nurses Association (AUNA). In 1947 the TNU voted to go out of existence to allow the Trained Nurses Guild (TNG) to take over industrial functions at a State level.

The Trained Nurses Guild was registered by a group of Victorian nurses under federal industrial legislation in 1922. In 1945 the TNG applied for a federal award and in 1949 changed its name to the Australian United Nurses Association to facilitate amalgamation with ANF to form a national nursing organisation. Amalgamation did not occur until 1970.

**Australian Nursing Federation, Employees Section**
Meetings between the ANF and the AUNA had been ongoing with no agreement to amalgamate into one body. In 1953 an application was made by the AUNA for a change of name to the Australian United Nurses Federation, Employees Section (ANFES). State branches were requested to set up “Employee Sections” and in Tasmania a sub committee was established to deal with State Awards with the sub committee effectively becoming ANFES.

The “Royal” prefix was granted to the ANF in 1955 (during a visit by Queen Victoria II) and became known as the Royal Australian Nursing Federation (RANF).

During a Federal Council meeting of RANF in Hobart in 1970 agreement was finally reached for the amalgamation of the RANF with ANFES to form one national nursing organisation known as the RANF. The amalgamated national organisation continued to carry out the functions of both bodies; industrial, professional and educational improvement and recognition for nurses.

At the meeting of RANF Federal Council in September 1987 there was agreement for the removal of “Royal” from its title and it became ANF.

Of all the organisations that have evolved into the ANF much has been achieved to acknowledge and legislate for improvements in nursing and our health system.
The Tasmanian state of Nursing Agencies

A rudimentary trawl through Google resulted in almost no information to tell me the how, when and why of the history of nursing agencies in Tasmania. At least not in their current form!

And certainly from my own perspective, nursing agency as a career option was unheard of during the 1970s and 1980s (is it that long ago??), when staffing appeared not to be an issue, and jobs were for the taking almost anywhere. I think I first encountered that strange beast, The Agency Nurse, whilst working in the private acute sector in the 90s. I remember her being treated with some suspicion at the time!

My own history with agency nursing began only six years ago, when I provided consultancy services to Nursecare Personnel – at the time a Launceston-based business. I was unaware at the time that this would lead to ownership of that business, and continuation within nursing agencies unto the present. I’ve subsequently developed quite an understanding of what I consider to be an often-underrated yet indispensable aspect of the nursing workforce in Tasmania.

So what is a nursing agency, and what do you do? – is a question that is amazingly still asked of me.

I suppose I explain it by referring to my own career. I like challenges and change - and my career has reflected this. I have worked in the public and private sectors and NGOs; in management, consultancy and community health. I can look back on my career and the common thread is the ability to communicate and promote the wellbeing of people - and if that isn’t an essential nursing skill then I’m not sure what is!

And so I well-understand that a certain number of nurses and care providers must be like me – to want, for various reasons, to utilise their skills and experience in opportunities other than the mainstream. And for that matter, as long as there have been entrepreneurial people willing to develop and manage opportunities for nurses there must have been nursing agencies!

Internationally, even in mainland Australia, agencies are a well-accepted aspect of the nursing workforce. And although they weren’t obvious in Tasmania, it was well-known even in the 70’s that a nursing qualification led to travel, led to time “doing agency”. From my own research, large interstate agencies have had a presence in Tasmania for a couple of decades. I believe smaller, locally-managed businesses have come and gone during that time. Some community-focused agencies continue however.

NurseLine commenced operations in Hobart in 1997, although as an extension of a Melbourne-based business. NurseLine grew to provide nurses and carers to hospitals, aged care facilities and community services across Tasmania and, in 2010, was purchased by Tasmania’s Searson Buck recruitment company. Nursecare Personnel began as a northern off-shoot of NurseLine in 2003 – things turned full-circle when Searson Buck bought Nursecare in 2012 and essentially amalgamated the two.

The point of difference – as promoted by ALL agencies – is that the individual nurse/carer is at the centre of his/her work choices. They are not, in the strictest sense of the term, employees – and are therefore able to avail themselves of the opportunities provided by the agency as they choose, and as suits their lifestyle. However, they are also provided with the full support of statutory insurances and professional opportunities.

My perspective is that as long as there are nurses who value change, and are committed to developing their professional experience, there will be a place for the agency nurse as an established and well-regarded member of the healthcare team in any facility or site. My role, as manager of agency services, is to pursue professionalism and quality for those who want to work a little differently.

Libby Todd RN BN
State Manager: NurseLine
School Nursing: end of an era in Tasmania?

History of school nursing

School nursing began in Europe at the end of the nineteenth century and was considered an important innovation in public health nursing, closely linked to the development of many public health measures in response to the enormous social reforms of the era and advances in medicine and science (Madsen 2008; Wright 2011). Health had begun to be regarded as a collective community responsibility with a growing interest in the prevention of illness and the social and environmental factors that impact on the health of populations (Madsen 2008).

Nursing was growing as a profession and in Britain, Florence Nightingale’s vision of professional nursing emphasised public health and health promotion, leading to her creation of a training course in 1890 for nurses as health visitors who provided families with information on hygiene, food and cleanliness (Wright 2011).

By the beginning of the First World War in 1914, school nursing, now providing inspections, nutrition, hygiene education and treatment, was well established in the metropolitan areas of the UK with district nurses and health visitors taking on the role in rural areas (Madsen 2008). Australia quickly followed the British with school nursing introduced in the early twentieth century as Australia also had concerns about the general health and fitness of army recruits for the Boer War (Madsen 2008, Oberklaid 1990) and over a third of volunteers for the First World War rejected on the basis of physical defects (Madsen 2008).

School nursing in Tasmania

Tasmania was the first Australian State to implement school nursing, creating the School Medical Service in 1907 under the auspices of Dr John Elkington (Alexander & Bardenhagen 2006, Roe 2012).

Health education and promotion role of the nurses

Initially the Tasmanian School Medical Service consisted of a small number of School Sisters assisting doctors with medical inspections (Department of Public Health 1939) however, other functions of the nurses quickly became apparent. While doctors visited intermittently, the nurses coordinated the school medical programme and built relationships with the school community and the families with which they worked. By 1943 follow-up by nurses was noted as the single most important factor in the successful treatment of children (Department of Public Health 1943). The 1956 annual report to government noted that;

More can be accomplished with five minutes discussion with a mother about diet, the importance of early bed-time, the care of the teeth, and a few other simple rules of health than by the distribution of pamphlets and all the apparatus of publicity (Department of Public Health 1956:20).

By the 1970s the primary role of the school service was regarded as the promotion of good health in children in order to maximise their educational experience (Director General of Health Services 1973). Social issues affecting children were again becoming prominent with an even greater need for home visiting and liaison with other services (Director General of Health Services 1972). A review in 1990 (Beveridge 1990) found that school health made a significant contribution to the well-being of children and recommended reduction of routine assessments and an expanded role of the school nurse both in the school and the wider community.

Inclusion into Child and Family Health Nursing

Initially the Tasmanian School Medical Service was limited to some districts and had a large and growing workload with 17,140 examinations conducted in 1939 (Department of Public Health 1939), 86,686 in 1956 (Department of Public Health 1956), 93,600 in 1971 (Director General of Health Services 1971) and by 1988, 117,193 contacts documented (Department of Health 1988). By 1954, 13 school nurses were employed assisted by bush nurses and also child welfare nurses particularly in rural areas (Department of Public Health 1954. By the 1980s school health and child health were considered ‘two halves’ of the one service (Department of Health Services Division of Public Health 1984:2) with combined information bulletins for staff, combined training sessions and a change in the curriculum of the Child Health Nursing course in Tasmania to include school nursing in order to provide continuity of care from birth to mid-teens and a recognition that the problems of adolescents needed more expert time and attention (Department of Health 1988). The two services formally combined in 1989 creating the dual role for school and child health nurses and no more specific school nurses were employed (Hurst 1994).

By 2010, Susan Fowler in Launceston was regarded as the last specific school nurse recognised by the Nursing Board of Tasmania (Pegg 2010).
On the Heartbeat for September:
What past union achievement do you see as being a significant force of change in the Nursing workforce?

“I think the EBA which included the NtpPD model really eased the load of nurses in Tasmania. In those days the shifts were hectic and labour intensive. Therefore, to adopt a tool which demonstrated how many nurses a ward needed in regards to numbers and acuity was a real watershed.”

Sam Waud, RN, LGH 5D

“The most significant gains were made in 2007 with our EBA. We had to fight.”

Kerry Edwards, RN, RHH 1B North

“Some of the most important achievements of the union movement over the past many years would have to be the 8 hour day and penalty rates. More recently the campaign to prevent the introduction of the Howard Government’s Work Choices which would have rolled back all those important achievements and had us slaving for peanuts.”

Mat Morrison, EN, Umina Park

“The union has been there for many years always trying to get the best wages and conditions for nursing staff.”

Camille Fox, RN, LGH

“The union has fought for leave entitlements and improved conditions.”

Emma Best, RN, LGH 5D

“The union has supported nurses to achieve increases in wages and improved leave conditions.”

Anna Duggan, RN, LGH 4N

“Great union achievements include NHpPD and this needs to be secured as part of the Nurses Award to ensure it will not be negotiated away in the future - and the successful negotiation for Nurse Educators to assist with the maintenance of standards, skill mix and safe patient care.”


“I feel like a part of the EA team, negotiating for successful outcomes at my workplace.”

Sharon Moss, RN
A Day in the Life of a Midwife

As a shift worker I think you are inclined to either love night shift or hate it. I must admit I am a hater.

To me night shift is quiet and boring and I am meant to be asleep! The only time night shift is good is when there is someone in the birthing suite. Night shift usually starts with a cup of tea and a chocolate to get me started whilst I listen to handover. After handover is finished we go round and introduce ourselves to the patients and gather the few charts there are to check them. Whilst sitting down checking the charts the phone rings. A silent fight between the midwives breaks out as to who is going to answer it – I win, hoping it’s a woman coming in to have her baby.

Fortunately, it’s the mother of a woman booked in here telling me that her daughter’s waters have broken and they are on the way in. On arrival I must admit I am quietly disheartened; the woman is contracting only mildly and seems to be enjoying labour too much. I go about my usual assessment, taking the woman’s observations as well as checking the baby’s heart rate – all of which are perfect. The more the assessment goes on, the more it becomes apparent that labour is progressing. As the girls at work have drummed into me over these few short years, you can never trust a labouring woman. At 2330 I decide it’s time to head to the birthing suite and maybe try a bath for some pain relief.

Luckily we headed to the birthing suite when we did. Upon entering the room the woman tells me that she thinks she needs to do a poo. This can be a sure sign labour is about to end and pushing is about to start. I’m not ready so I’m rushing around getting my things set up. I suggest that maybe we should move away from the toilet, after all the first thing the baby wants to see is not the inside of a toilet bowl. She wants the gas but there is no time to set it up, this baby wants to come now! After a short time of pushing, the baby’s head comes on view. With one final push, the little baby girl enters the world and takes her first breath. I lift the baby to her mother’s chest and the second midwife covers them in warm blankets while gently drying her. The woman has done beautifully and you can see the exchanges of love between her and her partner, they are so happy and proud of themselves for bringing this beautiful baby girl into the world – tears are flowing from everyone (me included).

All the easy work (well for me) is all over by 0020 and I leave the little family to enjoy their newest addition. Now for the hours of paperwork that follow, which will more than likely keep me busy until change of shift. In between filling out various bits of paperwork and checking mother and baby, we weigh the baby, each of us taking a guess on how much we think the baby weighs and give her her very first injection. The woman, who is totally exhausted showers, hops into her pyjamas and is finally in bed for some well-earned sleep at 0430. I continue to slowly go about my paperwork while having something to eat and watch as the hospital slowly lights up with the sun and the fresh faces of the morning staff appear ready to take over from me. Another day doing an awesome job!

RHH Midwifery Group Practice

The Midwifery Group Practice (MGP) at the Royal Hobart Hospital celebrated one year of operation on 5 July 2013 with a gathering of key stakeholders and Midwives.

Maternity Group Practices have been introduced throughout Australia out of a desire by the community and midwives for greater continuity of care for women and families in their pregnancy, birth and postnatal care.

ANMF member Ana Navidad was employed as a project manager to establish the MGP in March 2001. The project started on 7 July 2012. Ana was joined by 11 highly motivated midwives from the maternity Unit at the RHH.

The MGP client is allocated a primary and back up midwife. These two midwives provide all the antenatal care in the community, with a home visit at 36 weeks. The midwives are on call for the birth, and then provide home based postnatal care for two weeks.

If her midwives are not available for the birth, then another midwife from the group will cover, but 86% of women had either their primary or back up midwife attend their birth in the first 10 months of MGP. Each full time midwife carries a caseload of four (4) women due each month. In the first year there were 300 babies delivered by the MGP.

MGP clients were surveyed and the results of the survey were extremely encouraging: 95% of the women stated they would utilise the MGP again and 99% stated they would recommend the service to others.

The MGP has had a commitment from Management to expand the service in the future and will be employing more midwives facilitating an increase in the numbers of women able to access the service.
Why work in aged care?

Aged care offers nurses and carers a rich and challenging work environment. Nurses and carers are able to apply their knowledge and skills whilst also extending their professional development.

Not only do aged care nurses and carers provide direct care, but also provide family liaison, ensuring that the transition between Community Care and Residential Care is smooth. This is on top of the vital role of problem solving and being a holistic manager of care to ensure positive outcomes and quality care for the resident.

Aged care workers are involved on an emotional level as well as assessing physical and chronic conditions. This is in stark contrast to the acute sector where patients come and go quickly and your involvement as part of the Nursing Team is for a defined period of time. In Aged Care, relationships are developed with the resident and family, whilst always maintaining professional boundaries.

Assessments in Aged Care are comprehensive as the residents have a multitude of physical and social issues as the ageing process proceeds. The work may not always be as technical as Acute Care Nursing, but the ability to work as part of a multi-disciplinary team to develop the best treatment plan for your residents is rewarding. Having said that, there are more acute nursing processes appearing in Aged Care such as complex wound care, dialysis and nutritional feeding devices. However the ability to achieve small goals, the thank you from family and residents and the smile is sometimes the best reward of all.

Aged Care is about caring for elderly and vulnerable people, respecting their rights and dignity. You can empower and enable the resident to do the things they need and want to do. The Nursing Team in Aged Care undertake this role for much more than the financial reward, however increasing pay will become an incentive to work in this growing industry. Aged Care is one area that will keep on growing as Australia faces a larger ageing population over the next 20 to 30 years. Therefore Aged Care nurses and carers will always be in demand and have a fantastic enriching career option.

Decent wages and reasonable conditions across the sector are vital if we are to retain the Nursing Team members to this specialty area. ANMF’s role is to provide a high standard of leadership, professional representation and services to its members. A primary focus of the ANMF is support at meetings with employers, industrial rights and negotiation for wages and conditions. Uniting and empowering aged care workers Statewide allows the ANMF to maintain commitment to workplace conditions and increase wages to close the gap between acute and aged care nurses. Closing this gap will formally recognise the complex and specialised work the Nursing Team undertakes within the Aged Care sector.

To achieve this ANMF needs to unite nurses and carers into the Nursing Team to become more powerful. The ANMF is only as strong as its members so improving membership numbers of nurses and carers will put the aged care workers in a stronger position to secure higher pay and conditions through collective bargaining.

Proposed Transfer of James Scott Wing to Presbyterian Care Tasmania Incorporated

Change in our workplace can be difficult to accept. Often change without input, involvement or consultation leads to resentment, frustration, even anger.

ANMF has been consulting on behalf of members extensively with THO-N in consideration of a proposal by Presbyterian Care Tasmania Inc. to transfer ownership of the James Scott Wing situated within the North East Soldiers Memorial Hospital Scottsdale to Presbyterian Care Inc.

The Scottsdale community has seen significant economic downturn due to the loss of forestry and related employment. Many of the James Scott Wing employees are sole income providers supporting their families in uncertain times. Uncertainty in relation to their respective employment has caused members great concern and ANMF has actively ensured members receive accurate and reliable information related to the proposal.

ANMF has, as our main concern, always placed the interests of our members as paramount and ANMF has strived to ensure that no employee will be disadvantaged if the proposed transfer were to be undertaken. The proposed transfer comes under the jurisdiction of Fair Work Act, (Fed) Transmission of Business Act. Recent changes to the Transmission of Business Act have added a significant degree of complexity to negotiations around transfer of employment for James Scott Wing employees.

Consultation in relation to the proposal has been ongoing for 18 months and recent changes to the Transmission of Business Act have needed to be assessed and considered diligently by ANMF on behalf of our members.

In consultation with members ANMF has sought industrial advice from ANMF Federal Office as well as extensive direction through consultation with our members. Employees of James Scott Wing will have the opportunity to decide if they wish to transfer their respective employment based around any offer of employment from Presbyterian Care and lump sum payment from THO-N. ANMF has recently written to THO-N setting out the minimum conditions under which ANMF members would consider an offer to transfer.

ANMF has agreed that Fair Work Australia will be involved to oversee the transfer process. The oversight by FWA would occur when the terms of an Agreement were finalised and a Ballot of the majority of members accepts any proposed offer.

ANMF has been acutely aware of the sensitivity of this issue for members and sought to ensure their interests are promoted. Strong support from ANMF Representative Cassandra Sheehan has ensured accurate and reliable information has been provided to members. Members will continue to be informed immediately of any developments related to the proposed transfer.
ANMF is pleased to announce that OneCare has agreed to commit to the Aged Care Workforce Supplement. This means that OneCare’s employees will receive additional pay increases over and above agreed enterprise bargaining outcomes of 1% per annum for three years and 0.5% in the fourth year.

Neroli Ellis, Branch Secretary said that OneCare’s decision to forge ahead with its commitment ahead of all other providers is to be commended. OneCare’s decision truly recognises the value of its employees and the need for improved wages and conditions for workers who work in the Aged Care sector.

The availability of this funding from 1 July 2013 (for Residential Aged Care and Multi-Purpose Services providers under the Aged Care Act 1997) and 1 August 2013 (for Home Care, HACC and other nominated programs) had been subject to the passing of legislation through Federal Parliament and this has finally occurred. The Workforce Supplement is designed to build the capacity of aged care service providers through the development of its workforce through increased wages, better training and workforce practices and improved quality in the delivery of care.

An eligible service provider can apply for the Workforce Supplement but must meet certain criteria before approval will be granted.

These criteria apply for the four (4) year term of the Workforce Supplement as follows:

- The provider must provide annual wage increase of at least 2.75% per annum or the Fair Work Commission minimum annual wage increase, whichever is higher;
- Wages must exceed the relevant award rates for all staff by a nominated % margin for each financial year; and
- The provider must increase base wages by at least 1% per annum each financial year that the workforce supplement is payable from 2013-14 to 2015-16 and by at least 0.5% in 2016-17.

The provider must also make various commitments relating to, for example, training and education, representation leave, workload management, and workplace and health and safety.

A provider is not obligated to apply for the Workforce Supplement, however, the ANMF will be approaching all providers in August/September to encourage them to do so. For those providers that do commit to the supplement, variations to existing enterprise agreements will need to be made.

If a provider does not apply for the Workforce Supplement in 2013/2014 they can elect to do so in subsequent financial years, and they can opt out of the Workforce Supplement at any time.

In subsequent editions of Infusion the ANMF will publish details of those providers who have agreed to apply for the Workforce Supplement and those who have not.

MGP BLUES: (sung to a 12 bar blues tune)
Kelly did the research on MGP
With midwives out in the community
Becky moved mountains to get it conceived
Ana laboured 15 months, can you believe
It’s taken this long? And she’s paid her dues
Ana knows all about the MGP blues!

Change comes slowly in bureaucracy
But Ana has a talent for diplomacy
A smile, a push a shove to get the job done
Her networking style is second to none
From booking in to postnatal, midwives on call
David’s asking: “won’t they see a doctor at all?”

A caseload of women that we call our own
With phones and computers we’ll be cruising the town
Nelly and Anne think they’ll do it on foot
But some of us simply are not that fit
The roster’s a mosaic of X and C
How it will work is a mystery

Training days were awesome, at last we’re a team
Booking in appointments and PND
Baby checks and two weeks of postnatal care
Diverting our phones, a computer lab scare
Tension level’s rising, the computer stuff’s tough
Kimmy spat the dummy and some said “enought”

There was moaning and groaning in the labour ward
As the EBA got hijacked and the birth deferred
“Cross those legs” shouted Neroli
An eleventh hour rescue package it will be
Now we celebrate the parting of KYM and BC
With the birth of the Royal’s own MGP!

RHH Midwifery Group Practice
(continued)

letters and articles from members are also welcome. Contributors should note that their articles may be edited and will be published at the discretion of the ANMF.

Have your say in Infusion

If you have a suggestion for something you’d like to see included in Infusion, contact the ANMF marketing team by emailing marketing@anmftas.org.au or calling Matt on 6223 6777.

Letters and articles from members are also welcome. Contributors should note that their articles may be edited and will be published at the discretion of the ANMF.
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www.pulsenursing.com.au

Family Friendly Changes to the Fair Work Act 2009

The Federal Government has varied the Fair Work Act 2009 to incorporate a range of family friendly measures as follows:

Unpaid special maternity Leave
The Act has been varied to ensure that an employee’s entitlement to 12 months’ unpaid parental leave is not reduced by any period of unpaid special maternity leave taken by the employee.

Concurrent Leave taken by parents during the parental leave period
Parents can now apply to take eight weeks of concurrent parental leave which may be taken in separate periods or at any time during the first 12 months after the birth or placement of the child.

Right to Request Flexible Work Arrangements
An employee can request to work flexible working arrangements if the employee:
• is a parent or has responsibility for the care of a child
• is a carer
• has a disability
• is 55 years or older
• is experiencing violence from a member of the employee’s family; or
• is providing care or support to a member of the employee’s family or household who is experiencing violence from the member’s family.

Consultation Regarding Changes to Rosters or Working Hours
Modern Awards and Enterprise Agreements are to be varied to provide that an employer must genuinely consult with employees about changes to their roster or ordinary hours of work, particularly in relation to the employee’s family and caring arrangements.

Transfer to a Safe Job
During pregnancy any employee can request to be transferred to an appropriate safe job whether they have an entitlement to unpaid parental leave or not.

Do you have an ideal work/life balance?

Are you looking for nursing work on a casual basis, for extra shifts and income, or simply seeking a more flexible lifestyle?
NURSELine is committed to finding you the perfect nursing balance. Join the preferred supplier of nurses and find out about great pay rates. For more information call 1800 688 180 or visit www.nurseline.com.au

YOUR LIFE. YOUR CAREER.
ANMF
Professional Development
for nurses, midwives and care workers

September 2013

Advanced Emergency Management-Adult Patients

This training seminar is aimed at providing up to date knowledge and skills related to the nursing response to the deteriorating adult patient. The day will be delivered by both face to face education and supported by simulation experience.
- Understanding 12 lead ECG
- Physiology of cardiac arrest
- LMA Air way management
- Using ALS Algorithms
- Drug indications in cardiac arrest
- Defibrillation (effect, purpose and importance)

Date: 4th September 2013
Where: ANMF HERC 182 Macquarie St, Hobart
Time: 9 - 3.30
Cost: ANMF Members: $130
Non ANMF Members: $180
Students: $30

October 2013

Cannulation Refresher

This workshop will provide an opportunity to maintain skills and knowledge related to venepuncture and cannulation. This is an intensive lab Simulation workshop for those with experience or requiring maintenance of skills and knowledge.

Date: 7th October
Where: ANMF HERC 182 Macquarie St, Hobart
Time: 9-1
Cost: $80

Law and the Nurse- Courts, Coroners & Evidence

This education session will provide you with the information you need to understand:
- Reportable death
- Role and scope of the Coroner
- Making statements
- Giving evidence

Date: 9th October 2013
Where: ANMF HERC 182 Macquarie St, Hobart
Time: 4-6pm
Cost: ANMF Members: $50.00
Non-ANMF Members: $80.00
Students: $10.00

Personal Resilience in the Workplace - Balance and Wellness for Nurses

The emphasis of this seminar and workshop will be to provide knowledge and skills to develop and strengthen ways to face challenges in increasingly complex, fast paced and stressful care settings.
Topics include:
- An introduction to “mindfulness”
- Humour for workplace stress
- Identify and manage thinking errors that may lead to burn-out
- Using the body to influence the mind

Date: 14th October 2013
Where: ANMF HERC 182 Macquarie St, Hobart
Time: 9-4
Cost: ANMF Members: $130.00
Non-ANMF Members: $180.00

November 2013

Clinical Assessment of the Older Person- Part 2

This study day will begin a 2 part training program on assessing the older person. The ageing process, theories of aging and changes in physiology will be explored. The theoretical component of the course will be supported by simulation to expand participant’s ability to integrate and interpret assessment findings. Clinical reasoning will underpin the assessment process and participants will reflect on their current knowledge.

Date: 4th November 2013
Where: ANMF HERC 182 Macquarie St, Hobart
Time: 9-4
Cost: ANMF Member: $130.00
Non-ANMF Member: $185.00

Medication Administration Principles and Practice Revisited

This workshop is designed to update registered and enrolled nurses on their knowledge and skills in medication administration. Administration by all 5 routes including drug calculations s and managing IV pumps is included.

Date: 6th November 2013 – NW
Location: Rural Clinical School, Mersey Community Hospital, Latrobe, Level 2 Corridor 2C
7th November 2013 – North
Location: Tramsheds, 4 Invermay Rd Launceston
Time: 9-4
Cost: ANMF Members: $130.00
Non-ANMF Members: $185.00
Students: $40.00

Refugee Health

This education seminar will focus on the health and wellness of the growing refugee population in Tasmania. The experienced presenters have significant and diverse experience working in this area. Topics will include cultural competence, health screening, using interpreters, the particular needs of pregnant women and the potential effects of torture and trauma.

Date: 16th November 2013
Where: ANMF HERC 182 Macquarie St, Hobart
Time: 9.30-3.30
Cost: ANMF Members: $130.00
Non-ANMF Members: $185.00

Law and the Nurse: Mandatory Reporting

- AHPRA
- Children, Young Persons and Their Families Act 1997
- Aged Care

Date: 27th November 2013
Where: ANMF HERC 182 Macquarie St, Hobart
Time: 4-6pm
Cost: ANMF Members: $50
Non-ANMF Members: $65
Our 31st Conference offers a participative program designed for health care professionals to explore the challenges faced in delivering safe, quality health care programs to remote Australians and to stimulate discussion and ideas for solutions that are accessible and appropriate.

“From the cradle to the grave”, the title of this year’s conference, is a good reminder to all of us of our responsibilities to provide the best care possible to our patients – from the moment of birth to the final breath.

The first full day of the conference kicks into life with three fantastic keynote speakers who hardly need introduction: Dr Phillip Nitschke (top), Director of EXIT International; Dr Yvonne Luxford (centre), CEO of Palliative Care Australia; and Dr Peter Saul (bottom), former Head of Discipline for Medical Ethics at Newcastle University. This stimulating start will set us up for the rest of the conference, with papers on topics ranging from music participation and mental health to the role of the media in the portrayal of domestic and family violence in the Northern Territory.

You have the chance to network at the tradeshow, catch up with remote health colleagues working throughout Australia, and recognise excellence at the awards presentations during the opening ceremony and the closing dinner.

early bird registrations close 12 august 2013

for more details visit: www.crana.org.au