

JULY-SEPT 2019

# INFUSION

THE OFFICIAL VOICE OF THE AUSTRALIAN NURSING  
& MIDWIFERY FEDERATION TASMANIAN BRANCH

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## ADVICE

Help, my employment has been terminated what are my options moving forward? ►

## CASE STUDY

Asbestos scare at Launceston Reception Prison. What to do if you suspect asbestos? ►

## PATIENT FLOW

Is a new focus on patient flow the way to improve conditions in our public hospitals to better service health workers and Tasmanian patients? ►

**COVER:** Patient flow: bed-block, ramping, exhaustion, bed shortages, escalation levels, staff shortages – these are words that are becoming all too familiar in Tasmania. Read more about it on page 7 ►

**ANMF**  
Tasmanian Branch



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super fund  
that puts more  
money in my  
pocket.”

Angie Monk,  
Midwife

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**ANMF**  
Tasmanian Branch

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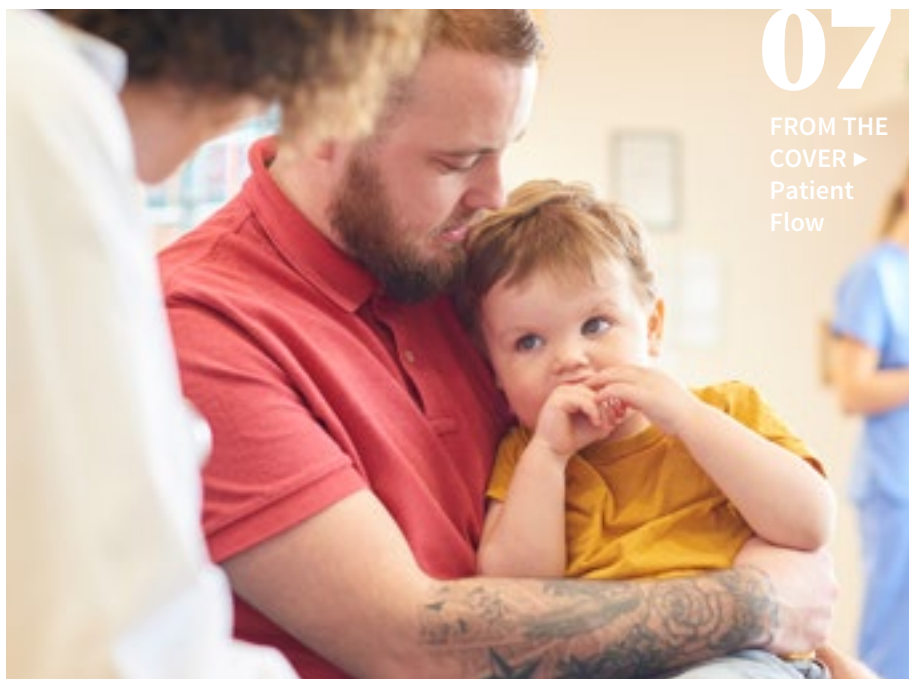
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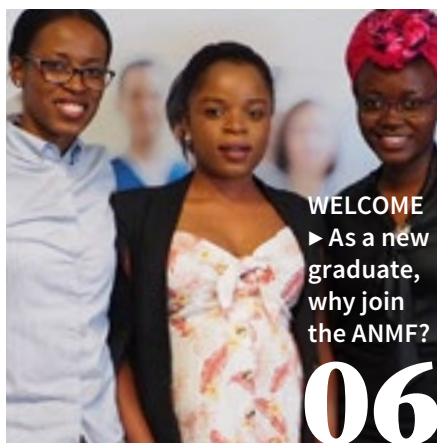
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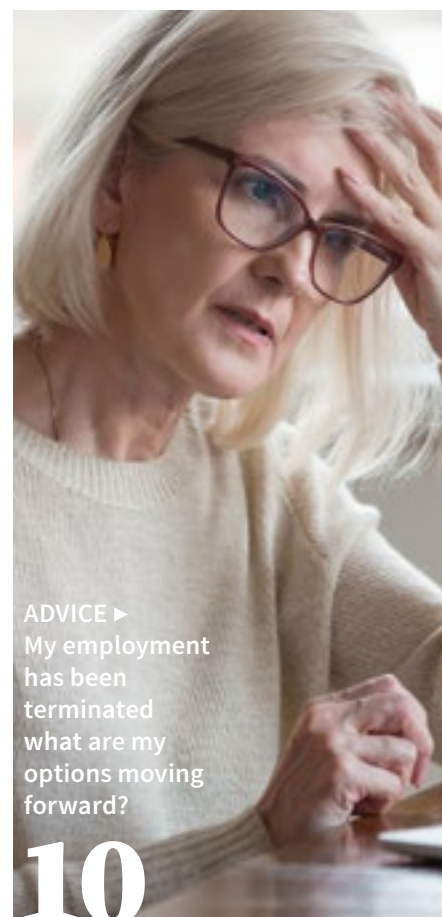
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Correct as of 6 JULY 2019.

# ANMF activities



Public sector workers meet in Hobart to fight for fair pay and working conditions



Members rally in Hobart as part of the ANMF's public sector campaign



North West Members stand-up for improvements to the health sector



Aged Care Workplace Representatives meeting in the lead-up to the Federal election in May 2019

# hello!

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*from Executive Director*  
**Andrew Brakey**

The state of the health system in Tasmania continues to be an area of major focus for the Australian Nursing and Midwifery Federation Tasmanian Branch (ANMF). Moving into winter there is a heavy focus on access to hospital beds in our public hospitals across the state. This month's *Infusion* deals with the subject of patient flow. We look at the National Emergency Access Target and measure up how Tasmania is currently placed in relation to these agreed national benchmarks. We also look to other states and territories for examples while exploring how alternative models of patient flow by nursing staff in hospitals can lead to better health outcomes for the community.

In the industrial space, our team has put together advice on what you as an ANMF member should do if you find your employment unexpectedly terminated. We look at both the private and public sectors and what avenues you can peruse should you find yourself in this stressful situation. We all like to believe that this is not going to happen to us, but it is important that you are informed of your rights.

In the area of education, we look to the ANMF's Health Education and Research Center (HERC) to welcome two new Educators - Rebecca Ilie and Tamara Gee. Both bring a wealth of knowledge to the organisation and will excel at training future Tasmanian nurses. Both Rebecca and Tamara will be teaching our Diploma of Nursing course taking on cohorts throughout 2019 as we increase our number of courses available to the public.

Finally, we take some time to look at a case study from the Launceston Reception Prison. These members, like many of us, are experiencing working in ageing infrastructure. As this infrastructure is replaced and/or renovated the chance that asbestos will be revealed and exposed is not uncommon. We help members understand the responsibilities employers have in cases of potential and actual asbestos exposure. If you suspect exposure at your workplace, this article will help you understand what steps to take moving forward.

We hope that you enjoy reading the July-September edition of *Infusion* and that it answers questions or concerns you may have. We would also like to remind members that they are never alone in their professional journey. The ANMF are just a phone call or email away should you need support or advice.



Andrew Brakey,  
ANMF Tasmanian Branch Executive Director



## *A big ANMF thank you!*

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**I would like to take this opportunity to thank all nurses, midwives and care workers from all sectors across the state.**

**The ANMF thank you for your ongoing commitment to your patients and clients and understand that all sectors have different challenges facing them now. The ANMF will continue to support you through various campaigns and workplace needs.**

**If you have a story you would like to share with the ANMF and our members in *Infusion*, please send an email to [marketing@anmftas.org.au](mailto:marketing@anmftas.org.au)**

# As a new graduate WHY JOIN THE ANMF?

*Each year ANMF Organisers and officials attend induction events for new graduates entering the nursing workforce. It's a great opportunity to meet the next generation of health workers and see the faces of those keen to commence what we hope is a long and enjoyable nursing career. Congratulations to all the graduates starting in their new workplaces – wherever they may be.*

It is common for graduates to ask *why* they should become an ANMF member, especially because they have heard the hospital provides their necessary professional indemnity insurance cover, however, there are many other factors to consider too.

### **Professional Indemnity Insurance**

While it is true hospitals provide assistance to their staff for workplace legal matters, there are times when you might need your own independent cover. For example, what would the hospital lawyers do if you were at fault or if your evidence of events conflicted with another staff member?

If you are working in the public sector, there is a larger worry in that allocation of funds for legal indemnification can take several months. Several months of wondering if you are going to have to pay for legal advice and whether you are going to get reimbursed if you have incurred costs.

ANMF professional indemnity insurance will provide you with cover where the hospital lawyers might not. But let's not forget that being an ANMF member is not only about access to professional indemnity insurance.

### **Industry advice and support**

The ANMF offer individual advice and support on a range of employment issues. Including answering any questions about AHPRA and your employment conditions. We can tell you what entitlements you should be receiving and help you to respond to complaints from patients, family and employers.

We support our members at meetings with management ensuring members rights are protected. We intervene in workplace disputes and try to improve conditions, providing support to your workplace through our organising teams.



**JOIN NOW!**

*If you're a new graduate kicking-off this year, ANMF wish you all the best! We encourage you to find out more about the ANMF by visiting [anmftas.org.au/members](http://anmftas.org.au/members)*

We are pivotal in participating in enterprise agreement negotiations where we represent our members concerns on wages and conditions. We are also committed to ensuring the future of health in the state by seeking accountability and standing tall as an industry leader.

So, if you are a new graduate kicking-off, you know a new graduate entering the workforce, or you have a new graduate starting on your ward or unit, the ANMF wish them all the best and we encourage them to find out more about the ANMF by visiting [anmftas.org.au/members](http://anmftas.org.au/members)



By ANMF Member  
Support Team Leader,  
Amy Boon

# PATIENT FLOW

## *new focus the way to go?*

***Bed-block, ramping, exhaustion, bed shortages, escalation levels, staff shortages – these are words that are becoming all too familiar in Tasmania. It seems there are daily media stories about these issues, and for our members, these issues are becoming a normal part of their working lives. An article in the Mercury newspaper on April 20 2019 hinted at exploring a different perspective for a solution.***

The Australasian College for Emergency Medicine and the Australian Medical Association highlighted the plight of patients waiting in the emergency department (ED) for days, not hours, whilst acknowledging “Good people are being stretched to their limits and beyond,” and there is a desperate need to address access block.

In 2011, the National Emergency Access Target (NEAT) was agreed by the Council of Australian Governments (COAG). From 2012, states and territories agreed to annual targets for the percentage of patients who, after attending an ED, were admitted to hospital, referred to another hospital, or discharged within a four hour timeframe. The national agreed target was 90% of patients. The Tasmanian target in 2012 was 72%. The results in 2012 were varied: North West Regional Hospital (NWRH) 81%, the Mersey Community Hospital (MCH) 79%, the Launceston General Hospital (LGH) 62%, and the Royal Hobart Hospital (RHH) 56%. Such a low achievement at the RHH has a massive effect on Tasmanians as the RHH is the tertiary referral centre for the state, with a population of 500,000 and provides a local hospital service for a catchment of 249,000 in southern Tasmania.

Has anything improved in the last seven years? In short, no. The December 2018 statistics from the Tasmanian Health Service (THS) dashboard show overall the state achieved a low 63% (a figure it has hovered around for the last few years).

***The NWRH achieved 71%, MCH 80%, LGH 60%, and the RHH a horrifying 54%. For nearly half the patients who presented to the RHH ED to not be seen within nationally agreed targets is not good enough.***

Why? The NEAT four hour was not just an arbitrary figure or simply linked to funding (it most certainly was a feature of funding) – as COAG agreed when it was decided upon, the goal of NEAT was to “improve patient safety and quality of care by removing obstacles to patient flow that contribute to emergency department overcrowding.” This is why the four hour timeframe remains an important performance indicator.

Any ED functions as something of a funnel. The RHH has a catchment of 249,000 people and also provides tertiary services to the whole state. In December 2018, 5,513 people presented to the ED. Whilst this only represents 2.3% of the catchment, this is still an incredible amount of people when you consider the RHH ED only has 23 beds. When the RHH ward beds are consistently full, those 23 beds are full and the waiting room quickly fills as members do their best to care for patients under the pressure of a non-clinical environment – but when the outlet of the funnel is blocked, it is not long before everything spills over the top.

Nationally, there were 2.6 public hospital beds for every 1,000 people in 2016–17 across 695 hospitals. The RHH has 470 beds for 249,000 people, this equated to 1.89 public hospital beds for every 1,000 people. So, we start behind the eight ball so to speak. The average length of stay across Australia is 3.2 days. Statistics are difficult to find for Tasmania, however in 2010–2011 it was 3.4 days – and that was before we started seeing patients waiting in ED for several days.

Then there is the issue of access to primary care. Nationally, 25% of people accessing a General Practitioner (GP) are waiting longer than 24 hours from contact to appointment. Within the experience of many Tasmanians, waiting only 24 hours would be a blessing, where there is often a passing humour that you need to know you are sick in advance. This is of course not the fault of any individual, but does nothing to alleviate ED pressures, and causes even more people to overflow out of the blocked funnel.

So, we have insufficient bed numbers, people are unable to seek GP treatment in a timely fashion, an elevated length of stay, and an ED that is too small. Little wonder that Tasmania cannot meet the admission targets. Yes, we need to broadly campaign and lobby for increases to bed numbers and for access to GP’s to be easier. However, what can we, as nurses, do now to help unplug the funnel?

***Continued over page >>***

## DYING TO WAIT

*Nearly half the patients who present to the RHH ED are not seen within nationally agreed targets and it is just not good enough*

## PATIENT FLOW

Patient flow is not simply the computer database, the knowing who is going where, or a once a shift check-in. It is the constant monitoring of movement of patients through a facility, encompassing the full multi-disciplinary team, physical resources and internal systems, to ensure people move as swiftly and safely through the system as possible.

Prematurely discharging patients, without proper patient flow considerations, simply to free up beds, leads to adverse health outcomes and readmission. Patients staying beyond what is necessary can be a sign of poor discharge planning, inefficient scheduling, and poor orchestration through the system.

Patient flow is certainly not a new concept; however it may be an area that needs re-visiting. The hospital workforce has been working under extreme pressures for so long that bed-block appears as normal as breathing.

A renewed focus, and calling for the resources to drive it, may assist. Within interstate models, seven core elements exist:



### SEVEN CORE ELEMENTS OF PATIENT FLOW

- 1 **Care Coordination:** Navigating patients through the health system to prevent delays
- 2 **Standardised Practice:** Promote best practice to lock in expected outcomes
- 3 **Variation Management:** Smoothing the peaks and troughs to distribute the load
- 4 **Demand Escalation:** Act early to preserve capacity
- 5 **Demand and Capacity Planning:** Organising your service to build capacity
- 6 **Quality:** Structuring systems around an expected outcome
- 7 **Governance:** Transparent accountable leadership



In order to facilitate these seven core elements, dedicated patient flow teams exist of a Physician, a Nurse Practitioner, and a Director of Nursing, in addition to other members as necessary. Rather than particular shifts attempting to clear space, these teams are designed to coordinate the approach before access block issues occur.

The aim is to ensure the ED is preserved for emergencies, performance targets are met (ensuring funding is allocated so the service can properly function), the right treatment is provided in a timely manner and in the right place, maximising operating theatre capacity, overall reducing adverse events.

Patient flow under the current climate can sometimes sit badly on our already burdened shoulders. Each of us are doing the best we can with what we have, but it can feel as if there is a missing cog in the resourcing wheel. We cannot know what the rest of the hospital is doing whilst we are focused on delivering care to our patients. We do need this missing cog to be properly resourced.





*If you would like to contribute your ideas to the ANMF, please contact us at [membersupport@anmf.org.au](mailto:membersupport@anmf.org.au)*

A change in patient flow requires a shift of mindset. We are well honed at advocating for the patient in the bed in front of us, and it can sometimes feel like we are being asked to discharge that person too quickly, to forget their needs for a moment because someone else is coming. Proper patient flow should take away that feeling of dread, because we should feel confident in the governance and care coordination.

*...when we work together, we can facilitate change. Nurses, midwives and care workers are a formidable group.*

The care coordination needs to extend to improving cohesion with external providers so that we know we are providing safe care. But making change to patient flow will still need us to change how we approach advocacy. We need to broaden our view so that we advocate for the patient on their way to hospital, the patient who has been in the waiting room for four days, in addition to ensuring the patient in front of us is safely discharged with their needs met.

It is difficult to change the structure we work within. It is near impossible to do when acting alone. However, when we work together, we can facilitate change. Nurses, midwives and care workers are a formidable group. We are used to going above and beyond for a total stranger every single shift. With that care and drive harnessed, we can demand institutional changes such as enhancing patient flow practices because these sorts of changes do not require any government of the day to build a hospital – they require heart, focus and collective empowerment.

This is one suggested area to investigate, and we would love to hear from you – those on the ground – as to what innovative ideas you can come up with. As a workforce, nursing within this state cannot keep going like this. In the ANMF Member Support Team we hear more and more how desperate members are, how much their emotional health is suffering, and the need for help to go about providing basic care.

If you are currently feeling stressed, or worried about your well-being, please consider accessing the Nurse and Midwife Support Service [www.nmsupport.org.au](http://www.nmsupport.org.au) or 1800 667 877 for free, confidential and 24/7 support. ●

**References:**

ABS 4839.0 - *Patient Experiences in Australia: Summary of Findings, 2016-17*  
 Australian Institute of Health and Welfare 2018. *Hospital resources 2016-17: Australian hospital statistics. Health services series no. 86. Cat. no. HSE 205. Canberra: AIHW*  
 Expert Panel Review of Elective Surgery and Emergency Access Targets under the National Partnership Agreement on Improving Public Hospital Services, 30 June 2011.  
 Tasmanian Audit Office and Australian Institute of Health and Welfare, *Australian Hospital Statistics 2010-11.*

# MY EMPLOYMENT HAS BEEN TERMINATED – *what can I do?*

*At times members will contact the ANMF seeking advice because their employment has been terminated by their employer. Obviously, this can be a very stressful time.*

Generally, the question revolves around whether they have any ‘rights’ to challenge the decision. The answer to the question depends on several factors including whether you were employed in the public or private sector (in which case may depend on the number of employees there were, length of employment, will be relevant) and the circumstances leading up to the end of your employment.

## **PRIVATE SECTOR**

Under the *Fair Work Act* (which applies to private sector employers including GP practices, private hospitals and private aged care facilities) you may be eligible to make an application for unfair dismissal provided that you:

1. Have completed a minimum period of employment with that employer, and;
2. Are covered by a modern award, or an Enterprise Agreement, and;
3. Earn less than the current income threshold (in 2018-2019 that is \$145,400).<sup>1</sup>

You must have been employed for a minimum period which is a full 6 months (if your employer had more than 15 employees) or 12 months if you worked for a smaller enterprise.

You are NOT eligible to apply if your termination is due to a genuine redundancy. In some circumstances there may be an argument that your ‘redundancy’ was effectively a sham for the purposes of ending your employment but that would depend entirely upon the facts. Even if there was an alternative, suitable, role that might have been offered to you if the position you were doing no longer exists you are still likely to be genuinely redundant.

The fact that you do not feel you have been treated ‘fairly’ may not give you rights to lodge an application for an unfair dismissal.

*If you are involved in a disciplinary process or an investigation – regardless of whether you think your employment will be terminated or not – contact the Member Support Team as soon as you receive a letter of allegation or accusation.*

You must be able to demonstrate that the dismissal was harsh, unjust or unreasonable in the circumstances that existed.

Even if your termination comes at the end of a reasonable disciplinary process you may still have an opportunity to lodge an unfair dismissal. Again, this question needs to be considered once all circumstances are known.

If it is believed that you have been unfairly dismissed (in line with the legislation) and you have reasonable prospects of succeeding in a claim then the ANMF will be able to assist by completing the paperwork, lodging the application and supporting you through the process (including representing you at a conciliation conference and/or a hearing).

The primary ‘remedy’ (that is, what you might seek to achieve) is reinstatement. This is not always practicable. For example, you may no longer trust your employer and be worried about returning, or the employer may refuse to reinstate you. As a result the remedy, is more likely to be financial. The maximum is 6 months’ pay however, this is rarely awarded. In the alternative, you may gain nothing. No compensation will be paid for shock, distress or humiliation.

In 2017-2018 only 20% of cases heard and determined by the Fair Work Commission found the dismissal to be unfair. The median compensation awarded was around 4.3 weeks’ pay. Over the same period 84% of applications were finalised without formal hearing and with payments of less than \$10,000<sup>2</sup>.

## PUBLIC SECTOR

The process for dismissal of an employee employed by the Tasmanian public service is more complicated than that adopted in the private sector. Employment, and termination of employment, is governed by the *State Service Act 2000*. Prior to terminating the employment of a permanent employee (other than during a period of probation) the employer will instigate one of two investigations:

1. An alleged breach of the State Service Code of Conduct (ED5), or;
2. An alleged inability to efficiently and effectively perform your duties (ED6).<sup>3</sup>

Following an investigation (which will include speaking with the employee as well as with other witnesses) a report will be provided by an independent investigator, and a decision made by the Head of Agency. Based on the evidence, various sanctions could be imposed or a decision made that employment is to be terminated.

Provided they have the requisite authority from the Minister, the decision to terminate lies with the Head of Agency. The employee will be advised of the reasons for the decision and the correspondence will also advise the person of their right of review.

If employment is terminated then, the ex-employee will have an opportunity to lodge an unfair dismissal application through the Tasmanian Industrial Commission. The right of review lies under the *Industrial Relations Act 1984*, not the *State Service Act*, because the individual is no longer a state service employee.

As is the case in the private sector arena, the onus is on the person who has had their employment terminated to prove that the termination was unfair. If successful, the primary remedy is reinstatement. If reinstatement is not possible then in the alternative compensation, to a maximum of 6 months' pay, may be awarded.

If you are involved in a disciplinary procedure or feel that you have been unfairly dismissed and would like further advice, contact our Member Support Team on (03) 6223 6777 or 1800 001 241 if outside Hobart. Alternatively you can email [membersupport@anmftas.org.au](mailto:membersupport@anmftas.org.au) ●

### References:

<sup>1</sup> If you are on a high salary but under an Award or EA you may be eligible to make an application. However, many senior nursing contracts sit outside these industrial instruments.

<sup>2</sup> <https://www.fairwork.gov.au/annual-reports/annual-report-2017-18>

<sup>3</sup> Available at [http://www.dpac.tas.gov.au/divisions/ssmo/employment\\_directions](http://www.dpac.tas.gov.au/divisions/ssmo/employment_directions)



# OPINION

## Reducing plastic use



By ANMF Tasmanian Branch President and ANMF Federal Vice President, James Lloyd

*One of the great achievements in modern healthcare is the reduced incidence of infection. Disposable plastic items like surgical implements and IV lines are significantly credited for this. While that's great for patients and health workers, what does it mean for the environment?*

### DID YOU KNOW?

*Plastics make up an estimated one-third of a hospital's general waste. Most of this plastic is sent to landfill.*



Single-use plastic items throughout Australia are proliferating in hospitals. Not long ago a patient received a meal at the Royal Hobart Hospital served on a reusable plate with metal utensils, a reusable cup and jug of water. But this has changed to disposable plastic plates, cups and utensils. Patients now receive a single-use plastic water bottle, that can take up to 400-1,000 years to decompose. Where once we provided reusable medication cups, now we use disposable ones – all are thrown away after just one use.

Plastic never breaks down, it breaks up. And except for a fraction of plastic material that has been incinerated, all the plastic ever produced still exists. Research has shown that plastic debris produces microplastics and nanoplastics broken down from larger items, and these are now found in all terrestrial and marine ecosystems, from remote islands and the bottom of the ocean, to sediments, glaciers, and even in the air itself.

Plastics entangle and are ingested by wildlife, with distressing and harmful consequences. Scientists are now studying the impacts of ingested microplastics in humans. Plastics leach toxic chemicals which can be found in nearly all human tissues. These are linked to cancers, birth defects, impaired immunity, endocrine disruption and other ailments.

I propose that the Tasmanian Health Service (THS) employ a sustainability officer to audit plastic usage and find alternatives.

Additionally, the THS need to educate and inspire staff to find creative solutions that reduce the use and dependence on disposable plastics. Another solution could be to provide sorting bins for waste into disposable, recyclable and infectious items on each ward level. This would include a PVC recycling program liken to [recyclinginhospitals.com.au](http://recyclinginhospitals.com.au) which is now active in more than 90 Australian and New Zealand hospitals.

Further, I recommend hospitals halt supplying bottled water for patient hydration. Single-use plastic water bottles and cups are synonymous with our throw-away culture and fossil fuel consumption. Some may argue that money is saved by using these in hospital meal services. Reusable plates and utensils require washing and storing and this takes time, money and staff. However, hospitals need to investigate and invest in the long-term (including environmental) costs to find more sustainable solutions.

The Hobart City Council recently passed a motion to ban single-use plastics in any business that sells takeaway food. The Launceston Council are also currently considering a motion to phase out this use of plastic. However, the Royal Hobart Hospital appears to be veering away from community expectations by increasing their use of disposable plastic waste. Our hospitals need to play their part on reducing the use of plastics. We still need to reduce, reuse and recycle, but most importantly, where possible we need to refuse from using it in the first place. ●

# Meet our newest Educators!



**Rebecca Ilie**  
HERC Nurse  
Educator

"I'm a mum-of-two miracle IVF boys and I believe in strong community involvement and charity work. I founded a not-for-profit NICUFOODFROMTHEHEART, a charity that supports parents who have sick and premature babies in the NICU at the Royal Northshore Hospital. I am also a member of Piggery Productions, a group of amateur actors who create a yearly comedy show to raise money for the South Arm school.

I completed my graduate year at the Royal Hobart Hospital emergency department, before gaining my graduate Certificate in Emergency Nursing at the Prince of Wales Hospital in NSW. Following this, I went on to work at the Royal Prince Alfred Hospital and Royal North Shore Trauma Centre. The knowledge I gained working in these emergency departments provided me with the necessary skills to enter the next phase of my career in acute drug and alcohol resus, working at the Kings Cross Medically Supervised Injecting Centre and ACT Winnunga Aboriginal Health Service. During this time I also sat on the OTAC board.

Most recently, I enjoyed working with several of Hobart's leading specialists at the Hobart Women's Specialists Clinic. I found teaching students in these roles was something I enjoyed and wanted to take further. Becoming a Nurse Educator and qualified trainer and assessor became a priority. I have had the privilege of working with some amazing Nurse Educator's in my clinical roles to date and aspire to follow in their footsteps. I have been working with Registered Training Organisation (RTO)'s for more than four years now, commencing my Educator role at TAFEDIGITAL NSW and now HERC. I am excited to bring my range of experience to this role while continuing to learn and grow as an Educator. I'm passionate about creating a safe, supportive and inspiring place for educating future nurses."

"My name is Tamara and it is a pleasure to be back at HERC teaching the Diploma of Nursing course. Many years ago I worked for HERC when the facility was just getting it's feet off the ground. At that time we were in the initial stages of making HERC an RTO. It is an absolute delight to be back now and see just how much things have changed and how far HERC has come as a leading education provider for the health sector in Tasmania.

So what brings me here? I have a strong education background, initially as an Educator in hospitals, followed by four years at the University of Tasmania teaching both the 'fast-track' Bachelor of Nursing and the Diploma in Dementia Care courses. I have developed skills in many other areas throughout my career including in anaesthetics and recovery room, clinical simulation and emergency room nursing. I have worked interstate and internationally, spending 10 years working in a large acute care hospital in Switzerland. Alongside teaching, I also continue to work in accident and emergency departments.

I love living in Tasmania and enjoy all that it has to offer, especially camping and hiking. My two biggest loves (outside my family) are travelling and reading. Professionally my passion lies in teaching. The greatest reward for me is when I see students develop the same drive to provide evidence-based compassionate person-centred care."



**Tamara Gee**  
HERC Nurse  
Educator



An update by  
ANMF Industrial Organiser  
Shane Rickerby

# CASE STUDY: *Launceston Reception Prison asbestos scare*

*On 21 March 2019 our Member Support Team received a call from concerned members working at the Launceston Reception Prison (LRP) regarding their possible exposure to asbestos particles. Concerns were raised after construction workers carried out repairs within the prison the previous day. Our Member Support Team made a prompt referral through to the northern organising team and an ANMF official was able to attend the site the same day to provide advice to members on a safe process for returning to their work environment.*

On arrival the ANMF were met by members outside the facility who provided details of the incident involving a building contractor. According to members, when the contractor removed the tiles, a significant amount of dust was created, travelling through the heating ducts and into nurses offices.

The issue of exposure came when it was discovered that the vinyl tiles being removed contained asbestos fibers. This was known and documented on the LRP asbestos register, disappointingly the contractor carrying out the works did not review this register prior to commencing works. Further, they did not ensure suitable control measures were in place to prevent the creation and venting of dust.

Nurses working in the area at the time had the presence of mind to cease work, remove themselves from the area and notify WorkSafe. WorkSafe attended the site and issued a prohibition notice which required work to immediately cease. Licensed asbestos removalist were engaged to assess the area and implement appropriate controls in line with the Code of Practice and Work Health and Safety legislative requirements; noting that a further visual clearance would need to be carried out.

It was at this time that ANMF members became unsure about when and how they should return to work, they also had limited information regarding the WorkSafe prohibition notice and the requirements of this notice to restore a safe working environment for them. The event was made more complicated as members were employed by the Tasmanian Health Service (THS) to provide nursing services to the Department of Justice (DoJ) who were the entity in control of the building and whom the prohibition notice was served on.

Information about the prohibition notice was not being shared with our members.

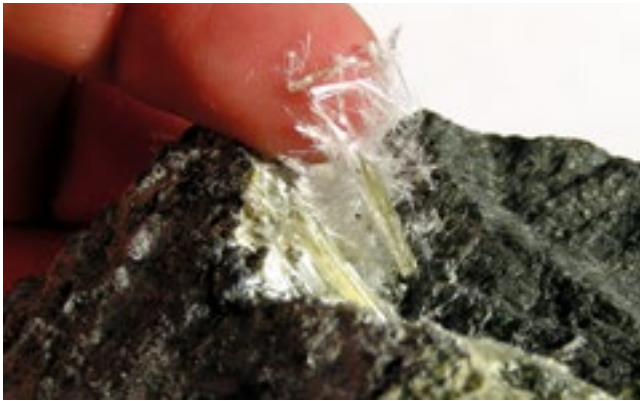
It was obvious that our members did not want to return to work until they were assured that the building was safe, however they were equally concerned regarding repercussions of not doing so. Who would provide nursing services to the prisoners? Would staff be paid for the remainder of the day and duration of any clean-up works? By refusing to enter the building for work would they be considered as abandoning their employment? Could they be forced back to work without having all the information as to if it was safe to do so? How is the potential exposure event recorded for future reference regarding compensation claims if illness develops? These were all real and legitimate concerns for members.

In working to secure answers to these questions the ANMF contacted THS management to request a copy of the prohibition notice issued by WorkSafe Tasmania, detailing matters to be remedied.

The notice would confirm the request for remedies by the WorkSafe inspector were being carried out, including air-quality monitoring and a report detailing the air-quality in relation to asbestos levels.

Additionally, the ANMF requested that if building works continue, then ongoing air-quality monitoring and confirmation of an alternative place of work would need to be provided while safety controls were being established. The ANMF also sought confirmation that our members would be on full pay whilst not being required to attend their usual place of work due to the safety incident, as well as details as to what documentation, if any, THS would provide and/or record.

# DANGER ASBESTOS REMOVAL



*The fibers of asbestos are highly dangerous*

In response it was confirmed that our members would be on full pay for the duration of the clean-up works, including for the balance of the shift that they were on at the time and that arrangements would be made to provide required nursing services to prisoners.

Following the ANMF review of the requested prohibition notice and air-quality report detailing that airborne asbestos fiber levels were lower than 10 fibers/100 fields counted, which was not significantly above background levels, it was confirmed that the area was being cleaned in line with the requirement under the prohibition notice and that before any works continued an approved assessor would be engaged. Staff would be offered support through the process and their names would be placed on the National Asbestos Exposure Register with a review by an occupational physician provided.

It was confirmed the following day that the worksite was successfully cleared and staff could return to work. The ANMF confirmed with members the clearance and advised them of the safe return to work.

This case study shows how the ANMF were able to support members throughout this stressful period. Members did all the right things, including following the recommended steps (see information to the right) once they suspected they may have been exposed to asbestos.

If you have any concerns regarding workplace health and safety at your workplace, contact our Member Support Team on (03) 6223 6777 or 1800 001 241 if outside Hobart. Alternatively you can email [membersupport@anmftas.org.au](mailto:membersupport@anmftas.org.au) ●

## IF YOU THINK IF YOU HAVE BEEN EXPOSED TO ASBESTOS IN YOUR WORKPLACE FOLLOW THESE STEPS:



*Remove yourself from the area*



*Notify your employer*



*Check the workplace asbestos register*



*Notify WorkSafe if exposure is likely, i.e if the asbestos register details that the building has asbestos containing materials and these have been dislodged and freed into the air*



*Complete your workplaces incident notification report*



*Register your exposure on the National Asbestos Exposure Register [www.asbestossafety.gov.au/national-asbestos-exposure-register](http://www.asbestossafety.gov.au/national-asbestos-exposure-register)*



*Seek advice and support from the ANMF*

# what's news

**Got some news  
to share?**

Send us an email  
with your story to  
be featured!

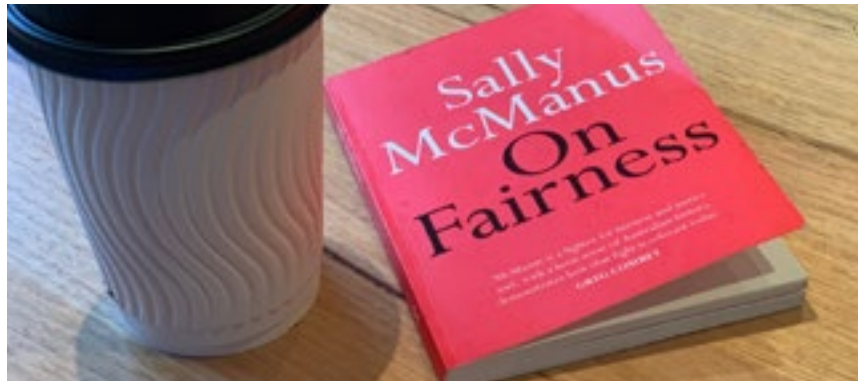
*News bites from around the ANMF Tasmanian Branch,  
from members, for members.*

## Vale Debbie Seymour 25-02-1961 to 26-02-2019

Debbie's nursing career spanned 35 years. She worked in most facilities across the North West coast, finishing at the Mersey Community Hospital for the last 20 years.

Initially, she worked on the medical ward and surgical ward, finishing in the Emergency Department. Deb was a staunch ANMF Workplace Representative, always standing-up and fighting for fairness for nursing and her colleagues. Deb was always approachable and more than happy to help any colleague with an issue. She was a passionate advocate for all patients fortunate enough to have her as their nurse.

The nursing profession has lost an incredible nurse, colleague and friend. The ANMF will not be the same without her passion, humour and sense of fun.



## BOOK REVIEW: *On Fairness* by Sally McManus

*Secretary of the Australian Council of Trade Unions (ACTU), Sally McManus recently launched her first book and we are excited to jump in and review it for members!*

Written from the perspective of Sally, she writes from the heart about being part of history when for the first time in 90 years, the ACTU had a female President and Secretary. It is an inspirational story of unionism, politics and the power of the picket line.

Sally writes fluently about being a young activist and always inherently having that sense of justice to stand up for what you believe in. She also details the history of the trade union movement and goes into detail surrounding how things we consider today as rights, such as the 38-hour working week, weekends, WorkSafe standards, 8 hour shifts and Medicare, were won and maintained through union campaigns and rallies. It beautifully outlines the current flaws in the Australian taxation system detailing how it is monumentally unfair and how the potential of trickle-down economics has not worked as promised.

The book forges deep into the long history of the Australian trade union movement and how these powerful acts of **SOLIDARITY** have been monumental in inflicting change. She touches on numerous working conditions in Australia that have been under attack as a result of the current industrial framework. There are many areas of the book that are inspirational and may feel particularly relevant to Tasmanian public sector nurses and midwives who are currently undergoing one of the biggest campaigns in the state. So, if you need some inspiration to keep you motivated to fight for what is right, what is fair, and what you deserve, pick up a copy of this book!

**Find it online here:** [shop.australianunions.org.au/products](http://shop.australianunions.org.au/products) or in most good book stores. ●

## How do you like to read *Infusion*?

Last year *Infusion* got a new look, went quarterly and became digital. Many of our members enjoy reading *Infusion* via their digital device, but we know it's not for everyone. Printed versions of *Infusion* are still available for those who want to opt in to receive them. If you would like to receive a printed copy of the next edition of *ANMJ* and *Infusion* visit [www.anmftas.org.au/print-please](http://www.anmftas.org.au/print-please)



# MEET JACOB

*I was drawn to nursing from personal patient experiences and from witnessing the positive influence nurses had on health outcomes - from the subtle things that made such a difference, to the complex acute care that was needed - I was inspired.*

The variety and opportunities available in nursing were always appealing to me, and so far, it has taken me to many places! Some of these places include community, palliative care, mental health, surgical specialties, burns, paediatrics, theatre, education, tutoring, discharge co-ordinating, emergency nursing and most recently the University of Tasmania (UTAS) as a Clinical Facilitator.

The range of skills I have developed across this broad spectrum of experience has allowed me to assist and care for people in some unusual circumstances and faraway places. Be it in caves, reefs, highways ... we are never really 'off the clock'.

The privileged role of a nurse is something I appreciate every day. The trust and respect we are granted by our patients as we invade their most intimate and personal boundaries, is unique and special.

From the chaos and delight/disaster that can be childbirth, the intensity/battle of resus, to the humility, respect and comfort of palliation, it continues to shape me as a nurse and a person.

We are all human and I continually find myself reminding my students, colleagues and patients that it is ok to not be ok. I encourage them to express emotion in a healthy way, to find and utilise healthy coping strategies and encourage support of one another. Sometimes our energy and focus are maxed-out with none left over for ourselves or team mates.

Through my own experience of post-graduate education, I encourage ongoing studies for all my peers. I get asked a lot of questions by my students and co-workers, and often the answer is 'I don't know', which is great as I am constantly learning new things and sharing these lessons.

*Continued over page >>*



*I am passionate about professional development for myself, my students, and my fellow nurses.*

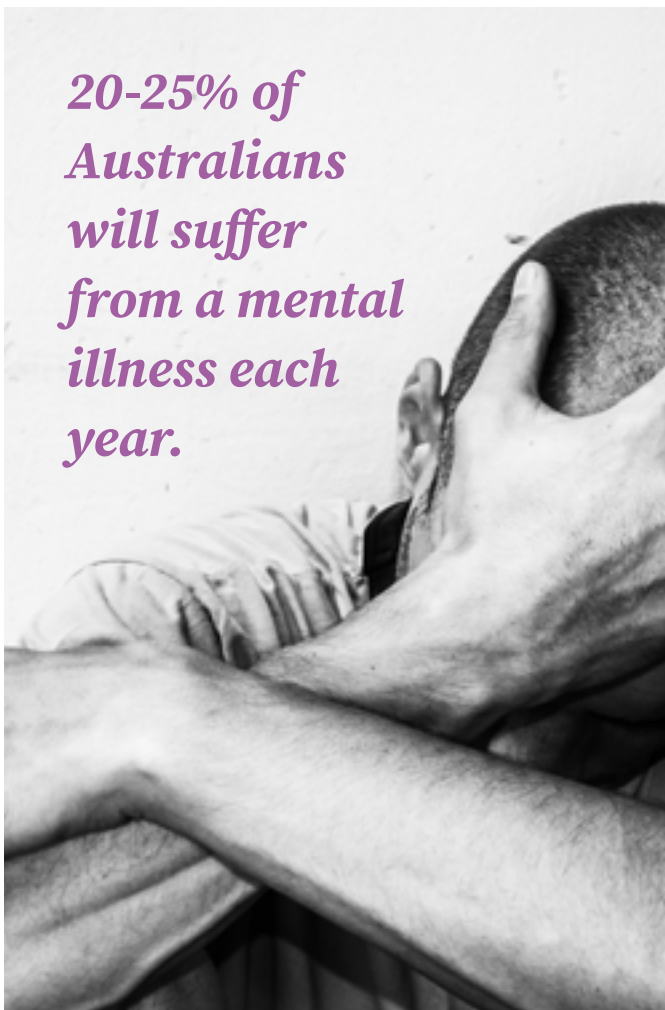
- Jacob Roberts, RN

Often this occurs through shared experiences. In nursing our scopes and specialties vary so much, I feel there is more potential for us to provide positive constructive feedback to each other and to invite respectful questions/responses and utilisation of our collective breadth of expertise.

An example I can share with you is of the *Learning from Excellence* online reporting system that Dr Ray Siau introduced to the Royal Hobart Hospital (RHH). It's a great tool for nurses to acknowledge excellent care that should be exemplified and emulated. This can be done anonymously and it's lovely to receive clinical feedback that isn't in the form of an incident report!

From my time in psychiatry, I feel as a profession (and society) we still have a way to go with mental health stigma, labelling and ignorance. There have been great improvements in this area, particularly in community attitudes and willingness to have conversations and promote mental health. Although I feel this still needs work in the acute setting. The workloads and complexities are increasing, and this is adding to the difficulty in providing holistic care for our patients.

**20-25% of  
Australians  
will suffer  
from a mental  
illness each  
year.**



**Get featured  
and WIN!**

Share your story with  
us and if we use it,  
we will send you  
2x movie tickets

I regularly witness the continued discomfort and uncertainty for general nurses in treating patients with mental illness. By the same token, yet to the contrary perhaps, mental health staff often exhibit limited confidence in performing physical assessments and therapies which contribute to disappointing outcomes for many patients with severe mental health issues. Despite these points being long-standing and perhaps deeply ingrained, at what point do we acknowledge this gap in practice, individually and collectively, accept responsibility and become leaders in this area?

Nationally, 20-25% of Australians will suffer some kind of mental illness each year. Patients, even those not originally presenting with symptoms, but who may be experiencing for example, pain, anxiety, complications or delays, remain vulnerable to acute onset of mental illness. Yet this does not seem to factor into day-to-day assessments. Better education and promotion of mental state examinations (MSE) in progress notes (as an example) would be an easy place to start in shifting focus to this often neglected, yet vital concern.

A highly regarded mentor, colleague and friend once told me 'above all, be kind'. That listening to and validating people's health experiences is one of the most important things we can do for our patients. It can be as simple as lending an ear or a cup of tea. Yet often our busy and at times unsafe workloads do not allow for such things. If the measure of success at work is increasingly quantified in tasks, time and efficiency, perhaps as a profession it is up to us to prioritise the importance of kindness more.

I am rewarded and inspired every day by the progress and enthusiasm of my students along with the resilience, empathy, strength and comradery of my colleagues. I love being a 'sister' alongside some of the most brilliant, clever, kind and caring people I have met. These people make daily sacrifices for strangers, even at times when it is blatantly detrimental to their own wellbeing. It is an honour to be part of such an amazing team and profession. Yes, there are days we shed tears together and often we just grit our teeth and get on with the job, but the huge impact we make upon others is immeasurable. ●

**Jacob Roberts, RN**

# Winter CALENDAR

Check out our Facebook or website to keep up-to-date. If you have any events you would like us to highlight in the future, drop us an email: [marketing@anmftas.org.au](mailto:marketing@anmftas.org.au)

**5 July** - TRANSITION TO PRACTICE -  
Launceston ▶

**6-21 July** - School holidays (Tasmania) ▶

**7-14 July** - NAIDOC Week ▶

**8-12 July** - UTAS O WEEK SEMESTER 2 -  
Hobart & Launceston ▶

**14-20 July** - NATIONAL DIABETES  
AWARENESS WEEK ▶

**12-14 July** - Huon Valley Mid-Winter  
Festival - Ranelagh ▶

**25-26 July** - ANNUAL DELEGATES  
CONFERENCE - Hobart ▶

**25-28 July** - DEVONPORT JAZZ  
- Devonport ▶

**29 July** - LGH NURSING ORIENTATION ▶

**11 August** - CHOCOLATE WINTERFEST  
- Latrobe ▶

**12-18 August** - TASMANIAN WHISKY  
WEEK - Statewide ▶

**16-17 August** - UTAS GRADUATION DAY  
- South ▶

**24 August** - UTAS GRADUATION DAY  
- North ▶

**September** - DEMENTIA AWARENESS  
MONTH ▶

**September** - THERAPY DOG AWARENESS  
MONTH ▶

**1-7 September** - ASTHMA WEEK ▶

**2-6 September** - WOMEN'S HEALTH  
WEEK ▶

**4-8 September** - JUNCTION ARTS  
FESTIVAL - Launceston ▶

**6-8 September** - GREAT EASTERN WINE  
WEEKEND - Freycinet ▶

**12 September** - NATIONAL R U OK DAY ▶

**21 September** - WORLD  
ALZHEIMER'S DAY ▶

**28 September -13 October** - School  
holidays (Tasmania) ▶



**DON'T  
MISS  
OUT!**

**ANMF** ANNUAL  
DELEGATES  
CONFERENCE

**HOBART • 25–26 JULY 2019**

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**REGISTRATIONS CLOSING SOON!**

The conference offers ANMF Workplace Reps a great opportunity to build relationships with peers and stakeholders, provide welcome feedback about issues faced in the workplace, and receive quality information on a range of industry topics.

**Registrations close 5pm 10th July 2019**

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**[anmftas.org.au/adc19](http://anmftas.org.au/adc19)**