

2016  
SEPTEMBER

INVISION  
FUSION



# CARE STAFF

An integral part of the nursing team




Official Publication of the:  
**AUSTRALIAN NURSING & MIDWIFERY FEDERATION (TASMANIAN BRANCH)**

# SAVE

the

# DATE



ACUTE CARE  
*conference*  
ANMF / HERC 4 NOVEMBER 2016



# Launceston

Further details will be announced soon!





# Branch Secretary Message



Neroli Ellis

## Consultation and Transparency

ANMF members are well placed to identify system issues and provide real solutions which will improve patient care. Nurses have provided workable strategies through the ANMF for the recent issues in Emergency Departments and hospital bed block, for Aged Care workplaces and for private sector hospitals.

The Patient First Strategy to assist public hospital bed block, incorporated most of the nurse proposed solutions and ANMF is now closely monitoring the actual implementation. The importance of nurse led criteria discharge has been positively demonstrated nationally and internationally to assist efficient discharge planning and to maximise bed usage. It is now included in the Patient First strategy but unfortunately there continues to appear to be resistance to implementation.

The role of ANMF is as a strong advocate to system improvement and this can be achieved through considered consultation. It is very disappointing that the Government have blocked access to information which is required to make informed decisions and to enable working constructively with the THS/DHHS. ANMF received monthly data on double shifts through the local workload committees; however a directive from Government has stopped the data from being shared. Additionally, overtime data will not be released.

It makes it hard to work collaboratively and to develop informed decisions without any objective data. It is also unknown why the Government would hide information on overtime rather than work together to stop overtime and double shifts.

Similarly, the Patients First Patient Access forums have been designed to be "a conversation with staff only, as such staff representatives, consumers and other stakeholders have not been formally invited." This new culture is unfortunate in the beginning of a major system restructure which will require active consultation and feedback to maximise the outcome for the new Tasmanian Health System.

ANMF is working closely with the team coordinating the Mersey maternity proposed changes and consulting with both the public and private management teams. The aim of consultation is to maximise input, consider all options and ensure a smooth transition to the agreed outcome.

ANMF will continue to lobby stakeholders, employers and consumers to maximise outcomes on behalf of our members.



Choose to read INFusion online - visit **anmftas.org.au** to see the amazing quality and opt out of the hard copy.



Your ANMF (Tas Branch) INFUSION Magazine is proudly designed and printed in Tasmania

**HOBART:** 182 Macquarie Street, Hobart, Tasmania 7000  
P 03 6223 6777 or 1800 001 241 (outside Hobart)  
F 03 6224 0229

**LAUNCESTON:**  
P 03 6223 6777 or  
1800 001 241 (outside Hobart)

**ULVERSTONE:**  
P 1800 001 241 (outside Hobart)  
F 03 6425 1028

### Branch Secretary:

Neroli Ellis: Neroli.Ellis@anmftas.org.au

### Senior Industrial Officer:

Jenny Thomas: Jenny.Thomas@anmftas.org.au

### Manager - Industrial Organising South:

Andrew Brakey: Andrew.Brakey@anmftas.org.au

### Manager - Industrial Organising North/North West:

Shane Rickerby: Shane.Rickerby@anmftas.org.au

### Southern Organisers:

Sue Darcey: Sue.Darcey@anmftas.org.au

Norm Blackburn: Norman.Blackburn@anmftas.org.au

### Member Engagement Officer:

Mandy Clark: Mandy.Clark@anmftas.org.au

### Northern and North West Organisers:

Phoebe Midson: Phoebe.Midson@anmftas.org.au

Marita Meadows: Marita.Meadows@anmftas.org.au

### Information Officers: info@anmftas.org.au

### Industrial Consultant:

Caroline Saint: Caroline.Saint@anmftas.org.au

### HR/Support Services Manager:

Claire O'Loughlin: manager@anmftas.org.au

### HERC Business Manager

Fiona Huskinson: Fiona.Huskinson@anmftas.org.au

### Marketing, Media and Publications:

marketing@anmftas.org.au

### ANMF Branch Council & Executive:

#### James Lloyd

Acting President - RHH Central  
Coordination Unit

#### Kim Ford

Executive - RHH Specialist Clinics

#### Angela Manion

Executive - MCH ICU/HDU

#### Andrew Ostler

Executive - RHH Neurosurgical

#### Tania Battaglini-Smith

LGH - Northern Renal Unit

#### Deanna Butler

RHH - DEM

#### Scott Butler

RHH - Surgical

#### Kim Clarke

LGH - WACS

#### Mandy Clark

Bupa

#### Helen Evans

NWPH - OT

#### Sarah Hill

Mersey - ED

#### Helen Murphy

NWRH Burnie

#### Anna Hodgetts

RHH - Ward 2D

#### Anne Sands

Midlands - MPC

#### Natalie Walker

LGH - AMU

#### Monica Werner

RHH - Oncology 2A

#### Sancia West

UTAS

#### Joanne Crawford

LGH

Infusion is the official publication of ANMF (Tas Branch). Letters and articles are welcome. Advertising rates available on request by emailing marketing@anmftas.org.au. Publishing deadline is 1st of each month prior to publication. Statements/opinions in Infusion reflect views of the authors, they do not represent official policy of the ANMF unless stated. Material featured in Infusion is copyright and may be printed only by arrangement with the ANMF (Tas Branch).

# ANMF Member Story

By Mandy Clark



*"I have been a very active union supporter for most of my working life."*

I joined ANMF in July 2014. After only one month, I became a Union Representative within my workplace. I changed unions and moved to ANMF as I thought ANMF had a great deal more to offer in the way of support. I currently hold a position at Bupa in South Hobart as a medicating Extended Care Assistant (ECA).

My decision to become a Union Rep was because my workplace did not have a rep there for ECA employees, but I also chose the role to become a 'voice' for my colleagues and ANMF members.

In the last few years of being a rep for ANMF I have learnt a great deal about how unions work and how much hard work goes into supporting their members in trying to resolve disputes and other industrial issues. This includes the ongoing challenges of trying to make employers become accountable for best practice and safe workplaces for their employees.

Since becoming a rep I have been involved in several disputes within my workplace and have had positive outcomes. This has included securing back pay for carers not being paid at the correct amount for their qualifications. A number of carers received substantial amounts due to this dispute.

It's very important as a representative to have good knowledge of the Enterprise Bargaining Agreement and be able to recognise when an employer is not honouring the agreement, and to advise the members of ANMF at your site of their entitlements.

In my time as a rep for ANMF I have been nominated for Rep of the Year for the past two years. In 2015 I was Runner Up, which was a great honour, however in June 2016, I was joint winner alongside Scott Butler, which was an extreme privilege.

The Rep of the Year Award was presented at the Annual Delegates Conference (ADC) and this year was held in Launceston. I find the ADC to be so beneficial to me because I get to meet other Reps and share their experiences as well as any knowledge they may have. The ADC is a very important learning tool for the position that I now hold within ANMF. The guest speakers are always educational and the overall event is a great deal of friendliness and fun.

In April 2016, I became an employee of ANMF as a Member Engagement Officer. This is a part-time role, which I enjoy immensely. I am working within this position as well as keeping my position as an ECA with Bupa.

Working in aged care it became apparent to me that a lot of carers did not know that they could be members of ANMF. My colleagues were always surprised when I told them. Carers can currently become members of ANMF if they have completed their Certificate III or IV in Aged Care or Disability Services.

With this in mind I thought it would be a good idea for ANMF to create a membership form that was just for carers. I worked alongside marketing and the organisers at ANMF to create the form, and I hope it gets the message out there to carers that ANMF are there for them.

ANMF nursing members are always stating that they see carers as part of the nursing team in any facility, whether it be aged care, public sector or private hospitals. I believe that ANMF is a good option for carers who want to ensure that the whole care team is well represented in their workplace.

*As a Workplace Rep and employee of ANMF I would recommend that if you are a rep for ANMF to attend and participate in as many ANMF member events, and if you are a member and interested in becoming a Rep, get on board...it's rewarding and educational.*



Pictured above: Mandy Clark (Right) and Scott Butler (Left), joint winners of the Annual Delegates' Conference 2016 Rep of the Year Award.

# ANMF Member Story

## Margaret Waller



Margaret Waller moved to Tasmania from Brisbane in 2014. While living in Brisbane, Margaret worked as a photographer but she decided she wanted a complete change in her life.

While settling into the Tasmanian lifestyle, Margaret discovered the Kingston LINC. She would often visit the LINC and look at the 'What's On' notices and also check the Learning Board for any opportunities. Margaret saw a flyer of a Certificate III in Aged Care through the ANMF Health and Education Research Centre (HERC) and decided to retrain.

HERC now delivers the new Certificate III in Individual Support, which is the entry-level qualification for workers in the ageing, community and disability sectors. The course is designed to provide participants with a wide range of knowledge and skills to gain employment in residential aged care or home and community care. It also allows those working in the aged care industry to upskill as a residential or personal care worker.

Participants in this course learn how to provide personal care and support to people to enable them to maintain their independence. They also learn how to support family members.

Margaret began her Cert III qualification in July 2015 and by December 2015 she had her qualification and was ready to work.

Margaret is employed as a home carer. She sees her aged clients enjoying home-based care because they are able to stay at home longer.

Margaret says "With a client, I might assist with personal care, cleaning the house, shopping and occasionally even reading poetry. The client chooses what they want done; they are the Director of your work and their life. It is very empowering for the client and rewarding for me. One of my clients would be unable to stay at home without the constant and complex home care. Other clients just need a weekly one-hour visit to do vacuuming and laundry".

*"I believe most of my training group from HERC is now employed; some in home care while others work in care facilities. The home care is growing and is the preferred method of care for our Ageing community members wherever possible."*

Margaret believes that there is a bright future as we care for our aged "with appropriate finely-tuned services at home," she says.

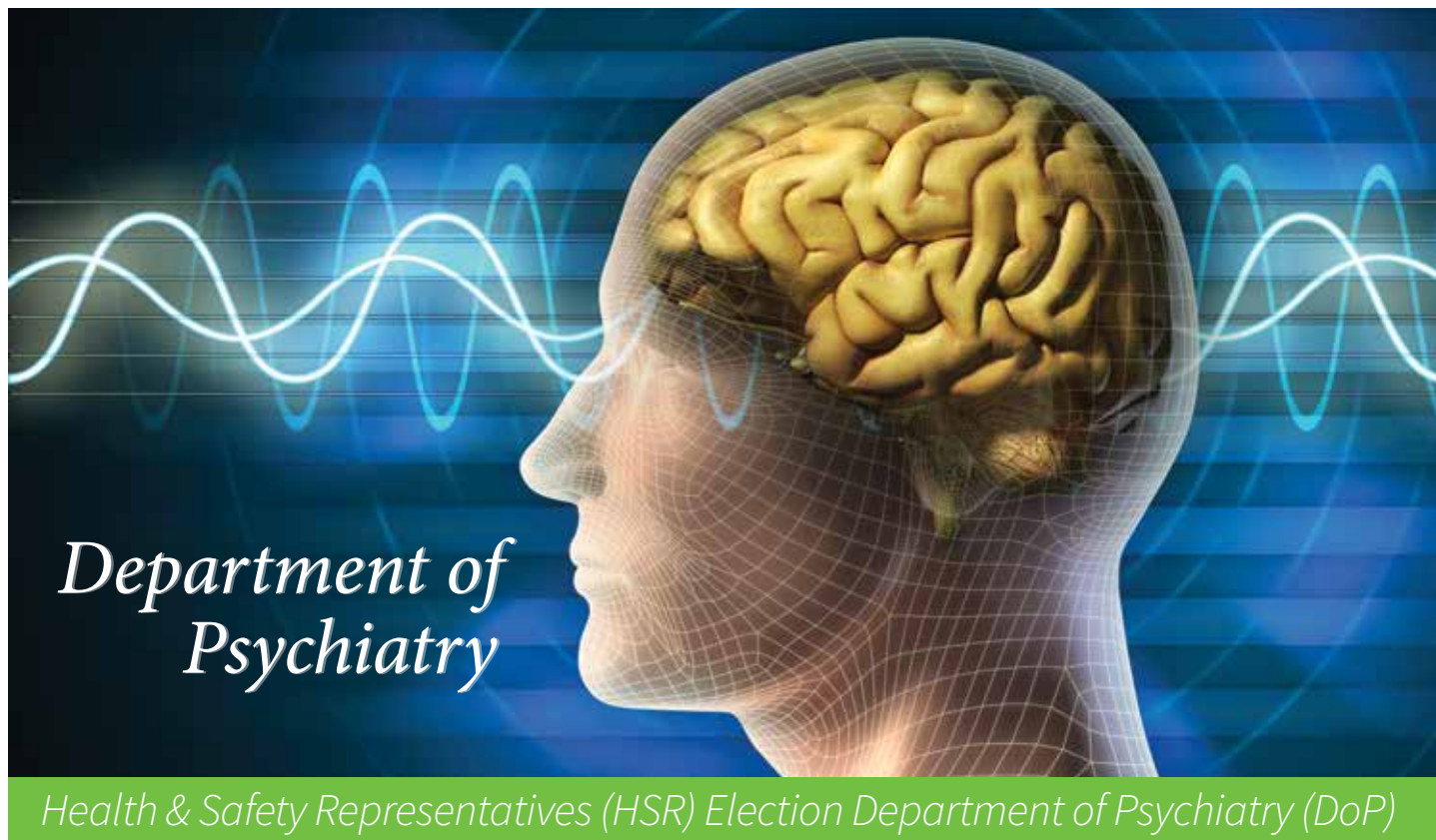


*"Trainers used the latest training methods and participative learning techniques; there was a truly professional understanding of adult learning," Margaret said.*



# Regional Updates

## SOUTH



ANMF have been involved in the election of Health and Safety Representatives for the Department of Psychiatry at the Royal Hobart Hospital. Health and Safety Representatives are elected into the role to represent the health and safety interests of all employees on their unit.

An expression of interest for employees working on DoP to nominate for one of the five (5) Health and Safety Representative (HRS) roles was well supported with nine (9) employees being nominated. It has been agreed that four (4) of the nominees can undertake the role of Deputy HSRs.

Elected HSRs are required to undertake five (5) days approved training to be able to undertake their role. This training will assist with understanding the responsibilities of the role which include monitoring risk, risk mitigation, investigating complaints and potential risk to the health and or safety of employees in their work area. Management must be made aware of any issues and attempt resolution through consultation.

The HSR has many rights including the right to request that a Health and Safety Committee (HSC) be established for the workplace. This is a formal committee established under the WHS Act to facilitate cooperation between an employer and workers in developing and carrying out measures to ensure health and safety at work. The main function of the HSC is to review and make recommendations to the employer on health and safety related rules and procedures, training, education and promotion.

The employer must make available to the HSC any information about hazards and potential hazards, consult with the HSC on changes proposed for the workplace that may affect the health or safety of workers and must provide the HSC with reasonable resources and assistance in carrying out its role.

An HSR is not personally liable for anything done or not done in good faith while carrying out their role.

It is a very positive step for DoP to have the opportunity to work with the newly elected HSRs and the HSC to clearly identify strategies to reduce the increasing aggressive and violent incidents on the units as well as ensuring appropriate follow up occurs. The legislative powers that support the role of HSRs ensure that the employer must comply with their responsibilities to maintain a safe workplace for their employees.

It is also a bonus that the NUM has been a HSR in a previous workplace and is very supportive of the role and has a good understanding of the rights and responsibilities of the position.

ANMF are pleased that they have been able to work with mental health services to assist with nomination and the election process for the HSRs and encourages members in other work places to ensure they have an HRS in their workplace.

If you do not currently have an HSR for your work area, do not hesitate to contact ANMF Information Centre on **(03) 6223 6777** or **1800 001 241** (outside Hobart area) to get the election process started or find out more about the HSR role.

## NORTH

We have again seen the north of the state being busy in all facets of the health sector, with members making regular contact with the ANMF regarding their current workplace conditions and entitlements. Yet again the most common theme has been excessive workloads with stagnant and at times decreasing staffing levels. This sees the ANMF acting on behalf of our members to fight and protect these conditions. We have been conducting numerous member meetings across all sectors and our most common appeal to members is to encourage them to document all incidents of overtime, missed meal breaks and incidents where by patient outcomes may have been compromised due to workloads. The reason for this being that in order to successfully negotiate a workload grievance we need data that is reflective of the workload.

### Launceston General Hospital Emergency Department

Members raised significant concerns regarding patient safety in June 2016. As a result of this the ANMF became involved and wrote to the Minister for Health requesting urgent intervention to fund and resource the department to ensure safe patient care. Members came up with 15 solutions to improve the functions within the ED and assist in improving patient flow within both the department and the LGH as a whole. ANMF will continue to advocate for members and ensure that these promised solutions are acted on.

The ANMF are currently sitting on a working group for the primary health sites Beaconsfield and Georgetown, as a result from the DON amalgamation to monitor the workloads of both areas. We will continue to meet with managers along with our workplace representatives

and look at the workload data that is presented. Member meetings will also be conducted to provide feedback and a chance for members to input into this. If any members at these sites have anything they would like to address through this forum could they please contact their ANMF representative or organiser.

The ANMF north teams have been travelling down the east to Scottsdale regularly to meet with members at the James Scott Wing who are currently in the process of a transfer of business between the public sector and May Shaw Health. This is an in depth process and due to the complicated nature of this transfer has involved the northern organisers at the ANMF but also the Southern industrial teams. We are advocating on behalf of our members to ensure that they maintain their current conditions and entitlements and are compensated accordingly upon this transfer.

**Enterprise Agreement negotiations** are about to commence in the public sector, so you will be seeing the ANMF teams in the Launceston General Hospital frequently, we encourage you to seek out your workplace representatives to put forward your ideas for this new agreement and attend all upcoming ANMF meetings. Along with the public sector EA we have been negotiating agreements in the private sector in the Calvary, Presbyterian Care, Medea Park and we are about to commence this process at our Southern Cross Care sites in the north. Your role as an ANMF member is paramount in this process and through your active participation you can assure its success. If you would like to play an active role in EA negotiations in your work place please contact your ANMF organiser.

## NORTH WEST

The North West continues to face challenging times with proposed changes to both the Mersey Community Hospital and the North West Regional Hospital. The ANMF have held numerous member meetings across worksites in these areas to gain a further understanding of our members concerns.

**Maternity services** in the North West are, at the time of print, still currently unresolved. This may leave members up in the air regarding the future of this service and its location, however we hope this will be resolved in the near future.

**Enterprise Agreement negotiations** are about to commence in the public sector, so you will be seeing the ANMF teams out and about frequently within the public hospitals, we encourage you to seek out your Workplace Representatives to put forward your ideas for this new agreement and attend all upcoming ANMF meetings. Along with the public sector EA we have been negotiating agreements in the private sector in Wynyard Care Centre and North West Private Hospital.



Your role as an ANMF member is important in this process and through your active participation you can assure its success.

If you would like to play an active role in EA negotiations in your workplace please contact your ANMF organiser or workplace representative.

## Nurses and Midwives Public Sector Agreement Negotiations 2016

ANMF thanks all members who have completed our survey. ANMF has now collated the results and has drafted a log of claims which will be discussed and endorsed at mass membership meetings in September.

ANMF anticipates a difficult bargaining year with many issues needing to be resolved in this round of negotiations. The Tasmanian Government faces the reality that its nurses and midwives will be amongst the poorest paid in Australia if the Government argues for wage increases to be limited to a maximum of 2% consistent with its 'wage policy'.

The Government's wage policy remains unclear and the Government appears to be reluctant to have any meaningful negotiations with other public sector employees as a consequence. It appears the Government may also seek to remove from Awards and Agreements any matters that are not industrial matters eg payroll deductions and workplace delegates provisions.

The Government has also recently moved away from increasing work related allowances in the Public Sector Awards by the % increase awarded by the Fair Work Commission.



Branch Councillors view the results of the recent 2016 Nurses and Midwives Enterprise Agreement survey. Pictured is (L-R): Deanna Butler, Monica Werner, Angela Manion, Tania Battaglini-Smith and Sarah Hill.

We need all of our members to be engaged in the bargaining process. What does that mean?

### We need you to:

- Attend all of our mass membership meetings throughout the process
- Read our flyer updates and get to know your workplace representative
- Look at the ANMF noticeboard for any updates
- Talk about developments with your colleagues
- Attend worksite meetings and get to know your ANMF Organiser
- Vote on any proposals
- Email our Information Centre at [info@anmftas.org.au](mailto:info@anmftas.org.au) if you have any queries.



Well done to Pam Sykes, RN MN/Clinical Nurse Educator, who won an iPad Mini 2 for completing the recent ANMF 2016 Nurses and Midwives Enterprise Agreement survey. Thank you to everyone who completed the survey!



# Private Sector



## What are flexible working arrangements?

Flexible working arrangements include changes to hours of work (such as changes to start and finish times), patterns of work (such as shift lengths) or locations of work (such as working from home).

## Can I request flexible working arrangements?

You can request flexible working arrangements if:

- You work in the private sector; and
- You have at least 12 months of continuous service with your employer, or you are a long term casual employee with a reasonable expectation of continuing employment on a regular and systematic basis ; and
- Any of the following circumstances apply to you:
  - you are the parent, or have the responsibility for the care, of a child who is of school age or younger;
  - you are caring for someone who needs care because of a disability, a medical condition, a mental illness or because they are frail and aged;
  - you have a disability;
  - you are 55 or older;
  - you are experiencing family violence;
  - you are caring for a family or household member who is experiencing family violence.

## How do I request flexible working arrangements?

If you would like to request flexible working arrangements, you must make a request in writing to your employer. In your written request, you must set out the details of the change you are seeking and your reasons for requesting the change.

The ANMF Information Centre is available to review your draft letter and provide feedback.

## How will my employer respond?

Your employer must give you a written response to your request within 21 days, stating whether the request is granted or refused. If your employer refuses your request, the written response must include details of the reasons for refusal.

The employer may refuse your request only on reasonable business grounds. For example:

- your request would be too costly;
- there is no capacity to change the working arrangements of other employees to accommodate your request;
- your request would result in a significant loss in efficiency or productivity, or have a significant negative impact on customer service.

## Questions?

If you have any questions about flexible working arrangements, please contact the ANMF Information Centre on **(03) 6223 6777, 1800 001 241** (outside Hobart area) or email **[info@anmftas.org.au](mailto:info@anmftas.org.au)**.

## Personal/Carer's Leave – What are your



All nurses, midwives and care staff working in the private sector are entitled to personal/carer's leave. This is due to the fact that this leave comes under the National Employment Standards (NES), ten minimum workplace conditions which all employees covered by the national workplace relations system must receive.

Personal leave (also known as sick leave) and carer's leave allows you to take time off to help you deal with personal illness, caring responsibilities and family emergencies. Personal leave can be used when you, as an employee are ill or injured.

If you take time off to care for an immediate family or household member who is sick or injured or help during a family emergency this is referred to as carer's leave. If you take this form of leave it comes out of your personal leave balance.

Casual employees are eligible for unpaid personal/carer's leave.

Personal/carer's leave covers both sick and carer's leave. Therefore, you are able to take it when you are ill, or when you need to care for somebody else who is ill or in some way needs your care.

Who is in your immediate family or household?

**An immediate family member is:**

- Spouse
- De facto partner
- Child
- Parent
- Grandparent
- Grandchild
- Sibling, or
- Child, parent, grandparent, grandchild or sibling of the employee's spouse or defacto partner.

A household member is any person who lives with the employee.





## How much leave are you entitled to?

The NES has set a minimum of 10 days of personal/carer's leave per year although some employees will have more than this if provided for in their workplace enterprise agreement or contract of employment.

If you are advised by your employer that you are not entitled to the minimum 10 days you should contact ANMF (Tasmanian Branch) or your ANMF Representative immediately.

If you are eligible for paid personal/carer's leave it will accumulate from year to year so if you only use 5 days of your leave one year this will remain in your balance into the next year.

## What payments are you entitled to when you take personal/carer's leave?

The minimum requirement is that the employee must be paid their base rate of pay for the ordinary hours they would have worked during that period: i.e a 'flat' rate. This will not include (unless otherwise stated):

- Incentive-based payments and bonuses
- Loadings
- Monetary allowances
- Overtime or penalty rates
- Any other separately identifiable amounts.

## What is unpaid carer's leave?

All employees within the private sector (including a casual employee) are entitled to two days of unpaid carer's leave for each occasion when a member of the employee's immediate family or household requires care or support because of a personal illness, injury, or an unexpected emergency.

You are entitled to take unpaid carer's leave for a single continuous period, or as any separate periods to which you and your employer agree. It is important to note that you cannot take unpaid carer's leave if you are able to take paid personal/carer's leave.

## What notice and evidence requirements are there?

You must provide notice to your employer if you are taking leave as stated in your industrial agreement (Enterprise Agreement, Award or contract of employment). The notice must be given as soon as possible (although in the case of an emergency this may be after the leave has commenced). You will need to advise your employer of the expected duration of the leave.

You will need to provide evidence for the reason for your leave as stated in your industrial agreement. Your industrial agreement should explain exactly what kind of evidence you are required to provide to your employer. This could include a medical certificate or statutory declaration.

If you fail to either provide notice, or, if required, evidence that would satisfy a reasonable person to substantiate the reasons for the leave this could mean you may not be entitled to payment for the leave taken.

For further information regarding personal/carer's leave or if you wish to seek clarification on any of the information in the article please contact the ANMF (Tasmanian Branch) Information Centre on (03) 6223 6777 or 1800 001 241 (outside Hobart area) or email [info@anmftas.org.au](mailto:info@anmftas.org.au)

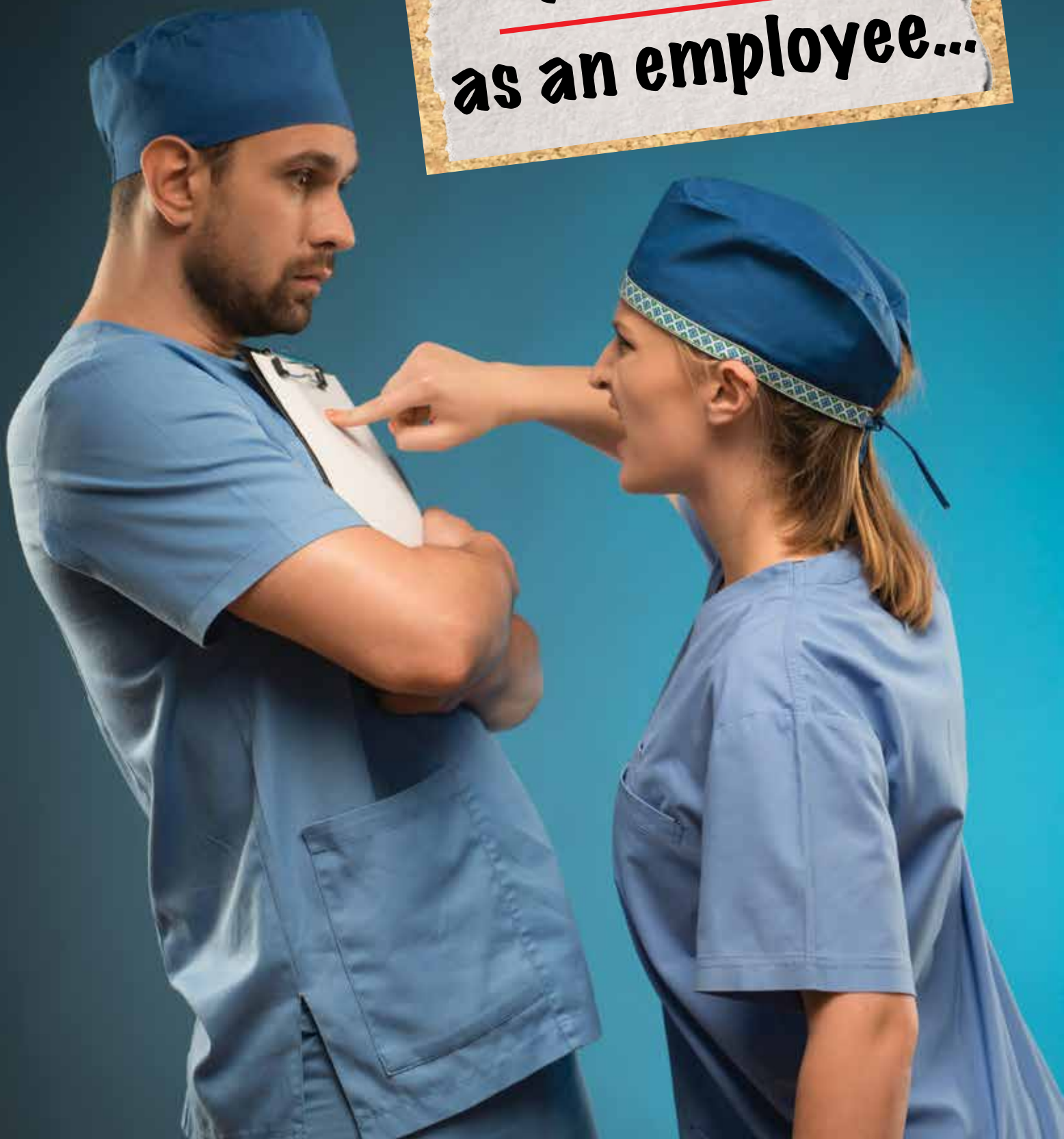


# From the Info Centre

What do you do if a complaint or allegations are made against you at work?



**Your rights  
as an employee...**





In Australia it is illegal to terminate an employee's employment where allegations of bullying, harassment or misconduct have been made. Your employer must investigate the complaints first. If your employment is terminated when allegations have not been proven or substantiated by your employer you may have cause to file for an unfair dismissal claim.

### What to do...

If a complaint has been made about you or you have received allegations of any type against you it is essential that you:

1. Contact the ANMF (Tasmanian Branch) Information Centre immediately (contact details below).
2. Always request a copy of the complaint or allegations in writing – this should include sufficient information to allow you to respond including the date(s) and time(s) the (alleged) incident(s) took place, names of those involved, specific details of the incident and any evidence supporting the allegation.
3. Do not make any response (written or verbal) to the allegations if a written copy is not provided to you.
4. Do not attend any meetings to discuss the allegations or provide any written response until you have spoken to ANMF. If you are pressured to attend a meeting, advise your employer that you are not willing to comment unless you have a representative or support person present. If possible, postpone the meeting and contact ANMF immediately.
5. It is recommended that you attend any meeting with an ANMF representative or support person and that minutes are taken at the meeting.
6. Once you have received the allegations/complaint in writing forward a copy through to the Information Centre via email, fax or in person. ANMF will then assist you to draft your response. There are resources that we can send to you to assist you with this process. ANMF will then review your response prior to your submission and/or attendance at a meeting.
7. If appropriate, you should be able to request to view any relevant documentation privately at work in paid time to assist you with your response. This may include access to relevant patient notes, medication charts, etc. You should not make copies of this documentation but will be able to take notes.
8. Do not discuss the matter with any other person other than a third party not involved who may be providing you with industrial advice or support in relation to the matter.
9. Seek support from your employers Employee Assistance Program (if appropriate). Being the subject of allegations or a complaint can be a very stressful experience.

### What can the ANMF (Tasmanian Branch) do to assist you?

- Provide you with industrial and professional advice, support and representation with regard to your matter.
- Direct access (via phone, email or in person) to ANMF Information Centre staff who are nurses and/or carers who have worked in the health industry.
- Send you resources to assist you with your response to the allegations or complaint.
- Industrial/professional review of your draft response to allegations.

### If you are registered with the Board and you have been suspended or stood down...

If you have been suspended or stood down pending the outcome of an investigation then under section 130 of the National Law, all registered health practitioners or students must inform the Board (via AHPRA) within seven days ... [if] their right to practise ... is withdrawn or restricted because of your conduct, professional performance or health. So it is essential that if you have been suspended or stood down you complete the relevant documentation and send it to AHPRA. The ANMF Information Centre can assist you with this process. See the following link to the relevant AHPRA form: <http://www.ahpra.gov.au/Search.aspx?q=notice+of+certain+events>

### Possible outcomes...

If the allegations or complaint are found to be supported or substantiated, depending on their severity one or more of the following outcomes may be reached by your employer:

- Agreed objectives for performance management (must be a supportive process, not punitive with the objective of improving your professional development).
- Further professional development
- Support and counselling
- Conflict resolution – this may include mediation and/or an apology
- A written warning to be placed on your HR file
- A notification made to AHPRA
- (In the worst case scenario) Termination of employment.

ANMF suggest that you forward any correspondence received regarding the outcome of your issue to the ANMF Information Centre for review and further advice. If you do not agree to the investigation findings it is important to contact the ANMF immediately to discuss all possible options.

It is the role of ANMF to ensure that you are treated fairly and that correct process is followed. You have the right to natural justice and procedural fairness.

Please contact the ANMF (Tasmanian Branch) Information Centre for further advice. Ph (03) 6223 6777 or 1800 001 241 (outside Hobart area) or email us at [info@anmftas.org.au](mailto:info@anmftas.org.au)

## Pandemics and child care responsibilities



Benjamin Franklin wrote that ‘nothing is certain except death and taxes’<sup>1</sup> however, increasing scientific knowledge means at least one additional certainty: an influenza pandemic. What is not known is how dangerous a pandemic will be. However even if a pandemic were ‘mild’ it is likely workloads for nurses will increase at a time when staffing levels might be depleted because of sickness.

In 1918 influenza spread rapidly across the globe. At the time of that pandemic there was confusion as to whether this was influenza or some new respiratory ailment. Although the numbers of dead have been subjected to an upward historical revision<sup>2</sup> it is estimated that globally the disease had a mortality rate of around 2 per cent.

Despite virtually ‘vanishing’<sup>3</sup> today that pandemic raises questions about whether health care workers will continue to work.<sup>4</sup> One important thing to remember is that, even when the cause of disease was unknown and there was no

effective treatment, 98 per cent of those affected survived. Likewise, despite working 12 hours a day (often without days off), nurses were not significantly overrepresented in the death statistics.<sup>5</sup> Nonetheless, like other members of the community, many workers became unwell.

Unlike their 1918 counterparts (who lived and worked on the premises) nurses today often have family commitments including children. It appears that those with children may face a high risk of contracting influenza at home.<sup>6</sup> Yet, childcare responsibilities can impact upon the ability of nurses to attend work during a pandemic. Nursing remains a female dominated profession. In a time where all care staff will be needed it would be worth considering how you might be able to organise alternative care for sick children: might your partner be able to take carers leave? What about other friends, family members? Like bushfire plans, it is worth thinking about such a scenario well before the event.

Aoyagi Yumiko et al, ‘Healthcare workers’ willingness to work during an influenza pandemic: a systematic review and meta-analysis’ (2015) 9(3) (May) *Influenza Other Respiratory Viruses*. 120

Crosby, Alfred W, *Epidemic and Peace 1918: America’s Forgotten Pandemic* (Cambridge: Cambridge University Press, 1976)

<sup>1</sup> In a letter to Jean-Baptiste Leroy dated November 13, 1789.

<sup>2</sup> Mark Honigsbaum, *A History of the great influenza pandemics: death, panic and hysteria, 1830-1920*. (I.B. Tauris, 2014) page 234-5.

<sup>3</sup> Alfred W Crosby, *Epidemic and Peace 1918: America’s Forgotten Pandemic* (Cambridge: Cambridge University Press, 1976).

<sup>4</sup> Aoyagi Yumiko et al, ‘Healthcare workers’ willingness to work during an influenza pandemic: a systematic review and meta-analysis’ (2015) 9(3) (May) *Influenza Other Respiratory Viruses*. 120.

<sup>5</sup> G. Dennis Shanks et al, ‘Low but highly variable mortality among nurses and physicians during the influenza pandemic of 1918-1919’ (2011) *Influenza and Other Respiratory Viruses* 213.

<sup>6</sup> Su Li and Shelah Leader, ‘Economic burden and absenteeism from influenza-like illness in healthy households with children (5-17 years) in the US’ (2007) 101(6) *Respiratory Medicine* 1244.

Honigsbaum, Mark, *A History of the great influenza pandemics: death, panic and hysteria, 1830-1920*. (I.B. Tauris, 2014)

Li, Su and Shelah Leader, ‘Economic burden and absenteeism from influenza-like illness in healthy households with children (5-17 years) in the US’ (2007) 101(6) *Respiratory Medicine* 1244

Shanks, G. Dennis et al, ‘Low but highly variable mortality among nurses and physicians during the influenza pandemic of 1918-1919’ (2011) *Influenza and Other Respiratory Viruses* 213.



### On the HEARTBEAT for SEPTEMBER: “Why did you choose to join ANMF??”



**Michelle Sorrentino -**  
ECA at Bupa South Hobart

“I joined the ANMF around 2 years ago. My reason for joining was that I had heard only good things about the union and when I require assistance or just in need of information they are very good

at delivering this service. Since I have become a member of ANMF I have needed their help and was very satisfied with the service they provided. I would recommend ANMF to carers and nurses as the union to be part of.”



**Karen White -**  
AIN at Christian Homes Tasmania Inc.

“I joined ANMF because I had heard so many good things about the union. When I thought I was being under paid for my qualification, which turned out to be correct, ANMF were there for me and I got a good result not just for myself but for many carers.”



**Darilyn Donovan -**  
ECA at Bupa South Hobart

“I joined ANMF because they are great when it comes to dealing with work issues. And at my workplace there is a friendly, easy to approach representative who answers any questions I may have and is very helpful.”



# HLTEN519C Administer and Monitor Intravenous Medication in the Nursing Environment

## RBF Enrolled Nurse Career Development Program

Enrolments for HLTEN519C Administer and Monitor Intravenous Medication in the Nursing Environment were well received and the first course is underway with HERC's Nurse Educator.

**If you missed out on enrolling in this course, we advise a further course will commence in October 2016!  
We are pleased to advise that a limited amount of RBF scholarships for \$1,000 are still available for eligible applicants.**

It has also become apparent from applications received that the pre-requisites required (listed below) to undertake this course are presently not held by a large number of enrolled nurses who would like to obtain the IV medication unit to further increase their scope of practice. Accordingly, to assist;

**HERC will be offering RPL WORKSHOPS to provide further information on how to obtain the 5 pre-requisites required to undertake the HLTEN519C Administer and Monitor Intravenous Medication in the Nursing Environment, HERC's next scheduled workshop will take place in September 2016.**

### Pre-requisite(s) required:

- HLTWHS300A Contribute to WHS processes
- HLTIN301C Comply with infection control policies and procedures
- HLTAP501C Analyse health information
- HLTEN505C Contribute to the complex nursing care of clients
- HLTEN507C Administer and monitor medication in the work environment.

If you would like to obtain further information or register your interest, please contact HERC by phoning **(03) 6223 6777** or email: **hercreption@anmftas.org.au**





NURSES, MIDWIVES  
& CARE STAFF<sup>000</sup>

# ONE TEAM

**If you care for patients or residents then  
YOU ARE part of the ANMF nursing team.**

We offer ALL our team industrial support, an extensive information service, education opportunities plus \$10 million public liability and \$10 million professional indemnity insurances.

JOIN OUR TEAM TODAY!

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

**6223 6777 or 1800 001 241** (outside Hobart)

182 Macquarie St, Hobart 7000. Authorised by Neroli Ellis

