STATE ELECTION DELIVERS MORE QUESTIONS THAN ANSWERS

While most pollsters were predicting that South Australia would now have a new Premier and new Government, the recent State Election delivered a quite different result.

As I write, neither major party has secured enough seats in the House of Assembly to be able to form government. It may be that later counting of absentee and postal votes delivers a majority in the lower house to one or other of the competing parties.

At this time however, the spotlight has been firmly shone on re-elected independents Bob Such and Geoff Brock and the role they will likely have in assisting one party to stake its claim on a majority in the Lower House.

South Australia is certainly no stranger to minority governments.

In 1997, Premier John Olsen formed an alliance with the Nationals and independents to continue the Liberal Party’s reign. In 2002, Labor Premier Mike Rann secured the vote of independent member Peter Lewis to topple then-Liberal Premier Rob Kerin.

While the formation of a minority government may present us with an exciting period of negotiation and change, we now have a critical role to play in holding each party to account over their plans for our sector.

If Labor manages to successfully negotiate with these independents, we have a duty to hold the party responsible for the promises it made in the lead up to the March 15 election.

Among these pre-election commitments include $117.5 million to expand neonatal facilities and building new single-bed wards at the Flinders Medical Centre.

The Labor Party also announced it would invest $2.4 million over four years in training 100 new nurse practitioners, a measure we have been advocating for strongly in the lead up to the election.

The Labor plan is not only a step forward for the practitioners, a measure we have been advocating for strongly in the lead up to the election.

While these are welcome commitments, the Liberal Party’s health policy lacked detail in a number of areas.

It did not contain a policy for the new RAH, nor a commitment to the planned upgrade of buildings and services at the Lyell McEwin and Modbury Hospitals, the Queen Elizabeth Hospital and the Women’s & Children’s Hospital.

There is much we are not certain about, which is why it is critical we are united in our goals and vision for the South Australian health sector.

Famed French poet Victor Hugo once said:

“Change your opinions, keep to your principles; change your leaves, keep intact your roots.”

As we head towards more uncertainty and change in our sector, it is important that we are clear and considered about our priorities for you - our members - and the health system that you support.

We will continue to oppose any move to privatise public hospitals and associated health services, an issue that faces renewed importance given recent actions by state governments in Queensland, Western Australia and New South Wales.

We will continue to support your right to access collective bargaining, fairness, equality and opportunity both within our profession and as advocates for the patients we care for.

No matter which party falls over the line and into government, we will continue to fight for you - our members - and the wider goal of a universal health care system that gives equal access to all South Australians.

Adj Assoc Professor Elizabeth Dabars
CEO/Secretary
At the time of writing, neither major party had secured enough votes in the House of Assembly to form Government in its own right.

However, hopefully as you read this we will have a clearer indication of which party will govern South Australia for the next 4 years.

With this in mind, below is a summary of the key commitments each major party made in the lead up to the election.

**At a glance – Key SA Labor Party pre-election commitments:**
- Build a new Women’s and Children’s Hospital.
- Establish an independent Mental Health Commission.
- Invest $66 million in a program replacing high priority medical equipment across metropolitan and country hospitals, including ventilators, monitoring systems, neonatal cots and advanced medical imaging equipment.
- $117.5 million to expanding neonatal facilities and building new single-bed wards at the Flinders Medical Centre.
- $2.4 million over four years to train 100 new nurse practitioners.
- $2.5 million yearly increase to the South Australian Patient Assistance Transport Scheme (PATS).

**At a glance – Key SA Liberal Party pre-election commitments:**
- Re-open the Modbury Hospital Paediatric Ward.
- Re-open obstetric services at the Millicent Hospital.
- Guarantee funding at the McLaren Vale Hospital.
- Matched the Labor Party’s commitment to expand the Neonatal Intensive Care Unit at Flinders Medical Centre at a cost of $17.5 million.
- $1 million a year for a major initiative to tackle cardiovascular disease.
- $2.5 million yearly increase to the South Australian Patient Assistance Transport Scheme (PATS).

In addition to this, the ANMF (SA Branch) has pursued responses from each major party on the issues outline in our Health Policy Position Statement. The analysis of these responses can be viewed in the February and March editions of InTouch.

New Government, same priorities for your ANMF (SA Branch)

CEO/Secretary Assoc Professor Elizabeth Dabars said that despite the uncertainty over who will form government, the ANMF (SA Branch)’s core objectives for the next Parliament are unchanged. The ANMF (SA Branch) will strive to:
- Keep public hospitals and associated services in public hands.
- Maintain and improve the quality and effectiveness of public hospitals and other health services and ensure that they meet the needs of South Australians.
- Increase to the number of places, in both public and non-government sectors, for nursing and midwifery graduates.
- Ensure the South Australian nurse/midwife to patient ratio provides adequate, safe staffing levels and skill mix consistent with client needs.
- Ensure no reduction to the wages, terms and working conditions of nursing and midwifery employees for the life of the next Parliament.
Rather than confining her remarks to circumstances surrounding the massacre of 21 Australian army nurses on Radji Beach, Bangka Island exactly 72 years before, Dr Orchard focused on the professional commitment and considerable contributions of army nurses in the Middle East and Far East in World War II, and on their substantial suffering because of it.

In an address described by one attendee as strong on attention to detail, economically worded and skilfully delivered, Dr Orchard personalised her remarks by naming the South Australian army nurses who died because of enemy action in WWII.

She said that in addition to those evacuated from Singapore aboard SS Vyner Brooke and drowned, disappeared, were killed or died during internment, three other South Australian army nurses who died because of enemy action were “frequently overlooked”.

Eileen Callaghan was among 18 army and civilian nurses interned in Rabaul and later in Japan. She contracted tuberculosis, was very ill when repatriated, never regained her health and died in March 1954.

Another, Patricia Cashmore, was in Africa when war started. She joined the East African Military Nursing Service and died in February 1944 when SS Khedive Ismail, a troopship in convoy from Mombasa to Colombo was sunk by Japanese submarine with the loss of 1,297 lives. Seventy seven were servicewomen – the greatest single loss of service women in WWII.

The third, Mary McFarlane, was among 11 nurses drowned when Australian Hospital Ship (AHS) Centaur was sunk by a Japanese submarine off the Queensland coast in May 1943. Referring to Sister McFarlane’s Service Record, Dr Orchard drew attention to 25 years as the minimum age for nurse enlistment in WWI and early WWII, and March 1943, the date when army nurses were first commissioned as officers.

Citing the Crimean War origins of modern nursing, Dr Orchard concluded her address with a heart-felt tribute to the nurses commemorated at the service.

The ANMF (SA Branch) was represented at The Bangka Day Memorial Service at St Marys, which has steadily expanded since it began in 1956 to honour not just those who died in the Bangka Island Massacre, but all who served in the Women’s Auxiliary Australian Air Force, Women’s Royal Australian Naval Service, Australian Women’s Army Service and the Australian Army Medical Women’s Service.

Dr Barbara Orchard is an Adelaide Medical Graduate with a deep interest in Australian Military History. She worked to develop the National Service Nurses’ Memorial on Anzac Parade in Canberra and lectures on Australian Military History.

Dr Barbara Orchard’s address to more than 350 people gathered at the Bangka Day Memorial Service at the South Australian Women’s Memorial Playing Fields chose to honour some lesser known South Australian nurses.
General Cosgrove is on the record as a supporter of the nurses who formed part of a 450-strong surgical team who served South Vietnamese civilians during the Vietnam War and who continue to seek the same medical care and entitlements as those in uniform.

The current view of the Federal Government is that nurses were not technically under the command of the Australian Defence Force (ADF) in Vietnam, therefore ineligible for assistance under the Veterans’ Entitlements Act (VEA).

Minister for Veterans Affairs, Senator the Hon Michael Ronaldson, confirmed this position to Returned Services League National President Rear Admiral Ken Doolan AO RAN in November, after the RSL lent its support to the campaign in August last year.

“While cordial informal relationships often existed between the SEATO teams and their Australian and United States military counterparts, there was no documentary evidence that pointed to the type of command and control relationships which would provide a case for the extension of repatriation entitlements,” he said.

South Australian-based SEATO nurse and cancer survivor, Helen Taplin, said the estimated 130 remaining nurses - most of whom are in their 70s - are continuing their fight.

“There’s a few that keep on fighting. We’re not giving up,” she said.

ANMF (SA Branch) CEO/Secretary Adj Assoc Professor Elizabeth Dabars said these nurses deserved recognition and critically access to the benefits afforded to those currently eligible under the Veterans’ Entitlements Act.

“Many of these nurses have suffered the same elevated rates of physical and mental conditions as other Vietnam veterans, such as post-traumatic stress disorder, autoimmune disease, non-Hodgkins lymphoma and cancers,” Ms Dabars said.

ANMF Federal Secretary Lee Thomas, who has spearheaded the campaign at a Federal level, said the Vietnam experience was extremely challenging given the appalling conditions for SEATO nurses, but it never lessened their courage and resolve to answer their call of duty and treat the sick and the injured.

She has called the lack of recognition a national disgrace.

“It’s not about the money; it’s about the recognition and more importantly access to health care at a time when they most need it. I don’t believe it would be a problem that ‘open the floodgate’ to other entitlement claimants,” Ms Thomas said.

While SEATO nurses have had to claim for workers’ compensation with Comcare, that scheme stops at age 65.

Both Ms Dabars and Ms Thomas hope the Australian Government will grant SEATO nurses access to the Veteran’s Gold Card to provide free medical assistance for conditions arising from their service.
Captain Andrew Dansie in the field
In civilian life, Andrew Dansie is a clinical nurse in the Emergency Department of Flinders Medical Centre (FMC). As Captain Dansie, with 16 years of experience as an Army Reserve medic who has deployed to East Timor, Pakistan and Afghanistan, he brings a wealth of leadership and clinical skills to his FMC role.

Andrew is not the first in his family to serve in the armed forces overseas. One grandfather fought on the Western Front in World War I and another was a stretcher bearer in Papua New Guinea in World War II.

Andrew joined the Army Reserves as an Enrolled Nurse, undergoing Defence-assisted study to complete his university degree to become a Registered Nurse.

His civilian and military careers have progressed steadily in parallel thanks to a supportive family - his wife Lisa and three children - as well as his employer.

Andrew says it is not just clinical training but leadership skills, knowledge and experience gained through his work with the Army Reserves that has boosted his nursing career.

Andrew's minimum commitment to the Army Reserve is three hours a week which can involve drill training, fitness, soldier skills and administration. But he has chosen to be deployed, sometimes for up to three months, thanks to leave granted by his employer.

Through this role, he has been part of a UN resuscitation team in East Timor, a member of the medical team for the Olympic Games in Sydney, as an ICU nurse in a Dutch-operated hospital in Tarin Kowt, Afghanistan, and as part of a humanitarian effort to assist survivors of a serious earthquake in Pakistan in 2005.

“The biggest highlight for me was my deployment to Pakistan which was primary healthcare focused in a very challenging environment,” he said.

Nights often went below zero in the Himalayas in Kashmir, where Andrew looked after people affected by a 7.6 scale quake event estimated to have killed almost 100,000 people, seriously injured an additional 138,000 and displaced a further 3.5 million.

Andrew’s work encompassed “everything you’d see in a developing world”, not just pain and trauma suffered by victims of the quake but also ongoing issues in a testing environment – from skin and gastrointestinal disease to “general ills which develop from a Himalayan winter.”

“The benefits of my Reserve career have been multiple and varied. I’ve had great professional development both clinically and in leadership. There’s networking and travel and I’ve also helped communities and seen the locals and their genuine heartfelt thanks,” he said.

Andrew ranks work as an ICU nurse in Afghanistan as another career highlight, one that involved intense preparation before deployment.

“It was about preparing yourself physically and clinically, you can’t rest on your laurels, with simulation exercises and team work and updating yourself. It’s making sure all the boxes are ticked before you go,” he said.

Part of that work was tending to Australian soldiers, and Andrew’s experience in ED at FMC prepared him for dealing with mass casualties stemming from the conflict.

“I think, working from a civilian perspective, it certainly prepares you for what you may see on deployment. Some of the injuries I saw weren’t too dissimilar from those caused by motor vehicle accidents,” he said.

“Extending that into the Defence environment, it is about knowing we’re there for the Australian soldiers. When they’re injured, they want to be sure they have the best nurses and doctors there providing the best level of care. Part of that is being the best I can possibly be.”

With all that experience on board, Andrew is now taking on a teaching role both within the Reserves and as part of the education group at FMC.

“I’m still very keen to be part of the ADF, for me it’s now about giving back and helping out the junior nurses coming through as a supporting instructor,” he said.

But he still wants to maintain his clinical skills, a key element to his professional motivation.

“Being with people and helping people when they are in pain and suffering is what it’s all about. Helping people when they are at their most vulnerable is the thing that all nurses have deep down inside. It doesn’t matter which area you go into, that is one of the core things that gets you through and why you do it.”
The Ashford Hospital Registered Midwife has cared for an estimated 52,000 newborns in her fifty-year career, a milestone she celebrates this month.

That is a conservative estimate - five babies a day, four days a week on average, not taking into account her recent move from full-time work and greater demands made on her as a younger midwife.

"In the early days when I worked at the Queen Victoria Hospital, we used to wash and feed a room full of babies being put up for adoption ... sometimes there were thirty of them and two of us. I learned to get very good at settling babies," she said.

Social trends have changed dramatically, including decreased adoption rates, more choices for mothers and greater career flexibility for nurses and midwives.

At the same time, new technologies have made enormous improvements to neo-natal care.

But Dzintra says some things never change.

"With the neo-nates you become very close to the parents while babies are in your care. You build up a strong rapport with them," she says.

"When they’re leaving you know that you’ve made a difference in the child’s life.

"It’s not about money or wealth, it’s the difference you make in someone’s life. That’s why I’ve enjoyed my working life so much."

Despite decades of on-call and night shift, Dzintra still says “it’s a pleasure to go to work” and counts a large number of nursing colleagues of all ages amongst her friends.

An ANMF (SA Branch) member for over 16 years, Dzintra has spent 30 years at Ashford Hospital, seven at Flinders Medical Centre’s post natal ward, time at Torrens House, Child and Youth Health and at the Queen Victoria Hospital, where she began her training as an 18-year-old in 1964.

Ashford Hospital paediatrician Dr Phil Munt can attest to her longevity looking after two generations of his family.

Dzintra not only cared for Dr Munt’s son when he was born at Flinders Medical Centre, she also cared for two of Dr Munt’s grandchildren born at Ashford.

While she is asked frequently about her retirement plans, Dzintra remains happy to continue her work “while I’m still able”.

The ANMF (SA Branch) would like to congratulate her on a long and satisfying career.

Know an ANMF (SA Branch) member who deserves to be recognised for their outstanding contribution to their profession? Contact us at enquiry@anmfsa.org.au and let us know.
The Government’s warning is timely ahead of World Health Day on April 7, which focuses on vector-borne diseases. Councils and SA Health monitor traps located in various areas of South Australia as part of normal mosquito management activities and detect any diseases they might be carrying. SA Health Director of Health Protection, Dr Chris Lease, said traps had recently yielded higher than average numbers of mosquitoes but the number of mosquito-borne infections had remained relatively low this year.

At time of publishing, South Australia had seen six cases of Ross River Virus (RRv) since January 1, compared with 37 cases at the same time last year – a total of 178 cases of RRv were registered in 2013.

“We have also been notified by the University of South Australia’s Mosquitoes and Public Health Research Group that they have detected Ross River virus in mosquitoes trapped along a number of coastal locations in the northern Adelaide,” Dr Lease said.

“The emphasis the importance of all South Australians fighting the bite by taking precautions to avoid being bitten and reduce mosquito breeding sites in and around their homes.

Dr Lease urged health professionals and citizens to be aware and spread the word on preventative measures.

“The key actions to fight the bite are to cover up, repel and eliminate. It is also important that people eliminate mozzies coming inside their home by using insect screens on their doors and windows.”

Ross River Virus symptoms and other mosquito-borne infections vary in severity and can include joint pain, rash, fever, fatigue or muscle pain.

While most people will recover completely in a few weeks, some can have quite severe symptoms for many months.

SA Health has urged people suffering from symptoms to contact their doctor.

SA Health has reminded all South Australians to protect themselves against mosquito-borne infections following a recent increase in mosquito numbers.
VECTOR-BORNE DISEASES

VECTORS ARE SMALL ORGANISMS THAT CARRY SERIOUS DISEASES

WITH JUST 1 BITE they can transmit diseases such as:

- Malaria
- Leishmaniasis
- Yellow fever
- Japanese encephalitis

Diseases spread by vectors kill a million people every year and more than half of the world’s population is at risk

TAKE SIMPLE MEASURES TO PROTECT YOURSELF AND YOUR FAMILY

- Get vaccinated against yellow fever and Japanese encephalitis
- Install window screens
- Use insect repellent
- Sleep under an insecticide-treated bed net
- Get rid of stagnant water from places where mosquitoes breed, such as in old containers, flower pots and used tyres

Source: World Health Organisation

For more information, contact your health-care professional
www.who.int/world-health-day
Assoc Prof Leask’s research shows busy parents trust the opinion of nurses and doctors on the risks of vaccines and the dangers of not being immunised, leading most to choose vaccination.

A midwife before turning to research, Assoc Prof Leask also has studied how parents’ decisions are influenced by anti-vaccination messages, such as the 10-year fallout experienced from Andrew Wakefield’s now discredited anti-Measles-Mumps-Rubella (MMR) vaccine article published in The Lancet journal in 1998.

The article, which raised concerns about a possible link between MMR vaccine and autism, was later found to be seriously flawed, but has been blamed for creating lower vaccination rates and outbreaks of the disease in the UK.

“When this occurred, parents were asking nurses and doctors on MMR but sometimes not being reassured,” she said. “A few health professionals were also affected by the scare.”

Her study shows the vast majority of parents (86 per cent) accepted or cautiously accepted vaccination.

A further 12 per cent were hesitant or needed more information, delayed or were selective about how they immunised their child.

Only two per cent of parents actively refused to vaccinate, she says.

In most regions she says Australia has a high level of “community immunity” with vaccination coverage rates for the crucial two-year-old age group at 92.3 per cent, in line with South Australia’s coverage rate for the same age group at September 2013.

“Most of that remaining group have had some vaccines but are not up to date because parents have faced some practical barrier like a sick child or difficulties with transport or convenient clinic times,” Assoc Prof Leask says.

“Both midwives and practice nurses have a big role in immunisation, so they need to make sure their knowledge is up to date and encourage parents to vaccinate,” she says.

“One of the best things general practice nurses can do is send parents a letter to remind them before their vaccinations are due and phone those who are overdue. It’s also about changing things upstream to make it as easy as possible for parents to get their children immunised in a timely way,” she says.

Part of that has been in the hands of Federal Government which requires children to be fully immunised for their age or have an approved exemption before receiving the Child Care Benefit and Family Tax Benefit Part A.
Another is engaging with those hesitant and selective vaccinators and the pockets of Australia with lower “community immunity” where parents were “generally sceptical of technology and parts of modern life and vaccination comes with that and gets scooped up in that belief system.”

Tea Tree Gully Council Immunisation Nurse, Gaby Jones, said the increase in vaccines on the schedule rather than anti-vaccine messages had increased the level of hesitation to vaccinate over her 30-year career.

“Many parents choose to split the schedule (have half the injections one week and come back the next week), which we try to discourage because it leaves the children vulnerable. But at the end of the day they’re fronting up,” she says.

Ms Jones, a Registered Nurse and accredited immunisation nurse, said the constantly changing nature of immunisation was one of the main reasons she enjoyed her job.

“People underestimate immunisation. Giving a needle is the quickest part of the job. It’s the vast amount of information you need to know. I attend conferences and go to training sessions. I’ve learnt about the Meningococcal B vaccine at an information session recently. We need to know because we’re at the coal face,” she says.

“Most importantly I feel like I’m part of the picture and have had a reasonable impact on immunity with the amount of injections I’ve given over 30 years.”

While Australia’s “community immunity” remained high, there were still outbreaks of infectious diseases seen in Australia.

The World Health Organisation, which celebrates Immunisation Week this month (April 24-30), puts Australia in a measles free status, but there is vigilance around the disease.

Queensland University Infectious Diseases physician Trent Yanwood said measles so infectious that even a small number of un-vaccinated or under-vaccinated people can be enough to result in ongoing transmission.

“We certainly are seeing a lot of imported cases from South East Asian and Pacific Island countries,” he said.

In the year to date, SA Health has reported a higher incidence of the disease compared with the same time last year.

“It’s hard to predict what’s going to happen from such small number of cases, but large outbreaks are fairly unusual. Part of the issue is that people who are now in the age group where they are likely to be travelling may not have been fully vaccinated - measles only became part of the standard schedule in 1982. It being so infectious is the reason that it’s so important to maintain high levels of vaccination,” Dr Yanwood said.

“Although lots of media attention focuses on people who decline to get their children vaccinated, (public health researchers) want there to be more focus on people who don’t object to vaccination, but have just fallen through the cracks.”
In late February, ANMF (SA Branch) CEO/Secretary Adj Assoc Professor Elizabeth Dabars spoke at a rally of over 100 on the steps of Parliament House, raising concerns about the ramifications the introduction of the co-payment would have on waiting times and on workloads for frontline health care professionals.

“There is no question that our health system will be under increasing strain, and we need strong government policies in order to address these and other developing challenges,” Ms Dabars said.

“But introducing a GP co-payment plan is not a sound policy position. Indeed, the introduction of what is essentially a ‘user pays’ system goes against the very principle that Medicare was founded on.”

Ms Dabars also spoke of the critical need to principles and defend those least well off in our community, who will be the most adversely affected by the outcomes.

“Imposing cost constraints on routine visits to the doctor will cause a dangerous ripple effect throughout our entire health system,” she said.

“Any moves that discourages GP visits could have serious ramifications for our hospitals and the dedicated staff that keep them running”.

“This attack on Medicare ultimately lays the foundations for an all out attack on our public health system in the future”.

The ANMF (SA Branch) will keep members updated of any progress on this important issue.
CPD CALENDAR AND APRIL/MAY HIGHLIGHTS

The Australian Nursing and Midwifery Education Centre (ANMEC) is offering a range of topics and sessions in the coming months for your Continuing Professional Development (CPD).

Two exciting new courses are being offered in April and May:

NEW: CULTURAL CONVERSATIONS
This session is for participants working in the health care industry who are from non-English speaking backgrounds. Participants will explore aspects of through discussions and scenarios and cover the importance of body language, conversation skills, comprehension, the need to seek clarification and appropriate and professional responses.

NEW: PERIPHERAL IV CANNULATION
Through simulation and practical demonstration, participants are able to interactively learn and understand the anatomy, technique, safety and equipment necessary to successfully perform PVC, along with indications/contraindications, complications, maintenance and removal. Participants will be provided with a Certificate of Attendance and Procedure Log and will be required to re

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### April 2014

- **Tuesday, 1st** 0900-1600  No Lift, No Injury Instructor Course – Day 1 (CPD 6 hours)
- **Wednesday, 2nd** 0900-1600  No Lift, No Injury Instructor Course – Day 2 (CPD 6 hours)
- **Thursday, 10th** 0900-1200  Basic Life Support (CPD 3 hours)
- **Friday, 11th** 0930-1130  NEW: Cultural Conversations (CPD 2 hours)
- **Wednesday, 16th** 0900-1600  No Lift, No Injury Instructor Course – Day 3 (CPD 6 hours)
- **Monday, 28th** 0900-1200  Hazardous Manual Tasks (formally known as Manual Handling) (CPD 3 hours)

### May 2014

- **Monday, 5th** 0930-1630  Massage in Nursing (CPD 6 hours)
- **Monday, 5th** 0900-1100  Developing a Professional Portfolio (2 hours)
- **Tuesday, 6th** 0900-1600  Wound Management (CPD 6 hours)
- **Wednesday, 7th** 1300-1700  Law and Ethics – Role of the Nurse, Midwife and Personal Care Assistant (CPD 4 hours)
- **Monday, 12th** 0900-1200  Managing clients/patients/residents with Anxiety and Depression (CPD 3 hours)
- **Monday, 12th** 1300-1600  Palliative Nursing Care – assessing symptoms (CPD 3 hours)
- **Tuesday, 13th** 0900-1300  No Lift, No Injury Instructor Update (4 hours)
- **Monday, 19th** 1300-1600  Management of Anaesthetic Crises (CPD 3 hours)
- **Tuesday, 20th** 1300-1500  Infection Control (CPD 2 hours)
- **Friday, 23rd** 0900-1300  Venepuncture Workshop (CPD 4 hours)
- **Friday, 23rd** 1400-1700  NEW: Peripheral IV Cannulation (CPD 3 hours)
- **Friday, 30th** 1300-1700  Mental Health Act 2009 – How does the Mental Health Act impact my practice? (CPD 4 hours)

### June 2014

- **Monday, 16th** 0900-1600  Aboriginal Cultural Awareness (CPD 6 hours)
- **Tuesday, 24th** 0900-1300  Medication Management (CPD 4 hours)

### July 2014

- **Monday, 14th** 1300-1700  Rehabilitation Nursing (CPD 4 hours)
- **Tuesday, 15th** 0900-1200  Hazardous Manual Tasks (formally known as Manual Handling) (CPD 3 hours)
- **Monday 21st** 1300-1600  Basic Life Support (CPD 3 hours)
- **Wednesday 23rd** 0900-1600  Diabetes Workshop (CPD 6 hours)

All CPD topics are taught by qualified practitioners and educators with the latest best practice knowledge.

To register, visit the ANMF (SA Branch) website at [www.anmfsa.org.au/learning](http://www.anmfsa.org.au/learning)