

# LOGIC.

LINKING OPPORTUNITIES GENERATING INTER-PROFESSIONAL COLLABORATION

The Official Journal Of The New Zealand College Of Primary Health Care Nurses, NZNO



*AUTUMN 2024*

*New Zealand Sign Language  
Covid Flow Chart  
Prevent Suicide App  
Cervical Screening Rollout  
Maori Nurse Hui  
and much more*

LOGIC is the Official Journal of the New Zealand College of Primary Health Care Nurses, NZNO.

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## CHAIR REPORT



*Tracey Morgan*

*“Naku te rourou, nau te rourou ka ora ai te iwi”*

With your basket and my basket the people will flourish meaning with the cooperation and combination of resources we all will move together to get ahead.

I would like to thank all of you in Primary Health who continue with the long hours and work ensuring our community is cared for. As Professionals in the sector, it can seem arduous but please note that your work and effort does not go unnoticed so thank you.

The members of National Executive Committee represent the College members on many external working groups and at times members are called upon to represent as well. These representatives act in the best interest of NZCPHCN and communicate back to the Committee as required; provide reports as identified by NZCPHCN Chair of participation and progress; provide overview of external groups represented. As well as the Executive Committee the sub-committees PPC and Logic continue to work hard to ensure members voices are being heard and addressed.

### WEAVING THE JOURNEY IN PRIMARY HEALTH

Like every year 2023 presented with more challenges for Primary Health:

- A new government was elected with ongoing challenges needing to be addressed for Nursing.
- The dissemination of Te Aka Whai Ora began.
- Introduction of vaccination to be introduced into Pharmacies.
- HPV Self Swabbing commenced.

As we engage into another year the reminder, we can only make a difference if we are all at the table or on the menu. This has been highlighted with ongoing discussions we have had with the Interim Chief Nurse

The College recognises and acknowledges the constraints each area of Nursing face on a daily basis. Working collaboratively and engaging with each Sector is the way forward. Now is the time for Primary Health to stand strong, united and be a voice “Maranga Mai” Every nurse everywhere.

### REGULAR ENGAGEMENT

- Interim Chief Nurse Emma Dickson and Te Aka Whai Ora Nadine Gray
- General Practitioner Leadership Forum
- Pharmac
- ACC Primary Sector Engagement
- LARC and Cervical Screening

The synergy of our committee and the collegiality, focus and determination of National Executive Committee, Logic Committee, Professional Practice Committee (PPC), and Professional Nursing Advisor have managed to successfully continued to do this without a Secretary for the past two years.

We have newly appointed Executive Committee Members to now bring the Committee to almost full capacity with one vacancy to be filled.

### Together we will grow. Maranga Mai

Tracey Morgan (National Executive Chair)

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## Editor's Report



*Yvonne Little*

Editor

Welcome to the Autumn issue of LOGIC. We have been providing an e-journal for the college for eight years

now and despite the trials and tribulations of pandemics and weather events we have been able to continue to produce our journal. Without the support of the following this would not have been possible, so I would like to say thank you to the LOGIC committee (past and present as we have had some changes over the past four years), the National Executive Committee, NZNO and last but not least the NZCPHCN membership whose input to continue improving the journal has been invaluable.

Whilst we will continue to produce the LOGIC journal, we will no longer be able to provide the journal in the Joomag format, due to Joomag archiving some of their older plans including the one we were using, as it is cost prohibitive unless we charge for joining the college again, which is not our intention. We are currently working on other options but we will continue to produce the PDF version for you whilst we investigate and make plans.

Our aims are unchanged from those of previous years:

1) To increase reader coverage by providing more diverse articles to encompass those nursing groups within the NZCPHCN umbrella:

Aged Care, Public Health, District, Mental Health, Maori Health, NGO Sector, Occupational Health, Palliative Care, Plunket , Practice Nurses , Prison Nurses , Respiratory, School, and Sexual Health

2) To celebrate and promote those in our ranks who have achieved in the leadership arena and

3) To provide information and support through collegial sources.

We will continue with our theme topics, alongside our regular/ semi-regular articles, the Editor and Chair of the NZCPHCN reports, but it is unfortunate that we have not been able to provide any reports from the Office of the Chief Nurse for some time now but we are still endeavouring to reconnect and get these back into our journal.

Finally, we continue to look at succession planning as the committee composition changes from time served and life changes.

I am pleased to announce that we have Mikey Brenndorfer as our inhouse publisher, taking over from myself, in the hiatus between Celeste Gillmer leaving to pursue her Ministry of Health position several years ago.

Currently our committee consists of:

Yvonne Little – Editor, Michael Brenndorfer – Publisher, Jess Beauchamp, Katie Inker, Alysha Clarke, Marianne Grant, and Sarah Darroch.

I would like to thank those committee members who have been with us over the past four years, have now moved on, and wish them well in their future endeavours.

We still have one vacancy on the committee for anyone who is interested in joining us.

THEMES FOR UPCOMING ISSUES OF LOGIC in 2024

WINTER: Family Violence/Harm – Healthy relationships; Mental Wellness; Leadership

SPRING: Polypharmacy; Peer Support/Supervision; Leadership

SUMMER: Skin cancer/sun sense; Climate change; Leadership

If there are any topics, you would like us to include in future issues then please make contact with one of the committee. This is after all your journal.

We would like to remind you to think about who you could nominate for our two awards to be presented at our Symposium in March 2025: Oritetanga Pounamu Award, Equity Grant and Leadership (Haututanga) and Innovation (Tangongitanga) – the nomination form with the criteria for both will be on our webpage and Facebook/Instagram pages soon and we will be including these in our future LOGIC journals.

Let's enjoy the balmy autumn days we have ahead of us before the winter chill sets in.

Nga Mihi.

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## NZCPHCN PPC Report



*Bridget Wild*

It has been a busy time in Primary Health Care with many challenges and changes. We are still working to get pay equity for Nurses working in all sectors of Primary Health Care and we will continue to keep the pressure on the Government to make this a reality in the near future.

Our website has been updated and streamlined and the rules of NZCPHCN and our brochure has been updated.

NZNO are doing an overview of all the Colleges and Sections and looking how we can increase numbers and work more collaboratively together.

We had our fantastic Symposium in March 2023 Title: 'Caring for Ourselves, Caring for Communities, Caring for Aotearoa' – a focus on Nursing in the Primary and Community Healthcare sector. This was the first time Primary Health Care Nurses have been together since Covid. We had fantastic guest speakers, and it was great to debrief on the challenges and the positives through Covid and looking towards the future.

Our next PHC Symposium will be on 15th March 2025 in Christchurch – "Primary Health Care - our future". We will look forward to seeing you all then.

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## Māori Nurses Hui 12-13th October 2023



*Wanetta Sayer*

Ko Ahititi, Pukehāpopo me Te Rae o te papa nga maunga

Ko Waiherere, Waiōmoko, me Waihou nga awa

Ko Takitimu, Horouta me Tohora nga waka

Ko Parihimanahi, Whangara Mai Tawhiti, me Te Kotahitanga nga marae

Ko Ngati Kohuru, Ngati Konohi me Ngati Hako nga iwi

Ko Te Poho o Mahaki, Whitireia me Waho te Rangi nga whare tipuna

Ko Wanetta Sayer toku ingoa

Kia Ora, my name is Wanetta Sayer. I whakapapa to Tairāwhiti and Hauraki. I am based in Cambridge, Waikato where I live with my partner and our three children, daughter 20 years old, four-year-old son, and two year old daughter. My passions lay with working with tamariki and whanau to improve health outcomes and to be a leader in everything I do.

Nga mihi nui

I attended the National Māori Nurses Hui, hosted by Te Kaunihera o Ngā Neehi Māori o Aotearoa, at the venue of Tangatarua Marae, Toi Ohomai Institute of Technology, Rotorua. Te Kaunihera was established in October 1983 and formed to represent Māori on health issues and to increase Māori entering the nursing profession. The hui went for two days, with 150 attendees. These included Māori nurses, Māori Nurse Practitioners, Māori nurse researchers, Māori nurse leaders, and educators across the motu.

I am a Māori nurse, and my current role is a National Educator for Postgraduate Certificate in Primary Health Care Specialty Nursing Well Child Tamariki Ora. The certificate is nationwide, it encompasses all Well Child Tamariki Ora nurses, which include Iwi Tamariki Ora nurses. It felt important for me to attend because I am Māori, a nurse, and now working in education. My nursing profession has led me down a pathway to commit to acquiring new knowledge. Completing my Bachelor of Nursing in 2010 started this off, then onto a Postgraduate Certificate in Primary Health Care Specialty Nursing 2013, and a Postgraduate Diploma in Nursing 2015. I have been a nurse for 13 years, and one year in the education space, all 13 years has been in Well Child. From here I wish to further my education and start my Master's as I have found combining nursing, Māori health and education to be a passion of mine.

The theme of the hui set the tone from the beginning Kia tau hā te Mauri (To settle the self and spaces we occupy). It offered the opportunity to take a moment

and pause within our environments in which we work and live in. The environment at Tangatarua Marae was a safe space to take this moment, it was welcoming and supportive, everyone who attended had their arms wide open to learn and go forward with the inspirations of the speakers over the two days.

I loved attending this conference because it provided opportunities to network with other Māori nurses. I networked during breaks, during kai and our dinner which they hosted at Te Puia-Māori Arts and Crafts Institute. It was a safe space for me as it was easy to start conversations and get to know people in relaxed atmospheres. We sung waiata, there was wiri (in place of clapping), we represented our rohe of where we whakapapa from, which I moved out of my comfort zone and sung waiata, with actions, in front of 150 plus of like-minded wahine. Throw in a huge amount of humour and laughter throughout.

One of the speakers was Dr Candy Cox who has been involved in education, health, and research. She was the first Māori nurse to gain a Doctorate in Education and she currently is a serving member on the NZ Nursing Council. Candy spoke of “Māori nurses to be retrained and retained” and that every Māori nurse should be enrolled in advance studies. Listening to her, Candy showed me that she was a clear leader in my field.

One session I enjoyed was the concurrent pathway sessions: Clinical, Advance Clinical, Leadership-Emerging and Advance, Education, Research and Ngā Wawata-Aspirations. These got me excited as I was able to pick one out of the five options which was education. They recommended to pick one, which was appropriate to your nursing role, although I would have loved to pick more than one as my interest was sparked in many areas. I was very driven to learn all I could from the two-hour session, unsure what was to be expected. It was the first time I had shared with a group of where I started from, my decision to be a nurse and my journey through to today. I was amongst researchers and scholars and long-time educators; it was an exciting time to be inspired and get the guidance from others by way of networking.

The main highlight and point of learning for me was the importance of leadership as Māori for Māori. One of the things said at the hui “a good leader is one who is always learning” and “surround yourself with those who you can aspire and learn from” (L. Hetaraka, personal communication, October 12, 2023). I have always known to keep on learning, but from attending the

conference I found and gave myself the valuable inspirations to find my passions and move forward in my leadership and education path. I hope to attend the next Māori nurse’s hui and encourage other Māori nurses to do the same.

Tomo mai ki te akoranga hauora, whakahokia ki te ao whānui

Enter to learn, go forth to serve

Nā Putiputi O’Brien

#### References:

Te Kaunihera o Ngā Neehi Māori. (2023). Whakapapa-about us. <https://maorinursesouncil.nz/>

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## An Enrolled Nursing Story

*Shiaz Ali*

#### About me:

I have been an Enrolled Nurse (EN) for just over one year now, starting in district nursing/in-home care, raising a daughter with my partner. I now have a position as a practice nurse in South Auckland, which I love.

#### What made you want to do enrolled nursing?

It was efficient with the course being shorter and more manageable with having a newborn baby. I was also interested in seeing if nursing was a profession I would enjoy without investing all three years, and of course, I now enjoy it, it was also a big motivation during Covid as the course was also fully funded.

#### What do you love about what you do?

Meeting new people and learning new skills for my professional development as it broadens my ability to support patients with many things.

#### How do you see the future of enrolled nursing in primary healthcare/community?

I see the workforce heavily supporting Primary Healthcare

#### How do you feel about the proposed changes to the Enrolled Nurse scope of practice?

I truly admire it because I feel as though enrolled nurses were somewhat degraded in certain workplaces compared to Registered nurses (RN), so this gave me

insight that enrolled nurses are not getting forgotten about or left behind. This also gives me the ability to do more and learn more.

**Do you want to extend your learning to register as an RN, and if so, what made/makes you want to do this and/or what is stopping you?**

My daughter is young and also having to repeat the whole course despite doing an 18-month diploma is what I also find difficult to swallow. There should be some consideration for previous studies and clinical hours including those while working. I feel like I would be repeating a lot of the educational things. It would be great if they had a crossover course or part-time course which I could do while working, I could do RN training while still working to support my family.

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**What is disability? Let's start at the very beginning....**



*Anna Reed*

*Anna Reed is the Senior Disability Advisor for Tū Ora Compass Health PHO. Anna is a disabled person herself and lives in sunny Porirua with her husband and two young children.*

I'm not sure if anyone else is singing the song from The Sound of Music right now (and if you weren't, you might be now). Welcome to the first of many musings about all things disability. I'm the Senior Disability Advisor at Tū Ora Compass Health PHO in Wellington. After experiencing first hand many of the health inequities that disabled people experience in our health system, I moved from education into health. Like many disabled people, I was frustrated with having to battle the health system, deal with bias around physical and mental health and trying to navigate a world that wasn't set up for me.

Despite being a proud disabled person, when I moved into health, I didn't really know what disability was. I'd heard of the United Nations Convention of the Rights of Persons with Disabilities. I'd heard roughly of the human rights approach to disability. And at best, I would have assumed that our numbers of disabled people in Aotearoa were around 5%.

So, who are our disabled population here in Aotearoa? We actually don't know how many people are disabled in Aotearoa, as we don't have good, self-identified data (yet) but it's probably around 25% or more, That might be more people than you thought. If you look around your workplace and think that in any given meeting, there's probably a few disabled people there, you'd also be correct. In my little whānau of four, three quarters of us are disabled. My youngest child has coeliac disease. She can't eat gluten or have cross-contamination from gluten. This affects eating out, birthday parties, school events, camps. My pain condition affects my work, levels of fatigue, ability to participate in sport, my ability to socialise and even the way I parent. All of these things are often invisible to others- once, I sat down on a train when I could barely walk with pain and was asked to get up for someone who needed the seat. Embarrassed, I did get up, but it taught me not to make assumptions about people looking fine, because you never know. I get this a lot... "but you don't look sick."

The definition we use in Aotearoa comes straight from the United Nations... "people who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." That is quite the definition! Let's unpack it a bit more.... We're used to thinking about physical impairments as often we can see those (but not always). But for a lot of disabled people, the impairment is invisible. This is true for mental health, neurodiversity, some sensory impairments. For example, a person with PTSD might be affected in terms of sleep, interaction with other people, a feeling of safety in the community, but you can't see PTSD. In a medical setting, people might see a person who is withdrawn or frustrated. Some people might have multiple impairments which affect their daily life from accessing buildings to communicating with others to be able to understand information.

If we assume that everyone has access needs, or could have access needs, and ask, then we start to make our world more accessible, inclusive and equitable for disabled people.

But more on that next time!

## Rural Support Trust



Sarah Tatham



The core purpose of the Rural Support Trust (RST) is centred around ‘rural people helping rural people’. The RST is a charitable organisation that is available to support the rural community when they face some kind of challenge or adversity on the farm or in their personal life. Rural life at times can be stressful and one of the roles that RST plays is empowering people to foster resilience and growth. It is made up of regional teams of rural people across the country who understand the challenges of rural life. They have a wide range of experience and knowledge in dealing with challenging situations. Within each team there are facilitators who will travel to where they are needed, in a place that suits the client, and the service is free and confidential.

RST can provide support during difficult personal, business and/or financial situations and/or following an adverse event. Facilitators are trained to seek out the best options to assist people to navigate a plan to manage these challenges or direct them to other support channels. There may be a need to refer people to the relevant professional help, such as financial and farm management, mentoring or counselling. Facilitators can work on behalf of or with financial organisations, government agencies and farm advisors.

The Trust regularly liaises with MPI and is linked to local Civil Defence agencies. Being connected with the rural community on the ground places them in a good

position to advocate for their needs. They can then provide information and assist in helping rural communities going through an emergency situation, or when managing an adverse event such as a drought or flood and also if faced with biosecurity issues such as *Microplasma Bovis*. This, may include community liaison, financial and/or family support, labour needs, wellbeing support and other farm or social needs during or following an adverse event.

Cyclone Gabrielle struck on 14th February 2023 and devastated large parts of the North Island. In parts of Eastern Coastal Wairarapa, communities were cut off by landslides and flooding. Lack of power, restricted access and communication, and impending evacuations lead to a very stressful and traumatic time for those impacted. RST Wairarapa assisted in any way that they could, initially by having team members present in the Emergency Operations Centre feeding information through. When they were able to, some of the team began driving up any roads they could access in the impacted areas and started going door to door to visit people and gather information.

The initial phase of the recovery was about reconnecting communities and delivering practical support to the rural communities in need and working in with government agencies – this included help with temporary accommodation, food and household items, local meeting places to allow people to come together and debrief. This helped to build data bases to streamline the process of providing assistance. This then moved on to supplying farms with fencing gear, working bees, and assisting with the logistics of the Enhanced Taskforce Green working crews, which is an initiative to provide labour to help with clearing and repairing damaged fences, silt removal and general flood clean up work. In addition, they were available on an individual level to support wellbeing challenges as people faced the layers of stressors that the flood had contributed to.


In July 2023 Sarah Tatham was brought on board the team as a Registered Nurse as part of the next phase of the cyclone recovery package. The facilitators in the Wairarapa RST team had seen the need for someone with health care experience to join their team to assist people with managing physical aspects of their health. An acute shortage of GPs in the region was meaning that people were not able to get in to see their doctors and the impact of the cyclone had a huge effect on roading and logistics.



Sarah has visited rural schools and playgroups, farmers discussion groups, rural meetings and get togethers. She will set up in a quiet and private area of a hall or room and see anyone who wants to get some basic health checks. These include taking blood pressure, blood sugar levels, BMI measurements and a general conversation on how the person is feeling. Discussions around healthy eating, heart health and sleep often lead into other important mental health and personal wellbeing topics.

In this new role Sarah is looking forward to running some community first aid days in conjunction with a first aid provider specialising in farming first aid. This also enables groups of farmers to get together off farm to socialise and learn some new skills. She is hoping to attend other industry days that farmers may be attending. Sometimes it is as simple as attending a local rural playgroup, having a cup of tea and a sit down with parents and having a chat about what is going on.



 [rural-support.org.nz](https://rural-support.org.nz)



# Contact Us

**To contact your local Regional Rural Support Trust for assistance please go to Regional Rural Support Trust and select your local Trust or call 0800 787 254.**

## Giant step forward for womankind in beating cervical cancer

Article courtesy of *Liz Willis & Total Healthcare*

Giant step forward for womenkind in beating cervical cancer Thousands more women reduced their cervical cancer risk thanks to their amazing response to the new human papillomavirus self-test trialled at Local Doctors clinics. Tāmaki Health regional nursing clinical lead Alysha Clark says nearly 4,000 human papillomavirus (HPV) self-tests have been completed through the Local Doctors clinics involved. More than half were done at the Dawson Road clinic alone. “This is almost 4,000 women who have probably never had the traditional smear test and out of that we have identified a few at risk women,” Alysha says. She says this a big step forward to addressing inequitable health outcomes for patients, particularly the high rates of cervical cancer in Māori and Pasifika women. “All healthcare staff want better outcomes for patients and this offers it. The self-tests can find someone’s mum, nana or sister who does have HPV present and goes on to need treatment. “You are not only changing the life of the woman, but everyone else who surrounds them. I think that’s what’s important for nurses, because they’re able to offer something that is going to really benefit the patient and their whānau.” Game changing test makes everything easier Initially women are quite shocked at how a test that was once quite traumatic for them could now be so easy, she says. “Even I’m like how do you change from using a speculum to something like a cotton bud? It’s great!” Women can do the self-test, using a small swab, in the clinic or take it home and drop it back to the clinic. For some women being able to do the test at home is the extra incentive they need to agree to it. It’s hard to get women to agree to traditional smear tests opportunistically during clinic visits but it’s far easier with the self-tests, she says.



*Tāmaki Health regional nursing clinical lead Alysha Clark, second from top left, with some of the nurses from Local Doctors Dawson. The clinic staff are top performers in getting women to try HPV self-tests.*

Boost to HPV vaccination awareness Conversations nursing staff have with women about HPV testing is also reinforcing the importance of HPV vaccination. “Some women don’t know that HPV is one of the primary causes of cervical cancer so we’re providing a lot of education about that.” Alysha says the slightly longer waiting time to get results from self-testing is far outweighed by the easier testing method. The accuracy of the test is improved because there is a lower chance of false positives, she says. Traditional testing can falsely identify abnormal cells leading to unnecessary further treatment. Alysha is pleased to see to that self-testing will be an option offered to all women from 12 September when primary testing for cervical cancer changes to the HPV test.

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## Career opportunities in Primary Care: A story by a Nurse Educator

*Natasha Nadar*

As I write this article, I am reflecting upon the journey that has brought me to this point in my career as a clinical nurse educator. It has been an experience that my past self would truly fangirl over. I have met some incredible people along the way and have had the pleasure of being mentored by some remarkable nurses who have helped me to achieve my dream career.

I started in Tamaki Health as a new graduate nurse, I was one of the unlucky few who did not get a placement through the ACE program after two rounds of applications and felt a bit deflated and lost. Tamaki Health allowed me to prove that I was worth investing in and I am forever grateful for the trust I have been given. Under the wings of some immensely experienced charge nurses, I was given the path to grow as a registered nurse which progressed into a charge nurse role.

In my time as a charge nurse, I was able to lead a team of nurses in an urgent care clinic for 2 incredible years (even with covid throwing curveballs our way) until I realised that I had achieved all that I could do in my role and needed more of a challenge and to be able to impact change for our nurses and patients, and was thankfully was given the opportunity from our director of nursing to become a regional clinical lead which included supporting nurses in 16 clinics throughout Auckland. However, as education has always been my passion, I nudged my way into becoming the first official clinical nurse educator for our organization in 2022.

Today my role involves clinical teaching, creating change in the way our nurses work and are seen by elevating their scope of practice and promoting activities that encourage our nurses to work at the top of their scope, organising events such as the nurse's conference, and creating new learning opportunities. I am still learning every day and am excited to be part of the future of primary health care.

Primary health care has allowed me to support the community I grew up in and to flex my clinical skills across general practice and urgent care clinics over the past 11 years. I have been able to immunise six week old babies, provide support to the youth in our communities, and care for our elders. I have laughed with the patient and been a caring hand for the patient who felt scared and alone, I have put a cast on the adventurous dad who felt like trying skateboarding, have screened women for cervical cancer and been an ear for their concerns. No one day has felt the same in primary health care and I feel privileged to be able to be in a role that supports our nurses and my community.

Nga Mihi

Natasha Nadar

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## APP REVIEW: Prevent a Suicide (ASPF)



Yvonne Little

Nurse Practitioner

Australian Suicide Prevention Foundation (ASPF)



Even as health professionals, how often do we get stuck for what to say and hope not to trigger a person's thoughts further into the abyss they find themselves in.

This app is something we as health professionals can use and importantly get out to our friends/family not in health so if they come across a situation, they may be able to help also.

Whilst this App was created by the Australian Suicide Prevention Foundation (a government registered charity) it is still very pertinent to New Zealand. With the high suicide rates and mental health issues increasing due to COVID-19, weather events, and cost of living crisis it is a valuable tool for anyone to have in their toolkit.

The App is a way to show that you care and understand and are there for the person concerned.

It has been produced drawing on lived experience from people who have been there and is medically approved in Australia. The design of the app is to help you communicate with someone who may be at risk of suicide.

Based on the website: <https://preventasuicide.org> it provides evidence-based guidance and support from survivors, supporters, and experts in suicide prevention.

The nice thing about the app is that it is user-friendly, simple, and intuitive to use. It is privacy focused which is another benefit and there is no sign-up process, it is simply just download the app for free and you are ready to go.

The Basics from the App:

Do you know someone who wishes they were dead, or who may be thinking about ending their life? Do you want to help them but you don't know what to say? Are you afraid of saying the wrong thing? Prevent A Suicide: What To Say is the app for you. It helps you send messages that can make a difference and save a life. It is much easier to communicate by text when dealing with a difficult topic such as suicide.

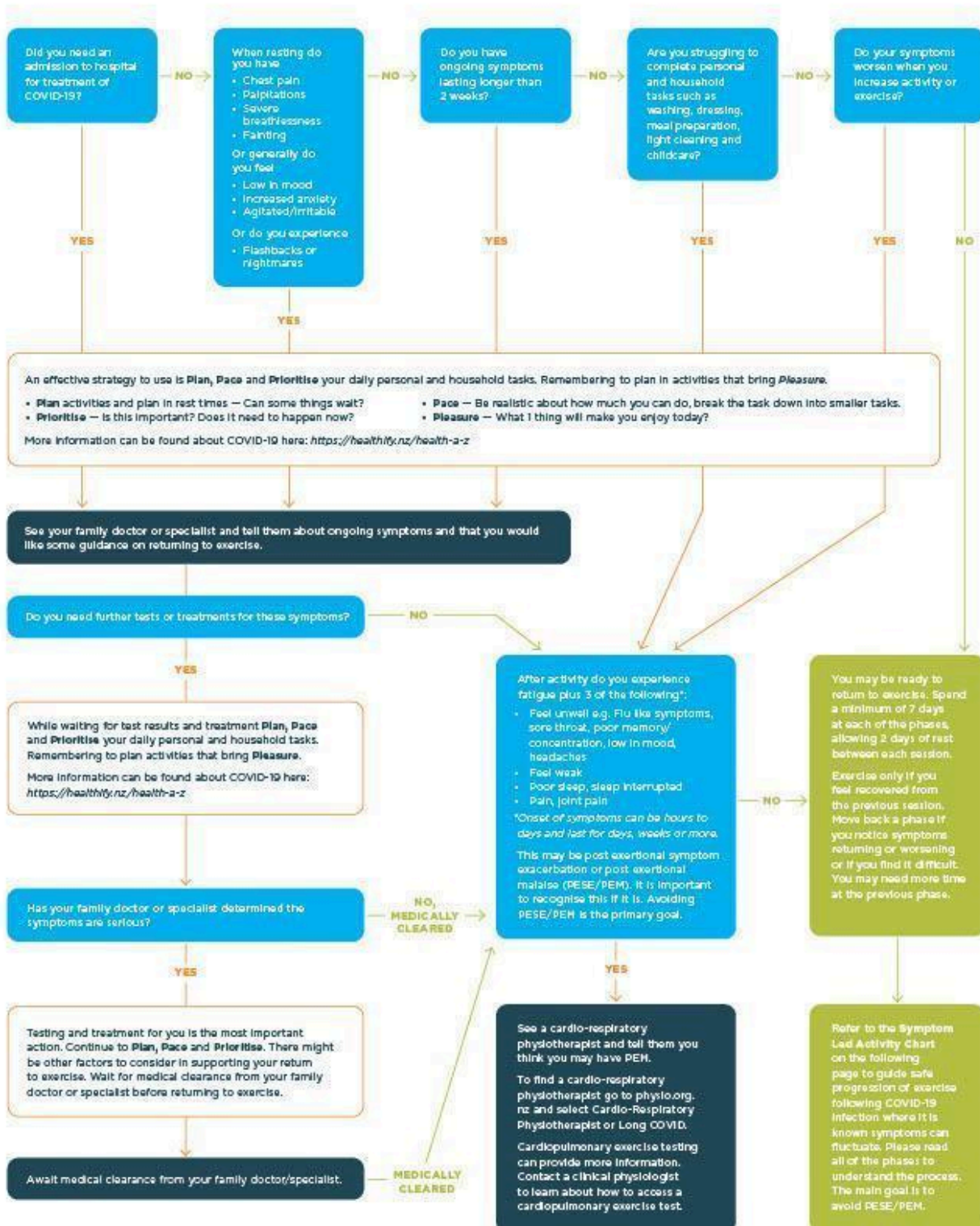
This app helps you find the words to send messages around the following themes:

- What you can ask
- What you can say
- What you can do
- Get help when it's critical
- Support for you

So, why not download it and have a look and see what you think. Just go to the App store on your iphone or ipad and type in prevent a suicide app and it will bring it right up for you.

# COVID FLOWCHART

## Returning to functional activities and exercise after COVID-19



## Returning to functional activities and exercise after COVID-19

### Symptom Led Activity Chart

	Phase 1 ↔	Phase 2 ↔	Phase 3 ↔	Phase 4 ↔	Phase 5
Activity	At this phase you prioritise home based rest, breathing exercises and gentle stretches.	At this phase you move to a low intensity activity or exercise.  E.g. Gentle walking e.g. 2 minutes on flat ground.	At this phase you move to moderate intensity aerobic exercise and strengthening exercises.  E.g. 2 sets of 5 minute blocks of aerobic exercise with a rest in between the sets.	At Phase 4 you can continue aerobic exercises and strengthening and introduce co-ordination exercises.  E.g. 3 sets of 5 minute blocks, progressing up to 6 sets of 5 minute blocks. The rest time can slowly be decreased as your fitness improves to progress to 30 minutes.	At Phase 5 there is an expectation that you can return to normal activities and exercise.
Intensity	This period of time is to rest and allow your body time to heal.	You can talk in full sentences, it's not especially hard to exercise and you feel like you could continue to exercise.	You are able to talk in full sentences, it's not especially hard and you feel like you could continue to exercise.	You are able to talk in full sentences, it's not especially hard and you feel like you can continue to exercise.	You are able to talk and feel sweaty whilst doing these activities. When you work harder, it feels harder and you feel tired but you don't have any great difficulties.  You may only be able to speak 1 word at a time when you work hard. If this feels too much, stop, catch your breath and reduce how hard you are working as you continue to exercise.
What can I do next?	If you have current symptoms at rest this may not be the right time for you to start an exercise programme.  When you have been symptom-free for at least 7 days progress to Phase 2.	If symptoms return or worsen return to Phase 1, allowing at least 2 days rest and not commencing until you feel recovered from Phase 2.  If there is no return or worsening of symptoms and you have completed this phase for at least 14 days, progress to Phase 3.	If symptoms return or worsen return to Phase 2, allowing at least 2 days rest and not commencing until you feel recovered from Phase 3.  If you feel you have recovered within an hour of the activity, you can trial another 5 minute block of aerobic exercise when you next exercise, with a rest. If there is no return of symptoms and you have completed this phase for at least 7 days, move to Phase 4.	If symptoms return or worsen, return to Phase 3 allowing at least 2 days rest and not commencing until you feel recovered from Phase 4.  If there are no return of symptoms and you have completed this phase for at least 7 days, progress to Phase 5.	If symptoms return or worsen, return to Phase 4, allowing at least 2 days rest and not commencing until you feel recovered from Phase 5.  If there are no return of symptoms, then continue.

**Disclaimer:** This document has been written to support a return to exercise for people with Long COVID living in New Zealand. It is intended as a guide only, the decision to return to exercise is yours alone, and not a substitute for treatment from a health practitioner. For further advice please refer to a qualified cardio-respiratory physiotherapist. The content was finalised on 21 May 2023 using current evidence and will be reviewed as new evidence is available.

**References:**

- Greenhaigh T, Sivan M, Delaney B, Evans R, Milne R. (2022) Long covid—an update for primary care. *BMJ*, 378:e072117 doi:10.1136/bmj-2022-072117
- Saiman D, Vishnubala D, Le Feuvre P, Beaney T, Korgaonkar J, Majeed A et al. (2021) Returning to physical activity after covid-19. *BMJ* 372:m4721 doi:10.1136/bmj.m4721
- The WorkWai Foundation (n.d). *The Post-exertional Malaise Timecourse for ME/CFS*. Retrieved May 25, 2023 from <https://workwailfoundation.org/wp-content/uploads/2023/01/WW-PEM-Timecourse.pdf>
- Borg, Gunnar. (1996). *Borg's Perceived Exertion And Pain Scales*. Champaign, IL:United States: Human Kinetics

Courtesy of Victoria Lai  
Critical Care Educator - Northern Region  
Allied Health Inpatient Acute Services  
Speciality Medicine & Health of Older People/ Waitemata

In 2023, Jen Mephram, with contributions from the Cardio-Respiratory Special Interest Group of Physiotherapy New Zealand, developed the Long COVID Return to Exercise Flow Chart. This tool aims to guide healthcare providers in offering accurate recommendations for individuals with Long COVID as they resume physical activities. Its primary goal is to guide screening questions and support decision making in the process of returning to activities or sport. It adopts a cautious approach to ensure return to activities and exercise is safe and does not cause a worsening of symptoms, taking into account post-exertional malaise. There is guidance when to consider an onward referral to a cardio respiratory physiotherapist and a detailed table outlining how to progress exercise without exacerbating symptoms.

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## Diversity, Inclusion and Understanding All Groups in Society:

### Our Deaf Society



Yvonne Little

As health professionals we will be interacting with members of our community who have diverse and different needs and we need to understand these. So, it is good to know the basics of the language of the deaf community = Sign Language.

How many of us watch the news and see the sign language interpreter in the background but don't really take much notice of their signing? Many of us I suspect as we can hear the broadcast. So, I tried a little experiment by turning the sound off and trying to interpret the sign language and I did not do so well I must admit. That got me to thinking that maybe we as health professionals need to at least be proficient in using sign language for medical and emergency situations

after all this is essential to the well-being of our patients.

New Zealand Sign Language Week is coming up again – 6<sup>th</sup> May to 12<sup>th</sup> May 2024. Their theme this year is: “an Aotearoa where everyone can sign anywhere”. So, lets mark this in our diaries and get practicing. With permission from the Deaf Organisation, we have included five charts here to help us get started:

1. NZ Sign Language Alphabet
2. First Signs (Children)
3. Medical Sign Language
4. Emergency Sign Language
5. Basic words

If you want further information, you can visit their website: [deaf.org.nz](http://deaf.org.nz).

And in case you weren't aware this is the contact information for the interpreter service: [isign.co.nz](http://isign.co.nz).

Enjoy practicing this vital language as it is one of New Zealand's official languages.

# NEW ZEALAND SIGN LANGUAGE ALPHABET

Have fun with your whānau, friends and colleagues.  
Learn your name and teach others theirs!

NZSL grammar structure is different to English, just sign 'my name' and then fingerspell your name.



*hands up - if you're ready to sign with us!*



LEARN MORE AT [NZSLWEEK.ORG.NZ](http://NZSLWEEK.ORG.NZ)

@DEAFAOTEAROA



I am Deaf  
Let's  
talk

# ESSENTIAL SIGNS for communicating with a Deaf child at your centre



**Want to learn more?**

Visit [www.firstsigns.co.nz](http://www.firstsigns.co.nz) and [www.deaf.org.nz](http://www.deaf.org.nz) for videos, booklets and New Zealand Sign Language resources for your workplace. Also check out the First Signs Facebook page [facebook.com/FirstsignsDeafAotearoa](https://facebook.com/FirstsignsDeafAotearoa). Enquiries contact [firstsigns@deaf.org.nz](mailto:firstsigns@deaf.org.nz)  
Visit Learn NZSL, a free new learning portal at [www.learnNZSL.nz](http://www.learnNZSL.nz)





I am Deaf  
let's talk

# ESSENTIAL SIGNS for communicating with a Deaf person in a medical situation



**Okay?**

One upper hand into a fist. Only the thumb is up. Move the hand in a circular motion.

**Sick**

Both hands in front of chest. Only the thumbs & pinky fingers are up. Rotate the wrists. Rotate wrists clockwise & counter-clockwise. Squint eyes down.

**Medicine**

Left hand is fist, with palm facing towards body. Right hand is a fist with the thumb pointing up. Make a circular motion with the right hand, bringing it to your mouth. Mouth is open. Rotate fingers.

**Need**

Right hand (fingers closed together) touching right upper chest with thumb & index finger. Hand down chest and moving from the fingers.

**Pain**

Both hands in front, palms facing in. Move alternately circular up and down.

**Where**

Right hand flat & open by sides. Fingers outstretched, palm facing up. Move hand continuously between & back.

**Want**

Flat hand on upper chest, finger tips pointing left. Slide hand down the chest, up left & hand down chest right in the end.

**Interpreter**

Both hands up, fingers outstretched except for forefinger & thumb, which are touching. Rotate wrists. Rotate wrists with hand in position and pivot right hand from the point of entrance.

**Appointment**

Left hand flat, palm facing up; right hand fist with forefinger & thumb to go up by thumb & hand. Move hand around fist & hand a few times.

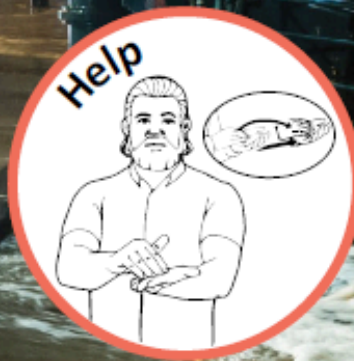
**Need to book a NZSL Interpreter?**  
Contact iSign on 0800 934 683, Free Text 3359.  
email [bookings@isign.co.nz](mailto:bookings@isign.co.nz) or visit [www.isign.co.nz](http://www.isign.co.nz)

**Want to learn more?**  
Visit Learn NZSL, a free new learning portal, at [www.learnNZSL.nz](http://www.learnNZSL.nz)  
Visit [www.deaf.org.nz](http://www.deaf.org.nz) for videos, booklets and customised  
New Zealand Sign Language courses for your workplace.



I am Deaf  
Let's **talk**

# ESSENTIAL SIGNS for communicating with a Deaf person in an **EMERGENCY**



**Need to book a NZSL Interpreter?** Contact iSign on 0800 934 683, Free Text 3359. email [bookings@isign.co.nz](mailto:bookings@isign.co.nz) or visit [www.isign.co.nz](http://www.isign.co.nz)

**Want to learn more?** Visit Learn NZSL, a free learning portal, at [www.learnNZSL.nz](http://www.learnNZSL.nz)

Visit [www.nzslweek.org.nz](http://www.nzslweek.org.nz) for videos, booklets and [www.deaf.org.nz](http://www.deaf.org.nz) for information about NZSL and Deaf Awareness courses for your workplace.



National Emergency Management Agency  
Te Rākau Whakamarumaru



Auckland Emergency Management  
Tāngata Māori Ōranga e Tāwhiri Raukawa

# NEW ZEALAND SIGN LANGUAGE AT WORK

Have fun with your colleagues and friends. Learn some basic phrases and help NZSL thrive.

NZSL grammar structure is different to English, remember - it doesn't have to be perfect, just give signing a go!

1.



1. "My name is..." (then finger spell your name!)
2. "Nice to meet you"
3. "How are you?"
4. "Coffee" or asked as a question with eyebrows raised. "Want a coffee?"
5. "I love you"
6. "Want help?"
7. "Awful weather" or "Beautiful weather"

2.



3.



4.



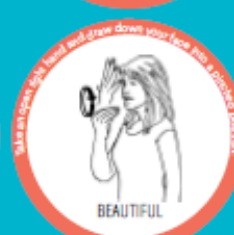
5.



6.



7.



*hands up - if you're ready to sign with us!*



LEARN MORE AT [NZSLWEEK.ORG.NZ](http://NZSLWEEK.ORG.NZ)

@DEAFAOTEAROA



[NZSLWEEK.ORG.NZ](http://NZSLWEEK.ORG.NZ)

# The New Zealand College of Primary Health Care Nurses

## 2024 NZCPHCN Combined Committee



### LEFT TO RIGHT:

BACK: Rosie Katene (Secretary); Kathryn Chapman: Charleen Waddell (recently resigned); Melanie Terry (PPC); Jess Beauchamp (LOGIC); Tracey Morgan (Chair); Erica Donovan (PPC); Cathy Leigh (PNA); Alysha Clarke (LOGIC); Katie Inker (LOGIC); Bridget Wild (Chair PPC).

FRONT: Missy Brett (Treasurer); Yvonne Little (Editor LOGIC); Mikey Brenndorfer (Publisher LOGIC); Sarah Darroch (LOGIC)

Missing: Jeanette Banks (PPC); Shell Piercy (PPC); Marianne Grant (LOGIC)

## LOGIC COMMITTEE 2024



BACK: Jess Beauchamp; Katie Inker; Alysha Clarke; Sarah Darroch  
FRONT: Yvonne Little (Editor); Mikey Brenndorfer (Publisher)  
Missing: Marianne Grant

## PROFESSIONAL PRACTICE COMMITTEE PLUS PROFESSIONAL NURSING ADVISOR



BACK: Bridget Wild (PPC Chair); Melanie Terry  
FRONT: Erica Donovan; Cathy Leigh (PNA)  
Missing from photo: Jeanette Banks and Michelle Piercy