Dear Members,

Welcome to the first issue of the College Communiqué for the year. The Board of Directors believes that the work ACCYPN is doing is important for children and young people’s nurses as well as children and young people. The level of our membership of over 600 members would indicate a lot of other children and young people’s nurses think the same way.

The annual report for 2009-2010 listed our achievements against our objectives. For a volunteer organisation the achievements are significant. The College would not achieve what we do without the paid secretariat. Martin and his team provide a coordinating and communication function as well as providing business support.

To maintain the level of achievements and service to you the Board of Directors has made a decision to increase fees this year (see http://www.accypn.org.au/wp-content/uploads/accypn-rego-form.pdf). We have maintained the same fee structure since the creation of the College whilst all around us has increased in cost. The benefits of being in the College will continue and they include:

- Neonatal, Paediatric and Child Health Nursing (Journal 3 Issues per year) - Online Access
- Membership of a State Chapter
- Opportunity to participate in or start a National Special Interest Group
- Bi-monthly newsletters
- Access to the website containing the activities of all States and Territories
- Mobility - you can move interstate and not have to resign from one organisation and join another
- Membership of an organisation that advocates for the needs of children, young people and their families within the broad health context
- Opportunity to influence National and State Policy
- Opportunity to influence ACCYPN Position statements
- Opportunity to nominate for National Executive
- RCNA Corporate Partnership plus – reduced RCNA membership fees

We also have representatives on the Council of National Nursing Organisations, ARACY and the Journal Management Board.

As members you can be involved as much or as little as you want but we would encourage you to continue your support of ACCYPN and encourage your Colleagues to join.

In January 2011 the College responded to:

- Connecting health services with the future: modernizing Medicare by providing rebates for online consultation
- Productivity Commission Early Childhood Development Workforce Study

The documents can be found under http://www.accypn.org.au/about-us/advocacy/

There will be significant changes this year if the national health reform agenda proceeds. We need to ensure children and young people’s health care and the nurses that provide the care are considered and practice and service delivery enhanced under the reform process.

Given the national disasters that have occurred in January, this edition does provide some resources to guide parents in preparing for emergencies. The best time to prepare for the next disaster is now.


I look forward to working with you in 2011.

Best wishes, Jan Pratt Chairperson, BOD ACCYPN
Chapter Reports

Queensland Chapter Report

Clinical Forum – Adolescent Health Issues Kindly Supported by Golden Casket

Date and Time: Friday 8 April 2011 12.30pm - 4.00pm finish (3 CPD Hours)

Presenters: Clinical Professor David Bennett AO MBBS FRACP FSAHM, University of Sydney and The Children’s Hospital Westmead and Brett McDermott, Executive Director, Mater Child and Youth Mental Health Service, Kids In Mind Management Unit, Mater Health Services

Venues: Face to Face or Video Conference Options (full details available on flyer included with this Newsletter)

Life member

As mentioned in our last newsletter, Kathlyn McCarthy was recently awarded Life Membership to ACCYPN. Kathlyn was a founding member of the Qld Paediatric Nurses Association which went on to become ACPCHN Qld. Kathy was one of the early Queensland representatives on the National ACPCHN Committee. She has been a significant advocate for children’s health care over her years of nursing at the Mater Children’s Hospital having mentored many nurses during her time there.

Pictured - President Jan Pratt (left) and Judy Perrin (right) presenting the life membership to Kathlyn McCarthy (centre) in November 2010.

Judy Perrin, Queensland Chapter Coordinator

Western Australia Chapter Report

Calendar of Events

22 February – Clinical Breakfast (0730-0830) “Adult Pertussis vaccination program for carers of newborns”. Presenter Dr Peter Richmond, Director Clinical Research PMH, Lake Monger Recreation Club, Wembley

19 April – Clinical Supper

21 June – Evening Seminar

23 August – Clinical Supper

19-21 October – ACCYPN Inaugural Conference “Navigating New Directions in Children and Young People’s health care”. Novotel Sydney Brighton Beach, NSW

15 November – Clinical Supper

Tasmania Chapter Report

Our first meeting for the year is a state wide study day to be held in Launceston. On this day Sue Scott and I will talk extensively about the organisation and the benefits available as a result of College membership. All nurses working in areas involved in the care of infants, young children, adolescents and their families are most welcome to participate in the day and can obtain membership to the College. This day attracts hours which can be listed in your portfolio of professional education hours obtained as part of the mandatory 20 hours required for re-registration.

Rosie MacLeavy, State Chapter Coordinator

Professional Development Day – “Respiratory Management / Child Safety”

Date and Time: Saturday 5 March 2011 9.45am - 4.00pm finish (approx)

Venue: Clinical School Room, Level 2, Launceston General Hospital

Presenters: Dr. Ben Beckwith, Paediatric Registrar

Michael Sherring, RN

Karen Hawkins, RN

Nicole Micallef, Dietitian

Leah Willis, RN

Cassandra Tichanow, RN

Cost: $ 20 members / $ 35 non members

Catering: Lunch, morning and afternoon tea included in registration cost

RSVP: 28/02/2011

More details and registration – please visit http://www.accypn.org.au/chapters/chapters/tasmania/ Members will have been emailed a personalized link to register for this event. Non-members can register online.
Date: Friday 8 April 2011
Time: 12.30pm - 4.00pm finish (3 CPD Hours)
Seminar: Clinical Forum – Adolescent Health Issues

Kindly Supported by Golden Casket

Presenters: Clinical Professor David Bennett AO MBBS FRACP FSAHM, University of Sydney and The Children's Hospital Westmead
Brett McDermott, Executive Director, Mater Child and Youth Mental Health Service, Kids In Mind Management Unit, Mater Health Services

Venues: Face to Face or Video Conference Options (details below)

REGISTRATION DETAILS / VENUES

How to Register:
ACCYPN Members: Members will be emailed a personalised registration link or can use the fax back form
Non Members: Register online (www.accypn.org.au/chapters/chapters/queensland) or use the fax back form

Face to Face Venue:
Venue: Royal Children’s Hospital, Auditorium 5th Floor Woolworths Building, Herston Road, Herston (Parking at RCH Car Park at own expense – Check the Chapter Event website for more detail)
Cost: Early Bird – ACCYPN members $40 / Non members $65 (register & pay by Friday 11 March 2011)
      Late ACCYPN – ACCYPN members $50 / Non members $75 (register & pay after Friday 11 March 2011)
RSVP: Monday 4 April 2011
Catering: Lunch and afternoon tea provided

Video Conference:
Dial In: Dial in details will be provided via email by Monday 4 April (following receipt of registration and accompanying payment)
Cost: ACCYPN members $15 / Non members $20
RSVP: Friday 1 April 2011 (Video conference to be registered and paid for by this date to ensure bridge available)
Note: There are only 20 Queensland Health Sites and 10 Non-Queensland Health sites available
      Every participant at each site must register to ensure they receive a Certificate of Attendance (CPD points)

PROGRAM

12.30pm – 2.00pm
“Advancing the health of young people: New challenges in research, professional development and advocacy”
Clinical Professor David Bennett AO MBBS FRACP FSAHM, University of Sydney and The Children’s Hospital at Westmead

2.30pm – 4.00pm
“Disaster, Adolescents and the Queensland Emotional Health Response”
Brett McDermott, Executive Director, Mater Child and Youth Mental Health Service, Kids In Mind Management Unit, Mater Health Services

MORE PRESENTATION OVERVIEW DETAILS AVAILABLE: www.accypn.org.au/chapters/chapters/queensland
The ACCYPN 2011 Inaugural Conference, “Navigating New Directions in Children and Young People’s Health Care” will be held at Novotel Sydney Brighton Beach from 19-21 October 2011. The Organising Committee is pleased to announce that each of the Keynote Speakers will be facilitating a pre-Conference Master Class on Wednesday 19 October 2011. These Master Classes are FREE for delegates who have paid a full Conference registration. Day registrants and guest tickets are available at a cost of $200. Places will be limited so register early!

PHILIP DARBYSHIRE
“Researching with not on children”

Abstract
How is your research culture? Do you work in a thriving, vibrant, questioning, thinking, challenging service or is research still sitting over in the “too hard basket”? If there is any research activity, who is involved in it? Is it predominantly medical research or are nurses actively involved? How are children and young people involved, or are they merely the ‘sample’ or ‘subjects’?

This master class has two main aims. First, to show that creating an active, energising research culture in busy clinical areas is not only possible but absolutely essential in today’s health care world. Second, to show how children and young people can be actively involved in clinical practice related research projects in ways that benefit everyone concerned. We will examine the usual ‘barriers’ to research culture but more importantly, learn how to dismantle them. Real research examples will show how research involvement can be a positive and enjoyable experience for clinicians rather than an added chore.

Listening to children is not only vital in practice but in research. We will explore how children’s involvement and participation in research can be moved from ‘nice idea in theory’ to becoming embedded in your amazing new research culture.

ELIZABETH FRADD
“Managing change through effective leadership”

Abstract
The need for change comes in many different forms - systems maybe out of date, services no longer relevant, or they maybe of poor quality. Health services world wide are experiencing unprecedented change, immense ambiguity and severe financial pressures. Now is the time for exceptional leaders who are capable of not only driving change but also reflecting on what is good.

One important element that affects how individuals emerge from change is the attitude they adopt as they enter into it. Our past is highly relevant to being a leader, because becoming a leader is synonymous with becoming yourself. The values we bring to our work and the importance of reflection in order to reconsider ones position will therefore be shared and discussed.

We will explore the nature of leadership, why people follow and the impact organisational culture can have on a successful outcome. Using the eight step process of successful change (John Kotter) attendees will be helped to understand how they might be able to work better together and make change happen. The four big enablers to bring about change will be promoted – strong leadership, compelling communications, enhanced capabilities and capacity and improved infrastructure and systems.

KARI BUGGE
“Adolescents’ grief and coping with stress reactions”

Abstract
The unique developmental challenges facing persons during the formative adolescent years distinguish bereavement during this period from other portions of the life cycle. Adolescent bereavement can not reliably be understood or investigated unless placed in the overall context of the developmental tasks and transitions facing adolescents.

Kari Bugge and her research group has designed and run a bereavement support program for adolescents (13-18 years of age) in a university hospital in Norway for many years. Part of this program is to cope with unpleasant reactions.

In this master class I will present results from a Norwegian study were we sought to examine specifically the physical and somatic dimensions of bereavement and to determine, how adolescents explained, understood and coped with these sensations. The study sought to determine, from the perspective of the young people themselves, whether specific methods and techniques could be helpful in reducing their physical discomfort following the death of a parent or sibling, and reports adolescents’ perceptions and experiences of taking part in a support intervention designed to help them manage such embodied aspects of grief and bereavement.

The overall bereavement program and the supportive intervention tried out in this study will be presented.

Continued on page 9
Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder

91% of Australian women think that health professionals should advise pregnant women to give up drinking alcohol.

No Alcohol in Pregnancy is the Safest Choice

Australian women consider health professionals to be the best source of information about alcohol use in pregnancy.

Please Ask Women About Alcohol - You Can Make a Difference

**The consequences of drinking alcohol during pregnancy include:**
- brain damage
- poor growth
- developmental delay
- birth defects
- social and behavioural problems
- low IQ

The consequences are life-long and may not be evident at birth

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**Guide to Addressing Alcohol Use in Pregnancy**

**ASK** all women of childbearing age and pregnant women about their alcohol use.
An effective way to ascertain consumption is to use a screening tool such as AUDIT

**ASSESS and RECORD** the level of risk of women’s alcohol consumption

**ADVISE** women of childbearing age including pregnant women
- that no alcohol is the safest choice if a woman is pregnant or trying to get pregnant
- that the amount of alcohol that is safe for the fetus has not been determined
- that alcohol reaches concentrations in the fetus that are as high as those in the mother
- of the consequences of alcohol exposure to the fetus

Women who have consumed alcohol in pregnancy should be advised that
- the level of risk to the fetus is hard to predict
- stopping drinking at any time in the pregnancy will reduce the risk to the fetus
- the risk of harm to the fetus is low if only small amounts of alcohol were consumed before they knew they were pregnant
- any concerns about the child’s development should be raised with a health professional

**ASSIST** women to stop or reduce alcohol consumption through
- positive reinforcement for those already abstaining
- advising on the consequences of alcohol exposure to the fetus
- conducting brief intervention or motivational interviewing with the aim of supporting them to abstain, and where this is not possible, to reduce alcohol intake and avoid intoxication

**ARRANGE** for further support for women by planning additional consultations or by referral to specialist services and support groups

www.ichr.uwa.edu.au/alcoholandpregnancy
Evidence of Risk

The amount of alcohol that is safe for the fetus has not been determined. There is no safe time to drink alcohol during pregnancy. Alcohol exposure can have consequences for the development of the fetus throughout pregnancy and variation in effects can be due to the stage of development of the fetus at the time of exposure.

Not all children exposed to alcohol during pregnancy will be affected or affected to the same degree, and a broad range of effects are possible. The level of harm is related to the amount of alcohol consumed, the frequency of the consumption and the timing of the exposure. The level of risk to the fetus is hard to predict.

There is no known level of alcohol consumption in pregnancy below which no damage to a fetus will occur.

Advise women that no alcohol in pregnancy is the safest choice.

Fetal Alcohol Spectrum Disorder

Fetal Alcohol Spectrum Disorder (FASD) is a general term which describes the range of effects that can occur in an individual who was exposed to alcohol during pregnancy. Fetal Alcohol Syndrome, Alcohol Related Birth Defects and Alcohol Related Neurodevelopmental Disorder are diagnoses within FASD. Children with diagnoses included under the general term of FASD often have

- brain damage
- poor growth
- developmental delay
- difficulty hearing
- problems with vision
- difficulty remembering
- language and speech deficits
- poor judgement
- birth defects
- social and behavioural problems
- low IQ
- difficulty sleeping
- high levels of activity
- a short attention span
- problems with abstract thinking
- difficulty forming and maintaining relationships

Further Information for Health Professionals

Alcohol and Drug Information Services

- Australian Capital Territory Ph: (02) 6207 9977 (24 hrs)
- New South Wales (ADIS) Ph: 1800 422 599 (24 hrs)
- New South Wales (Drug and Alcohol Specialist Advisory Service) Ph: 1800 023 687
- Northern Territory Ph: (08) 8922 8399
- Queensland Ph: 1800 177 833 (24 hrs)
- South Australia Ph: 1300 131 340 (24 hrs)
- Tasmania Ph: 1800 888 236 (24 hrs)
- Victoria Ph: 1800 888 236 (24 hrs)
- Western Australia Ph: 1800 198 024 (24 hrs)

Alcohol and Pregnancy Research Group, Telethon Institute for Child Health Research

www.ichr.uwa.edu.au/alcoholandpregnancy Ph: (08) 9489 7777

STANDARD DRINK GUIDE

Each of these drinks is approximately ONE STANDARD DRINK

- 1 middy of full strength beer (285ml)
- 2/3 stubbie of full-strength beer
- 1 small glass of champagne (100ml)
- 2/3 bottle of alcoholic soda
- 1 small glass of red or white wine (100ml)
- 1 stubble of mid-strength beer
- 2/3 can of pre-mixed spirits or full-strength beer
- 1 nip of spirits (30ml)

Many single serve bottles, cans and glasses contain more than one standard drink.

The number of standard drinks contained in an alcoholic drink is stated on the label.

Talking to children: parents’ guide

Include your children when talking about emergency plans for your house and family – it will help them know what to do in an emergency and help them to keep themselves safe. It will also help them to manage anxiety they may have about emergencies from past experiences or what they have seen in the media.

See the Four steps to prepare your household booklet at www.redcross.org.au for more information on preparing a Household emergency plan.

Children will have different levels of understanding depending on their age.

Some tips for talking to your children about preparing for emergencies:

- select a time which is calm and unrushed. Tell children an emergency is something unusual that happens which could hurt people, or cause damage to things like houses and cars. Explain to them that nature sometimes provides ‘too much of a something’ like, rain, wind or snow
- talk about effects of an emergency that children can relate to, such as loss of electricity, water, and telephone service; flooded roads and uprooted trees
- explain that everyone is better able to take care of themselves in emergencies when they know what to do, and have practised in advance. Tell them that is the reason each family needs to create a Household emergency plan
- give examples of several emergencies that could happen in your community and help children recognise the warning signs for each
- be prepared to answer children’s questions about scary things they have heard about or seen on television, such as terrorist attacks, bush fires and cyclones. Give constructive information about how to be prepared and respond
- teach children how and when to call for help. Teach them to call 000 for police, fire, or ambulance. At home, post emergency numbers by all telephones and explain when to call each number. Include work numbers and mobile phone numbers of household members. Even very young children can be taught how and when to call for emergency assistance
- teach children to call your out-of-town contact in case they are separated from the family and cannot reach family members in an emergency (see Safe and well fact sheet for more information). Tell them to leave a message if no-one answers
- help children memorise the telephone numbers, and write them down on an Emergency contact card they can keep with them (download at www.redcross.org.au)
- quiz children every six months or when an ‘alert’ has been announced, such as a cyclone warning or fire ban day, so they will remember where to meet, what telephone numbers to call, and safety rules

Proudly supported by
• get children to help with putting together your Emergency kit (see Four Steps to Prepare Your Household Booklet). Ask them to think about what is important to them and what would they want to take with them if they had to leave the home. Suggest that they practise packing these into a small backpack.

• tell children that in an emergency there are many people who can help them. Talk about ways that a police officer, fire-fighter, teacher, family friend, neighbour, doctor, or Red Cross worker might help after a disaster. Educate them about safe practices when dealing with adults.

Tips for talking to children after an emergency:

It’s also important to talk to your children if they have been exposed to emergencies – either first hand or through the media.

• try to minimise the distressing images or verbal media reports your children see. If your children are watching or listening to reports of emergencies, be with them to help them make sense of the situation – they need your perspective, guidance and reassurance.

• be aware of what your child is being exposed to at school, both in the playground and the classroom or outside school in social networking internet sites, chat rooms, email or with text messaging, these are powerful instant communications tools for young people.

• if your children have been personally involved in an emergency, check with them to see how they are going. You can help them by reassuring them of their safety.

• encourage your child to talk about their feelings, thoughts and concerns. Don’t dismiss their issues as trivial – this can create a belief that the events were too awful to talk about.

• acknowledge concerns that are real and correct any misconceptions.

• if you have any concerns talk to your doctor, or seek a referral to an experienced psychologist.

Further information:

For further information on preparing a household emergency plan, visit www.redcross.org.au and follow the links to emergencies; prepare, response, recover. You can also email us at rediplan@redcross.org.au or call your local Red Cross office.

For further information on children and media images, visit www.dhs.vic.gov.au/emergency

Red Cross acknowledges the contribution of Ms Ruth Wraith, Consultant Child Psychotherapist, American Red Cross, and the Victorian Department of Human Services Emergency Management Branch in this publication.

The Red Cross Emergency REDiPlan project provides people with general information to help them prepare for an emergency. This information sheet is designed to assist people prepare for emergencies but necessarily contains only information of a general nature that may not be appropriate in all situations.

Before taking any action you should independently consider whether that action is appropriate in the light of your own circumstances.

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ACCYPN 2011 Conference – Keynote Speaker Master Classes cont...

MOLLY CARLILE - “Creating a safe space for scary conversations”

Abstract - As nurses mostly provide the interface between the interdisciplinary health care team and patients and families, they are often asked questions that are confronting, challenging and some questions they don’t know how to answer. When patients or families are scared or anxious. When they don't understand their diagnosis or prognosis. When they don't understand their care options. Who do they ask? Who do they trust? The nurse.

But what if you don’t feel capable of saying or doing the right thing? What if you have to break bad news? How do you respond? Do you make excuses and leave the room? Do you run to find a Social Worker? Do you feed them the usual platitudes and hope they won’t ask again?

This master class will explore the essential elements of therapeutic relationships. It will involve interactive exercises that empower participants to be able to sit in a space of discomfort with a patient without taking the “easy option”. It will aid participants to identify their “red flag” patients. It will assist them to establish and maintain healthy boundaries without building barriers. It will encourage them to explore and practice empathetic communication and it will address the personal and professional needs of nurses to practice self awareness, self regulation and self care.

Website Links


With special reference to the following sections updated as at December 2010 – SECTION 12 - PAEDIATRIC ADVANCED LIFE SUPPORT and SECTION 13 - NEONATAL GUIDELINES


The article includes subheadings of:

- What You Should Know About Floods
- Impact on Children and Families
- Readiness Before a Flood
- Response Immediately After a Flood
- Recovery After a Flood
- Childrens Reactions
- What Parents Can Do To Help Their Children
- Therapy For Children
- What Parents Can Do To Help Themselves
- What Teachers Can Do To Help Their Students
- What Teachers Can Do To Help Themselves


The article includes subheadings of:

- Impact of Trauma on Children
- How you can help your children recover
- Seeking further help


Written by Penny Johnston, presenter of Babytalk on ABC Radio


International Association of Infant Massage Australia Conference - Call for Abstracts

Conference Title – “Imagine...Getting Infant Mental Health Right”

The International Association of Infant Massage (IAIM) invites submissions from practitioners, scholars and innovators to their annual Conference in 2011. Submissions for papers, posters and workshops are open until 28 February 2011. The Conference will be held at The Centre, in Randwick NSW from 16-17 July 2011 with two days of pre-Conference workshops on 14-15 July 2011. More information - http://www.accypn.org.au/pd/events/2011-events/

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