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Announcing 2020 Joint Australasian HIV&AIDS and Sexual Health  
Conferences: VIRTUAL

**ASHM has made the decision to run the Australasian HIV&AIDS and Sexual Health Conferences virtually towards the end of 2020.**

ASHM is consulting with the National Program Committee to revise the format, delivery and content of the program. The program will be tailored from its traditional format to suit the demands of the current work environment.

ASHM's priority is to provide a forum for the sector that facilitates discussion and engagement between participants and speakers via a high-quality virtual conference platform. The virtual conference will be designed to be as interactive as possible, offering plenty of opportunities for live questions, discussion, polling and networking.

**More information about the Virtual 2020 Australasian HIV&AIDS and Sexual Health Conferences will be announced in due course.**

## How has (*COVID-19*) changed your service? Updates from around Australia



Canberra Sexual Health Centre (CSHC), Woden ACT  
Debbie Morgan RN, Shannon Woodward NP

### Background

Prior to COVID 19, CSHC functioned as a weekday walk in clinic from 9-2pm with afternoon booked appointments available. Fifty to sixty clients attend walk-in clinics on average per day with increasing numbers each year. With outreach testing and after-hours clinics averaging two evenings per month, promoting accessibility for higher risk groups.

CSHC currently has a paper-based medical records system, however we are in the process of transitioning to the SHIP platform for use as a medical record and appointment booking system.

### During the COVID 19 pandemic

We have been instructed to minimise clients attending face to face appointments in the clinic as much as possible, so we have focused on providing essential services, restricting numbers of clients, reducing consult times and using appointments only with COVID recommended precautions. All outreach activities have been cancelled until further notice, including the school-based education and testing programs. Our door is closed and we have developed a *phone triage assessment* system with all clients required to speak to a nurse before they can access services whether they call the clinic or turn up at the door. Assessment forms to provide guidance with this process have been developed. Initial risk assessment includes:

- Whether the client identifies as an Aboriginal and/or Torres Strait Islander person
- Whether the client is working in the sex industry
- Whether the client has experienced any recent unwanted sex
- Whether the client is under 25 years of age

If the client meets the above criteria and wants to access services for asymptomatic screening an appointment is booked. Appointments are also made for:

- Clients with symptoms or other STI/BBV related care
- Clients requiring ongoing medications for example PrEP, testosterone, HIV ART, PEP
- MSM and GD clients requiring screening

We will also see any patient who really, really wants to come in!

Asymptomatic heterosexual people who do not fall into the above groups are recommended to return to CSHC when normal services resume or to access their GP or Sexual Health and Family Planning in the ACT. Routine vaccinations have also been deferred.

In addition, the telephone nurse is taking general medical and sexual health histories and assessing patient symptoms to determine whether they need to attend our clinic or whether they can be managed over the phone.

Contacts of an STI where appropriate are offered the option of doing self-collect swabs/urine tests to drop off at CSHC or pathology collection centres without a clinic consult. Prescriptions for empiric treatment or a positive result may be posted to clients home as necessary.

#### **Changes which have been well accepted by clients:**

- Phone triage and assessment
- Using booking system rather than walk-in
- Self-collection of throat swabs
- Drop off self- collected specimens
- Treatment of positive results posting prescriptions rather than attending clinic
- Obtaining medical and sexual history over the phone for all consults to lessen the time spent in the clinic room with a clinician

#### **Challenges:**

- Phone assessment and decision making – it is much easier to assess symptoms when you can see the discharge/rash/skin/lumps/bumps
- Keeping clinical consults as short as possible
- Maintaining safety for prescribers and clients in process changes
- Adapting to constant changes and updated COVID requirements
- Social distancing in the work environment, no shared food
- Webinar/Zoom meetings

#### **Conclusion:**

The time of the COVID 19 pandemic has necessitated changes and review of processes and systems for the safety of staff and the public. Benefits to our clinic include less client numbers which has allowed us time to develop and refine guidelines for phone triage and processes. The appointment system has had the benefit of a more structured day for clinicians and has been well accepted by clients with few no shows. Changes noted above are being reviewed and may be adapted to increase efficiencies in the future. CSHC staff have not at this stage been required for re- deployment to other areas of the hospital.



Staff at Canberra Sexual Health Service



**Cara Taheny**  
**Registered Nurse**

Sexual Health Quarters in Perth made significant changes to services during the peak shutdown period of COVID.

All appointments were changed to phone appointments using telehealth as first contact (even if symptomatic). Then from this phone appointment the clinical decision could be made as to whether face to face contact was needed and then a booking was made. We would also screen for COVID risk over the phone if client was attending face-to-face.

We triaged our intrauterine device (IUD) appointments during this time so that more urgent/necessary insertions were still occurring in a timely fashion. This is because it is well known that long acting reversible contraception is more effective at preventing unplanned pregnancy. Clients that had other options for contraception were added to a post COVID IUD list so that we could make contact when measures were lifted. IUD insertions were then performed with appropriate PPE by the Drs and with minimal nursing contact to reduce COVID risk. We continued with contraceptive implant insertions and injectable contraception if there were no other contraceptive choices for the client.

Our cervical screening tests (CST), immunisations and cryotherapy was on hold during this time. However any client with anxiety to do with their CST or had symptoms were still triaged and offered consultations.

We locked our clinic door and used our work carpark garage as a triage area twice daily for specimens and/or medications/scripts to be collected or dropped off. This was to minimise client contact in our waiting room and service.

*Photo below of us doing this during our International Day Against Homophobia, Biphobia, Intersexism and Transphobia celebration day.*

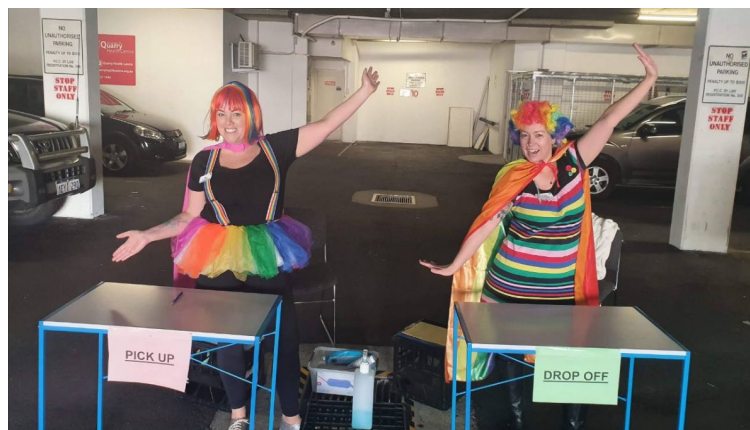
We also had booked appointments for blood collection during this time to spread out the number of people requiring this throughout the day. Clients would phone our clinic on arrival so that COVID risk screening could occur prior to entry.

Early on when the changes were being made there was a lot of nursing effort to develop guidelines and procedures to support the new practice we were doing during COVID. Across most staff in the service, there was definitely a feeling of increased stress and exhaustion during this period. Our work was supportive of us, encouraged self-care, and acknowledged the extra risk involved of being part of a frontline service compared to other employees who could work from home during this time.

We developed a statement to read to all clients during telehealth regarding the reported increase in intimate partner violence during COVID and the resources available to clients (including discussing it during the consultation if needed). This stemmed from the work we were already doing in this area and a survey currently given to clients at face-to-face consultations as part of a current research project.

The highlight of COVID from a nursing point of view has been the experience of all nurses in the organisation contributing to change. Usually our nursing roles are quite task driven and there often is no available time to work on activities that benefit nursing and the organisation. It has been great seeing the skills of the nurses I work with be utilised to their full potential and the feelings of job satisfaction that come with this.

This week we have returned to a fairly normal way of working, however are still offering telephone appointments for those that prefer this. The benefit of telehealth has given us opportunity to assess how we work. Currently we are still offering asymptomatic STI screening via telephone as our experience during COVID is that this has been advantageous for clients as well as our service.



### Gold Coast Sexual Health Service & Staff Deployments during COVID-19

Gold Coast Sexual Health Service's response to COVID-19 has included modifying service delivery, as well as allowing temporary deployment of five of the eight nursing staff to COVID-19 related services. Specialist sexual health/HIV nurses have been deployed to:

- Work as Team Leaders in the Public Health Unit undertaking contact tracing
- Administer annual influenza vaccinations to staff of Gold Coast Hospital and Health Service
- Work as Team Leaders and call clinicians in the HOME-C COVID-19 virtual ward, which has been newly-created in response to the pandemic.

The HOME-C virtual ward was set up to provide clinical care and monitoring to COVID-19 patients who either do not require hospital admission or have been discharged from hospital. These patients are isolating at home or accommodated in a hotel. HOME-C is staffed by a team including an ADON, Nursing Team Leaders, Medical Officers, administrative staff and daily call clinicians who phone all patients once or twice daily to monitor their symptoms, provide isolation advice and support and escalate clinical or other concerns. Although the deployed nurses have had a steep learning curve, prior knowledge of infectious disease management including contact tracing, public health principles and clinical nursing experience has contributed to a successful transition into the COVID-19 field. Personally, moving to the COVID-19 space after 20 years in Sexual Health has been reassurance that you can teach an old dog new tricks!

In the meantime, clinical services continue at Gold Coast Sexual Health Service despite limited staffing. Adaptions have included use of telehealth for some consultations and enhanced triage to include only those with acute symptoms suggestive of an STI. Management of HIV and provision of both PEP and PrEP continue as well as our express service for asymptomatic STI screening. Details can be found at <https://www.goldcoast.health.qld.gov.au/our-services/sexual-health>

Karen Biggs  
Nurse Practitioner Gold Coast Sexual Health Service



**STI/HIV SCREENING CLINIC**  
**FOR MEN WHO HAVE SEX WITH MEN**

### Responses and practise changes due to COVID-19: M Clinic

*Joe Staniszewski and Garry Kuchel, CNC's*

At the beginning, as with everyone else, we had no idea as to the potential for community transmission so there was a 'scramble' as to how best manage and adapt. There was some stress being unable to access all the PPE we wanted: our usual clinical supply company were completely out of hand sanitiser and single use gowns and not taking back orders. Our order for extra gloves were all put on back order.

We only had about 10 masks on hand so contacted the WA Health Department: we were told we weren't a 'normal' general practice and therefore ineligible for the restricted supply of 50 masks per request. However, we do have part-time GP's so our Practice Manager successfully argued our case and were eventually allocated 50 masks (**NB: this came after we had managed to obtain 20 surgical masks from a local pharmacy as a back-up – 20 masks for EIGHTY dollars!**)

From mid-March our staff were split into two teams: the 'Red Team' and the 'Blue Team' with half working from home one



week, the other half at clinic and then swapping. Thus if a member of one team became COVID-19 positive or a client found to be positive after their visit, the affected team could go into quarantine and the other team could take over and maintain service delivery.

We also limited services to essential appointments only i.e. symptomatic, contacts of STI's, and PrEP. As the number COVID-19 cases remain very low in WA we have since opened up to all appointment types again, albeit at reduced capacity while the 2 teams remain in place.

Our PrEP clinic (LinQ Medical) has remained busy with minimal interruption to service. Of interest, a high number of clients have continued their PrEP regimen despite many reporting little to no casual sex, some explaining they wanted to continue with the habit of taking PrEP regularly and maintaining the habit of three monthly testing.

We've also been offering telehealth for both PrEP appointments and asymptomatic screening - a number of clients were stuck in the regions due to WA's intrastate travel bans but still wanting to access our service. The uptake in general for telehealth hasn't been as high as we'd anticipated, but remains an option if needed.

Finally, even though half the nurses have been working at home, we've still been kept busy with phone triage, peer discussions and referral – and the never-ending admin (!).

*Joe Staniszewski and Garry Kuchel, CNC's  
M Clinic*

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## Applications for scholarships are now OPEN.

This year, we are able to offer **increased funding and new scholarships**.

This has come about through generous financial sponsorship by both ViiV Healthcare and Gilead, as well as scholarship funding as a direct result of your ASHHNA membership fees.

This year there are 4 scholarships on offer to members:

1. The Carol Martin Scholarship, generously funded by ViiV Healthcare, offers scholarships up to the value of \$1500 (\$5000 in total) for nurses to attend a Conference/Workshop/Short Course.
2. The ASHHNA Research Scholarship, up to the value of \$1000, will be awarded for nurses undertaking research related to the specialty.

As well, two **new** scholarships on offer this year are:

3. The ASHHNA Australasian HIV & AIDS Conference Scholarship, sponsored by Gilead, which offers up to \$1500 (total \$4500), to attend the Australasian HIV & AIDS Conference.
4. The ASHHNA Conference Scholarship, up to the value of \$1500, to attend a conference of your choice.

Of course, in the current COVID climate, this increase in funding coincides with uncertainty in relation to conference and course delivery, travel and accommodation. However, despite this, all nurses are encouraged to continue with continuing professional development, research and conference attendance (whether traditional or virtual) and to apply for funding through our range of scholarships.

For up-to-date details on the status of the 2020 Australasian HIV & AIDS and Sexual Health conferences, please go to <https://www.ashm.org.au/Conferences/conferences-we-organise/the-hiv-aids-conference/>

Until details for these conferences are finalised, please feel free to begin your conference application, pending announcement of date and cost details from ASHM.

Please note **ONE APPLICATION IS ONLY REQUIRED PER MEMBER**. If you are unsuccessful in your application, it may be considered for an alternative scholarship if there is funding remaining, and you are eligible for that scholarship.

Applications are open and will close on 1<sup>st</sup> July 2020. All applications are available on the ASHHNA website and via the links below.

Any Questions, feel free to contact karen Biggs

P. [07 56879200](tel:0756879200) E. [karen.biggs@health.qld.gov.au](mailto:karen.biggs@health.qld.gov.au)

**Gilead HIV Conference Scholarship Application 2020**

**ASHHNA Research Scholarship Application form 2020**

**ASHHNA Conference Scholarship Application 2020**

**[ASHHNA Carol Martin Scholarship Application 2020](#)**



**Online courses for doctors and nurses now 50% off**

True Relationships & Reproductive health continues to deliver medical education and clinical training courses for doctors and nurses now at a reduced e-learning discount of 50% off.

- Access evidence-based, self-paced, virtual education
- Get foundational knowledge and progress your learning in reproductive and sexual health
- Accrue professional development points

Click on the link to register today! <https://www.true.org.au/ClinicalEducation>



## NSW

### **Clinical Nurse Specialist 2, HIV and Research**

<https://jobs.health.nsw.gov.au/jobs/clinical-nurse-specialist-hiv-and-research-72977>

### **Clinical Nurse Specialist (CNS2), Public Sexual Health Nurse - Dawn De Loas...Justice Health NSW Sydney Western Suburbs**

NSW

<https://jobs.health.nsw.gov.au/jobs/clinical-nurse-specialist-cns2-public-sexual-health-nurse-dawn-de-loas-correctional-centre-and-metropolitan-sydney-ppt-16hpw-justice-health-and-forensic-mental-health-network-72786>

## Western Australia

### **Advanced Sexual and Reproductive Health Nurse (RN)**

Family Planning Western Australia Northbridge WA

[https://www.seek.com.au/job/50019994/apply?](https://www.seek.com.au/job/50019994/apply?utm_source=joraa&utm_campaign=joraa&utm_medium=organic&tracking=ILC-S%2AAU%2A-JOR-Referrer-4324)

[utm\\_source=joraa&utm\\_campaign=joraa&utm\\_medium=organic&tracking=ILC-S%2AAU%2A-JOR-Referrer-4324](https://www.seek.com.au/job/50019994/apply?utm_source=joraa&utm_campaign=joraa&utm_medium=organic&tracking=ILC-S%2AAU%2A-JOR-Referrer-4324)

### **Sexual Health Nurse Rural Health West Derby WA, Full time**

[https://www.ruralhealthwest.com.au/general-practice/recruitment/vacancies/nurse-dentist-allied-health/1881?](https://www.ruralhealthwest.com.au/general-practice/recruitment/vacancies/nurse-dentist-allied-health/1881?utm_source=joraa&utm_campaign=joraa&utm_medium=organic)

[utm\\_source=joraa&utm\\_campaign=joraa&utm\\_medium=organic](https://www.ruralhealthwest.com.au/general-practice/recruitment/vacancies/nurse-dentist-allied-health/1881?utm_source=joraa&utm_campaign=joraa&utm_medium=organic)

## Queensland

### **Clinical Nurse - Sexual Health Services, Medical Services - Cairns**

[https://smartjobs.qld.gov.au/jobtools/jncustomsearch.viewFullSingle?](https://smartjobs.qld.gov.au/jobtools/jncustomsearch.viewFullSingle?in_organd=14904&in_jnCounter=222021004&in_jobDate=All&in_searchbox=YES&in_site=Seek&in_summary=S)

[in\\_organd=14904&in\\_jnCounter=222021004&in\\_jobDate=All&in\\_searchbox=YES&in\\_site=Seek&in\\_summary=S](https://smartjobs.qld.gov.au/jobtools/jncustomsearch.viewFullSingle?in_organd=14904&in_jnCounter=222021004&in_jobDate=All&in_searchbox=YES&in_site=Seek&in_summary=S)

## South Australia

### **Nurse Unit Manager, Adelaide Sexual Health Centre**

[https://iworkfor.sa.gov.au/page.php?](https://iworkfor.sa.gov.au/page.php?pageID=160&windowUID=0&AdvertID=510175&utm_source=joraa&utm_campaign=joraa&utm_medium=organic#brs_ibcontent)

[pageID=160&windowUID=0&AdvertID=510175&utm\\_source=joraa&utm\\_campaign=joraa&utm\\_medium=organic#brs\\_ibcontent](https://iworkfor.sa.gov.au/page.php?pageID=160&windowUID=0&AdvertID=510175&utm_source=joraa&utm_campaign=joraa&utm_medium=organic#brs_ibcontent)

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## **Do you have a contribution to share?**

The ASHHNA Newsletter is distributed quarterly every year with some great content from our members across Australasia.

As we rely on our members, we really do encourage our members to reach out and submit content as much as possible so we can try bring as much wonderful information to you all so that we can share the latest developments, educational opportunities or anything related to sexual health you think our members might appreciate.

Please send any contributions to;

williamjhooke@gmail.com - Will Hooke and/or Brett Hadlow; brett.hadlow@health.nsw.gov.au any time for our next newsletter.

Thanks,

Brett and Will

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## Australasian Sexual Health and HIV Nurses Association Life Membership

### Background

The Australasian Sexual Health and HIV Nurses Association (ASHHNA) constitution specifies that no more than 10% of membership at a given time should be Life Members. ASHHNA Life Membership has been awarded to several recipients for outstanding contribution to the field of Sexual and Reproductive Health Nursing and for their involvement on the ASHHNA Executive Committee.

### Criteria for Life Membership

#### Essential Criteria

Membership of ASHHNA for a minimum 10 years

and

Significant contribution to ASHHNA Inc and the field of Sexual and Reproductive Health and HIV Nursing

#### Desirable Criteria

Membership of the ASHHNA Executive Committee for a minimum of 2 years

### Nomination Process

Current financial members of ASHHNA Inc can nominate a member for Life Membership.

Nomination forms are available at [www.ashhna.org.au](http://www.ashhna.org.au).

Nominations require supporting information regarding the contribution of the nominee to Sexual and Reproductive Health and HIV Nursing.

Nomination forms must be emailed to the ASHHNA Executive Committee with the names of the proposer and seconder of the nomination by the 30<sup>th</sup> June each year.

Nomination forms should be sent to [ashhnanurses@gmail.com](mailto:ashhnanurses@gmail.com)

### Voting and Award Process

1. Letter sent to nominee by ASHHNA President advising they have been nominated for ASHHNA Life Membership and if they would like their nomination to be formally considered to forward a copy of their resume to the ASHHNA President for review by the ASHHNA Executive Committee
2. Member voting for Life Membership nominees is undertaken at the next AGM requiring an affirmative vote of 80%
3. The ASHHNA Executive Committee reviews the resume of the nominee and undertakes final voting requiring an affirmative vote of 80%
4. The Life Membership recipient is notified in writing and announced via ASHHNA communication routes
5. The Life Membership Award will be formally presented at the following AGM by the current ASHHNA President.



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