

Certificate III in Police Studies

Advanced Diploma of Policing

Know someone

interested in becoming a police officer?

This course is designed to be undertaken, pre-application to assist people pursuing a career in policing.

The Certificate III in Police Studies is a new TAFE SA course developed in collaboration with SAPOL. The course provides an introduction to policing skills and knowledge of law and justice while at the same time developing attributes sought by SAPOL including leadership, teamwork, decisiveness and managing stress. This course is designed to improve an applicant's prospects of recruitment.

The nine unit course is available:

- In a ten week fulltime intensive option, or
- In a half to full year blended external delivery option (mainly online)

Year 12 students, as part of SACE, can undertake four of the nine units online as an introduction to Police Studies.



Advanced Diploma of Policing Intake July 2010 and January 2011

The Advanced Diploma of Policing comprises six core and two elective units and builds on the Diploma of Public Safety (Policing) competencies to develop advanced practitioner skills. The core and elective units are available by attendance or blended delivery mode. Credit is granted in the Advanced Diploma for completion of the Constable Development Program.

The Advanced Diploma is recognised in the South Australia Police Promotions and Qualifications Framework for promotion to Sergeant and Senior Sergeant.

Credit in degree level studies is granted by the University of South Australia for the Advanced Diploma of Policing.

MMHBUS000039

For all enquiries contact the Justice and Policing Studies program, on P: 8207 8322 or E: justice.policing@tafesa.edu.au

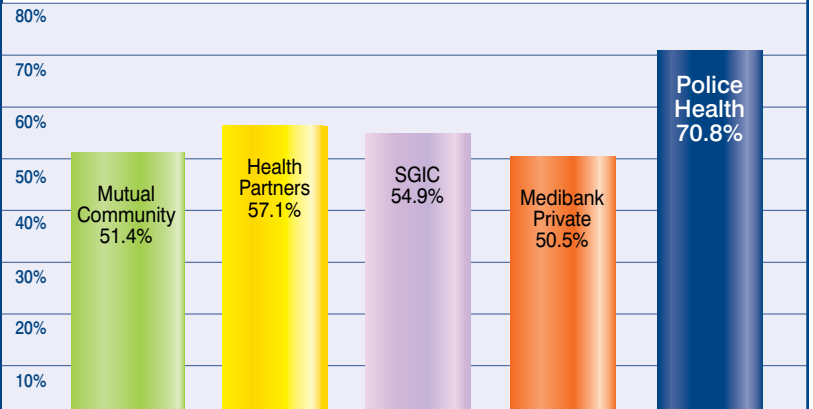
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www.tafesa.edu.au/policing

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(The proportion of total charges, associated with extras services, that is covered by each insurer's benefits)



General treatment (extras) provides benefits to cover a range of health related services not provided by doctors including, dental, optical, physiotherapy, chiropractic etc. This chart shows the average outcomes across all of each insurer's general treatment products and all ancillary services. Percentage returned may vary for individual services and products with an individual insurer. Source: Private Health Insurance Ombudsman — State of Health Funds Report - 2009, www.phio.org.au

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The roadside birth

Imagine you are on patrol when you see an expectant wife and her panicked husband pulled over to the side of the road. They were headed for the hospital where they hoped to enjoy an uncomplicated birth. But baby has other ideas – he or she is about to enter the world now!

You stop to investigate and realize that you will have to help, at least until some medical back-up arrives. This might be uncommon ground for you, but some on-duty police officers have indeed found themselves playing midwife.

Always reassure yourself, the mother, and others, that most pregnancies turn out normally. Panic will not help the mother or the baby, and this natural event is usually successful (999 times out of 1000 in South Australia).

Things that go wrong are usually going to go wrong anyway, but the maximum amount of help is still best. So call an ambulance or let the hospital know of the situation you are in. The most common cause of deaths is abnormalities which already exist (congenital abnormalities) in the baby.

The baby can get cold very quickly after birth, so keep it warm and give it to the mother – with or without cutting the cord. Wrapping mother and baby up together is comforting and helpful.

Checking the baby's mouth for fluid can help breathing. If he or she is blue and not breathing at all, you have a full emergency for which

resuscitation is necessary. The CPR for a baby is different from that required for an adult, but based on the same principles.

Cutting or not cutting the cord is less important but, if the cord is cut, remember that it is a large blood vessel and needs to be clamped at both ends. If it is not, the baby can bleed from the baby's end and the mother can bleed from the placenta end.

Rapid or heavy bleeding from the mother after a birth can be another emergency, so awareness of that possibility remains important. It is usually not a problem until the placenta is delivered, and there is no need to rush the placental removal.

Talk of the need for towels and boiling water is generally just part of the Hollywood depiction of an emergency birth. But blood and amniotic fluid are messy; and the baby usually does benefit from being wrapped up and kept warm.

In most cases, the process will turn out well without too much intervention. So remain calm, reassure yourself of the usually good outcome, and keep people around you informed and calm.

In South Australia, maternal death rates have dropped from 40 per 100,000 women who gave birth (1960-1965) to 7 per 100,000 (2000-2008). In 2008, there was no direct or indirect maternal death in South Australia.

Baby deaths still occur because a baby born premature, at 22 weeks (should be 40 weeks) weighing 500gm (should be 3kg) is likely to die. So checking the dates (number

of weeks) and the due date for delivery for any one giving birth is extremely important.

If the woman is due to have her baby when you are assisting with a delivery, there is more reason to relax because the chances are that everything will turn out okay.

Still births can and do occur for no apparent reason. The rate of still births in South Australia over the last 20 years has not changed – it remains at six to eight deaths per 1,000 births.

Mothers who have been sick, and indigenous women, have more problems with their babies at birth. By checking for any existing illnesses you will appreciate the need for more back-up in an emergency.

In 2008, the mortality rate for births to Aboriginal mothers was 23.5 per 1,000 births compared with 9.7 per 1,000 births for non-Aboriginal mothers. No deaths were the result of inexperienced people giving assistance in delivering babies on the roadside.

First-time mothers are less predictable. Their times during a labour are longer and more things go wrong because it is the first time their body has been through the experience.

The first part of a labour might last 12 hours when the uterus is contracting, not to push the baby out but stretching and changing shape. This is so the uterus goes from a muscle holding the baby for nine months to a muscle to push the baby out (cervix dilated).

The second stage of labour – which begins with complete cervical dilatation and ends

with the delivery of the foetus – involves the muscles of the uterus pushing the baby down the vagina. If this second stage of labour exceeds three hours, it should be considered prolonged.

The contractions are painful, the head appears, and an urge to push occurs involuntarily. The speed of this (second) stage is slower for first-timers but sometimes quick (less than a minute) for mothers doing it for the second time or more.

The third stage of labour is defined by the time between the delivery of the foetus and the delivery of the placenta and foetal membranes. The umbilical cord is connected once a baby is born. Remember that there is no need to cut the cord, or even clamp it, as that will happen naturally.

But the birth is not completed until the sack that the baby has been in for the last nine months is delivered as well.

2010 Annual Dinner to honour Retiring Members

DATE: Friday 25th June 2010

VENUE: The Adelaide Convention Centre
North Terrace ADELAIDE

TIME: 7.00pm for 7.30pm

TICKETS: \$100.00 *(all inclusive)*

ENQUIRIES: Anne Hehner – Phone 8112 7977

Retiring members to be honoured

Mark Altmann
Lee Bament
Geoffrey Berry
Christopher Boltje
Mitika Burton
Phillip Butchart
Victor Butvila
Graham Cates
Warren Chaseling
Peter Cheesman
Sarah Clarke
Gregory Coombe
Philip Cornish
Robert Daly

Filippo Desanctis
Jayde Deverson
Peter Downes
Roger Downton
Andrew Dunlevey
Graeme Edwards
Brandon Elliott
Jeffery Elston
Otto Fekete
Daniel Fitzgerald
Wayne Gibson
John Gigger
Lincoln Gore
Kim Goreham

John Govett
Mark Hansberry
Rodney Hart
Craig Henwood
Stephen Hill
Brian Johnson
Gregory Kelly
John Kelso
Mark Kinsley
Frank Kovacs
Warren Lines
David Lyas
Rodney Malkin
David Marr

Lester Martin
Laurence McCallum
Peter McEvoy
John McInnes
Grant Milich
Stephen Mills
Wayne Morris
Raymond Moyle
John O'Dea
David Perry
Richard Perry
Nikolaos Pippas
Dean Probert
Trevor Przibilla

Ashley Pursche
Gregory Ranger
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Enjoy the benefits

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police ***enjoy the benefits.***

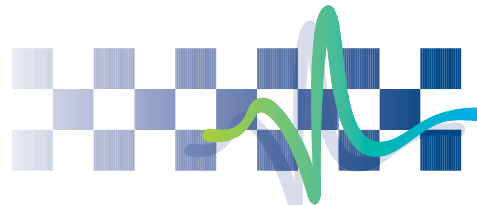
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Act early to avoid higher premiums on hospital cover



Peter Shanahan
Chairman
Police Health

I continue to hear stories at tax time about people who pay additional and avoidable tax – in the form of the 1 per cent Medicare Levy Surcharge – and are eligible to join Police Health. And it surprises me that more than 200 South Australian members currently pay the Government's Lifetime Health Cover loadings as a result of being over 31 before taking out private hospital cover.

You're 31 or older and don't have hospital cover?

Lifetime Health Cover is a Government initiative which applies to all private health insurance funds and recognizes the length of time a person has had hospital

cover. It is designed to maintain a balance of people, both young and old, in the health care system and is intended to encourage younger, healthier people to take out private health insurance hospital cover.

This, in turn, minimizes the impact on the public system. People who leave it until later in life to join a health fund are faced with paying higher premiums, at least for 10 years. In simple terms, someone who takes out hospital cover at the age of 30 will pay a lower premium than will a person who takes out hospital cover at the age of 50.

If you are over 31 as of July 1, 2010 and do not have private hospital cover you will pay a 2 per cent higher premium (a government loading) for your hospital cover for each year that you are over 30.

That means that, if you wait until you're 40, you will pay 20 per cent extra, or 40 per cent extra if you join at age 50. This goes up to a maximum of 70 per cent extra at age 65. (In most cases this loading is removed after 10 years' continuous membership

with hospital cover.)

So, if you are 31 or older and considering taking out hospital cover, make sure you contact Police Health and discuss the benefits of private health to avoid higher loadings on your health insurance premiums.

Further information about Lifetime Health Cover is available at www.health.gov.au or www.privatehealth.gov.au

You earn over \$73,000 and don't have hospital cover?

The Medicare Levy Surcharge (MLS) applies to a single person who has a taxable income greater than \$73,000 but does not have private health insurance hospital cover. The surcharge consists of an additional 1 per cent tax on that persons' assessed income.

For example, if a person has an assessed income of \$80,000, he or she would have to pay an additional \$800 in tax. If you compare this tax to the cost of Police Health's Top Hospital singles cover of \$1,289.60 per annum (after receiving the government's 30 per cent rebate) it is clear that for a little added cost you can buy considerable peace of mind. In some cases, having hospital cover can even work out to be cheaper than paying the MLS.

This same principle applies to couples and families. In this case the income threshold is set at a combined income of over \$146,000. This amount increases slightly if that couple has two or more children.

Something to be mindful of under this system is the case in which one partner takes out hospital cover (as their income

is over the \$73,000) and the other partner earning less than \$73,000 decides not to. If, in this situation, the two partners' combined income is \$146,000 or more (\$85,000 plus \$61,000, for example), **both** must have hospital cover to be exempt from the MLS.

Taking into account the Lifetime Health Cover scheme (in which people over 31 have to pay a loading) and the Medicare Surcharge Levy, it is important to think of the future. If your income is under the threshold (\$73,000 as a single) now but you are nearing 31, it would be wise to think about the financial (and health) consequences of holding off joining a private health fund.

This is all pretty complex stuff and not particularly well understood. If you are thinking about taking out private health insurance hospital cover, call the fantastic staff at Police Health for some expert advice.

The threshold income levels after which Medicare Levy Surcharge applies are indexed annually.