

## COVID-19 Protection Framework changes

A new and highly simplified traffic light system has been introduced.

At **RED**, face mask requirements remain the same for indoor venues but are no longer required outdoors. Indoor capacity limits where My Vaccine Pass is used increase up to 200 (or less based on 1m distancing) – and with no limit outdoors. There will no longer be capacity limits outdoors for public facilities, retail and tertiary (where My Vaccine Pass is required). Where My Vaccine Pass is not required, limits remain the same as previously – but only until 4 April, at which point capacity limits will become the same for everyone (no limits outdoors, and up to 200 indoors).

At **ORANGE**, all capacity limits are removed, but face masks are still required in many indoor settings.

At **GREEN**, there are no requirements, but we want people to keep up good health habits and look after those of us that are higher-risk.



### My Vaccine Pass changes

On April 4, all My Vaccine Pass requirements will be removed. Businesses currently using My Vaccine Pass requirements can voluntarily retain them if they wish.

### Vaccine mandate changes

On 4 April, vaccine mandates will be removed for all sectors except health and disability workers (which includes aged care workers), prison staff, and border workers. All businesses, however, will retain the ability to voluntarily introduce workforce vaccination requirements following their own health and safety risk assessments.

### Testing, Tracing, Isolation and Quarantine

At all levels of the revised Framework, the testing and isolation requirements remain as they are now. If you have symptoms or someone in your household tests positive, isolate and get tested. The isolation period for both positive cases and household contacts is still 7 days; this will be regularly reviewed.

There is also no requirement to scan in or for a business to display a QR code poster or have mandatory record keeping.

Changes to the Traffic Lights From 11.59pm Friday 25 March		
RED	ORANGE	GREEN
Face masks required in most indoor settings	Face masks required in many indoor settings	Face masks encouraged indoors
Indoor capacity limits of 200 people. No outdoor capacity limits	No indoor or outdoor capacity limits	No indoor or outdoor capacity limits
Self-isolate for 7 days if you test positive or live with someone who has COVID-19	Self-isolate for 7 days if you test positive or live with someone who has COVID-19	Self-isolate for 7 days if you test positive or live with someone who has COVID-19

Find out more at [covid19.govt.nz/traffic-lights/](https://covid19.govt.nz/traffic-lights/)



# Q&A regarding changes to the Traffic Lights

- Q** Is this safe?

**A** This change has been informed by public health advice, based on the latest evidence from here and overseas, and the advice of the Strategic COVID-19 Public Health Advisory Group. With our high vaccination rates, and the immunity acquired from the current outbreak, we can manage future waves of Omicron with less restrictive settings.

Our strategy will continue to reflect the new and emerging evidence about the virus and the effectiveness of vaccines. As the virus has changed, so has our approach.
- Q** Should people remove the My Vaccine Pass (MVPs) from their phone/get rid of their hard copy?

**A** No. The current expiry date on MVPs is mid-May or 1 June at the latest. The infrastructure will be maintained so if businesses choose to use it, they can. People should keep their My Vaccine Pass on their phone or in hard copy.
- Q** Why are we retaining some restrictions?

**A** We are coming into winter. There will likely be further outbreaks of Omicron, seasonal flu, and the potential for the emergence of a new variant of concern. Keeping some systems in place helps us minimise this current outbreak and protect against future ones.
- Q** What is the expected impact on case numbers and hospitalisations of these changes?

**A** Due to the timing of these changes in the outbreak and the highly vaccinated and boosted population, and continuation of mask wearing, we do not envisage a significant change to hospitalisations or case numbers.
- Q** Where can I find more information?

**A** The the Unite Against COVID-19 website will have further information about the rules for operation, testing, and isolation. Guidance for businesses will be updated on [business.govt.nz](https://business.govt.nz) as changes come into effect. Employment guidance will be found at [employment.govt.nz](https://employment.govt.nz).

Guidance on work health and safety risk assessments will be found at [WorkSafe.govt.nz](https://WorkSafe.govt.nz).

## Olivia Pearson and Beryl Maglis start their role as the new COVID Deployment Coordinators

They have been recruited to help identify and redeploy staff during the surge. They work closely with the CRU, CNM, line manager, and IMT to identify and deploy employees during the expected workforce surge.

Before starting their roles in March, Beryl was a Duty Nurse Manager at the SCDHB who retired 3 years ago while Olivia is a registered nurse on the casual pool, and has had experience in ICU, emergency nursing as well as Charge Nurse roles prior to her work on the casual pool.

The COVID Deployment Coordinators' hours are Monday-Friday, 9am to 1pm. They're located on the level 3 CSB in the nursing resource unit.

**COVID Deployment Coordinator SCDHB**  
022 0143 546  
[coviddeployment@scdhb.health.nz](mailto:coviddeployment@scdhb.health.nz)



Above: Beryl Maglis and Olivia Pearson

# Redeployment in response to Omicron

We are now seeing significant growth in the number of COVID-19 cases within our community as we move through the Omicron outbreak.

Being a large workforce, and even since the printing of our last Pulse update with the article "Getting ready for redeployment with Omicron", we are starting to see an increase in the number of staff contracting COVID-19 and needing to isolate or stay at home to look after whānau who have COVID-19.

This places our services under resource pressure, and as such we need to activate our redeployment plans to ensure when the need arises, we have the staff available to support the sustainability of our critical services across our system.

These plans have a number aspects to them, but may mean that we need to look at reducing services to allow this to occur. As we hit critical peaks of staff sickness, we

need to ensure we lessen the impact to you and the wider system. This may mean both clinical and non-clinical staff are needed to be redeployed across the system to cover a range of roles where appropriate, and support each other to get through this together.

I understand that in some cases redeployment away from your home service may feel difficult and out of our comfort zone, but "the most important principles is that engagement and consultation with you is at the core of any redeployment discussion, and that no employee will be asked to work out of scope or in way that makes them feel unsafe or could put them or the public at risk".

This is the first time we have faced such a significant impact across the health system, there will not be any area/service or individual staff member across our system

unaffected by this. You always go 'Above and Beyond' and this is what makes us, in my view, the best DHB in the country. I continually hear the stories about how you all go about your roles in an unassuming manner, while we know and understand the work you put in to make that happen is immense. Our community is lucky to have you to delivery our health system.

On behalf of the Board and SLT, thank you for all your hard work. Look after yourself, your family/ whānau and each other as we navigate our way through the next few months as we respond to this COVID-19 outbreak.

  
**Jason Power**  
Chief Executive Officer

## Understanding our internal surge workforce and capability – Expression of Interest (EOI)

We all have a part to play in the SCDHB's COVID-19 response, and right now we're identifying how flexible and adaptive workforce can be.

In December we had a great response to this survey from our team of kaimahi (staff). Because we know people's circumstances (professional or personal) change quickly, we want to update our pool of staff who are willing to put their hand up first to be ready to jump in and support a range of new areas in our collective workforce.

Right now, this is enabling us to know who we can call on. It is not a commitment, just a way we know who is available in which areas, so we can work behind the scenes to ensure we have the workforce available that we may need.

**Important points to note:**

- This is not a commitment, just a way we know who is available to work flexibly and in which areas
- We want to hear from everyone, clinical and non-clinical staff
- If you responded last time and your situation has changed or you have more comments to add, please take a moment to update your situation on this survey.

The sooner we hear from our staff, the sooner we're able to work toward putting support (like refresher training and service orientations) in place to enable our flexible workforce as best we can.

Please complete the COVID-19 Surge Workforce EOI Survey at [www.surveymonkey.com/r/YMB3R9G](https://www.surveymonkey.com/r/YMB3R9G) by the 10 April 2022.





## The IMT Team

The Incident Management Team (IMT) have three meetings a week to support our continued COVID-19 response.

The IMT Team is made up of (from the front, moving clockwise):

**Lisa Blackler** – Hospital Operations Lead  
**Karen Berry** – Public Information Manager / Internal Communications  
**Sophie Lyons** – IMT administrator  
**Andy Hilton** – Planning and Intelligence  
**Anna Wheeler** – COVID Resilience Senior Responsible Officer  
**Andrew Cunningham** – Emergency Operations Manager

**Jason Power** – Incident Controller  
**Ruth Kibble** – Primary and Community Operations Lead  
**Grant Keene** – Logistics (Tania Kelly Lead)  
**Missing – Megan Stark** Technical Advisory Group Lead, **Robbie Moginie** – Workforce Lead, **Rene Templeton**, Vulnerable Persons



## COVID-19 Coordination Centre (CCC) helps those isolating at home

As the COVID-19 cases in South Canterbury surged in the last 3 weeks, the CCC has been busy at work to support those who have tested positive and are isolating at home. The CCC operates 7 days a week to support primarily the unallocated patients (those who are not enrolled with GPs) but we also help GPs to assess and support patients if required.

Once the patient has tested positive, one of the registered nurses (RN) will call the person for an initial health assessment on day 0, 1, or 2. The RNs will help to coordinate welfare support for the patient in need, for example connecting the MSD for food delivery and arranging emergency housing if someone needs it for isolation.

The patient who is supported by the CCC will also get a "Home Care Pack" booklet containing all the information they need to know to safely self-isolate at home. A pulse oximeter, which clips onto the finger and uses light beams to measure the amount of oxygen in the blood, will also be sent to vulnerable patients. These will be delivered to the patients by either the Kaiawhina (HCA) or admin staff at the CCC.

In the past 3 weeks, staff from the COVID-19 Vaccination Clinic in Woolcombe Street, Timaru have been transferred to the CCC, Natasha Hammond is one of them. Natasha said that the CCC is particularly busy on the weekend because the CCC supports all the positive patients in the region as the general practices are closed.

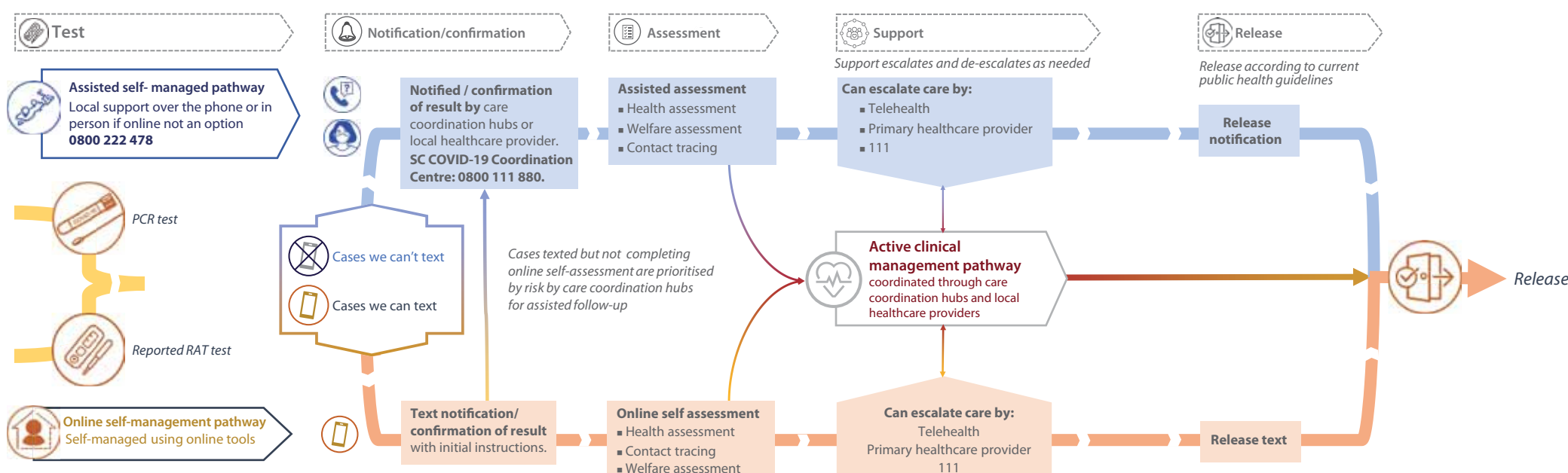
**The CCC support is available 24/7 at 0800 111 880.**



Above: Jean Tutton, Jayne Bradley and Natasha Hammond  
 Below: Felicia Bennett and Jenny Ryan

## COVID-19 Care in the Community Self-management pathways

Most cases will be able to self-manage and will follow the yellow and blue self-management pathways. Cases requiring more clinical support will receive active clinical management following the red pathway.





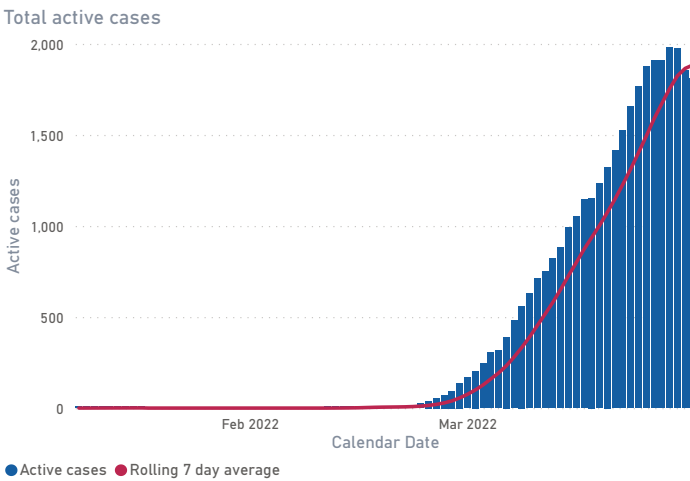
# South Canterbury COVID-19 Prevalence

South Canterbury is tracking at a high prevalence of COVID-19 cases, we are expecting this to continue over the next 4-6 weeks, with a peak over the coming fortnight. As we know, the modelling for Omicron is very variable, so therefore difficult to predict, and as such we need to remain nimble to respond to the case numbers as they emerge.

Nationally and internationally, we know that surges in hospital admissions tend to occur two weeks following the surge case numbers in the community, with ICU surge occurring within a few days of hospital admission surges.

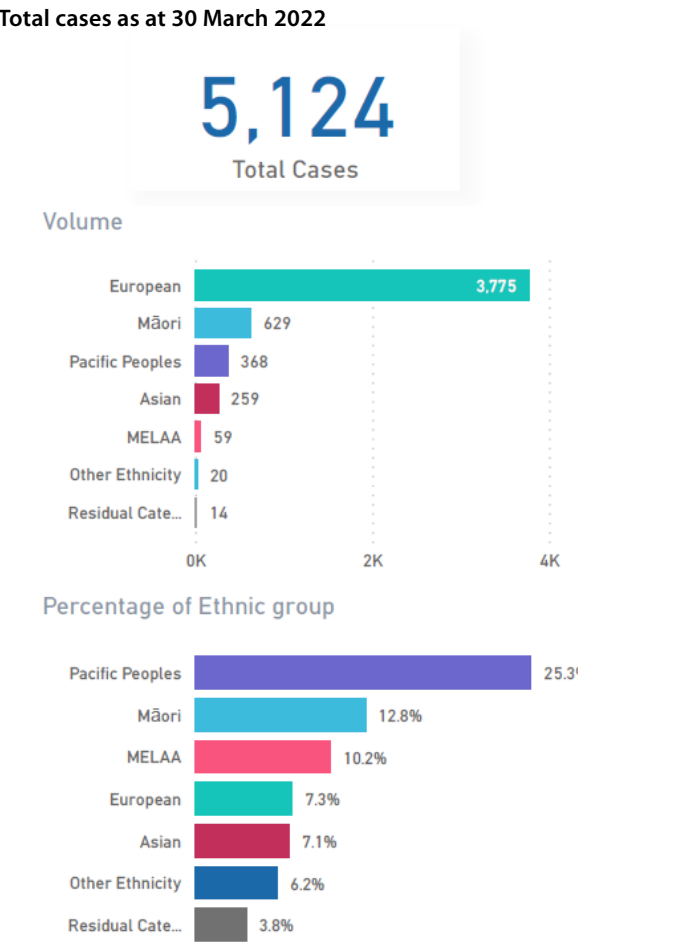
Initially, we saw cases emerge in school age children, and since spread into the very young (siblings) and parent age groups. We are seeing a disproportionate impact on our Pacifica community, along with an increase in the prevalence of COVID-19 in the very old (80+ years). Our COVID-19 Coordination Centre and primary care teams are supporting

Below is the cumulative active case number growth as of 30 March 2022.

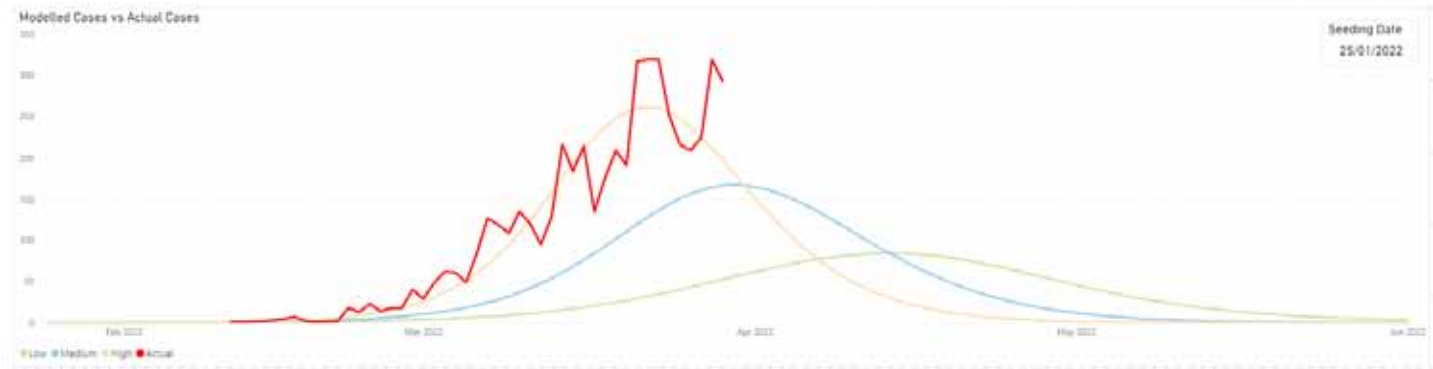


those risk stratified as higher risk due to age & morbidity, with this number increasing daily.

The below graphs demonstrate the ethnic spread of COVID-19 cases. We are seeing a disproportionate impact on our Pasifika community. Initially, we saw cases emerge in school age children, and since spread into the very young (siblings), parent age groups and an increase in the prevalence of COVID-19 in the very old (80+ years).



South Canterbury Modelled Cases vs Actual Cases



# RAT distribution to all SCDHB staff members

All SCDHB staff members have been given one box (5 tests) of RATs by their line managers. The tests are to be used if you develop COVID-19 symptoms, become a household contact of a COVID-19 positive case, or if you have a COVID-19 exposure event.

These RATs are not for asymptomatic surveillance, and are distributed to staff for the above scenarios only. If you require replenishment of a home kit, please talk to your line manager, this will be facilitated on a case-by-case basis.



Category	Negative	Positive
COVID-19 symptoms	If you test negative after your first test and you remain symptomatic, you will need to retest the following day. If you remain unwell and your tests are negative, you can return to work when your symptoms are resolved.	If you are positive, please notify your line manager. You must isolate for 7 days and report your result as per below instruction. This is special leave.
Household contact of someone who is COVID-19 positive	If someone is COVID-19 positive in your household, you are eligible for the test to return process. You need to let your line manager know and they will organize further tests to support this process.	
Exposure at work to a COVID-19 positive person	Liaise with your manager to ascertain if this is a high risk exposure. If it is, follow the 'return to work process' flowchart – exposure at work pathway.	

# SCDHB Critical Service “test to return” process

All SCDHB staff are considered critical workers.

If you become a household contact, you’re eligible to “test to return” using Rapid Antigen Tests (RATs).

## SCDHB RAT Collection Process

Although you have been given one box of RATs, you will still need to contact your line manager or DNM to get your RATs replenished if you are a household contact.

### Step one

If you are a household contact, you need to ring your manager or call Duty Nurse Manager (DNM) on 027 201 1800 if it’s after hours.

### Step two

To replenish your RATs Monday to Friday 8am – 4pm, phone Supply on 03 687 2381, or as arranged with the DNM after hours.

### Step three

Complete your RAT test before each work day/shift as directed by your line manager.

### Step four

Record your result in My Covid Record and advise your line manager of the result.



It is recommended you continue to test to return for the duration of a household member being COVID-19 positive.





## Temuka RAT collection site opens

As Temuka has seen an increase of demand for RATs, the SCDHB has opened a collection site at Hally Terrace in Temuka to make the RATs more readily available for people located close to Temuka.

Lyn Sanders and Sue Williams began the first day of RAT distribution at the Temuka RAT collection site at Hally Terrace on Monday, 28 March.

“The first day has been very busy,” said Lyn. “We gave out around 150 sets of RATs to the community on the first day”, she added.

Anyone with COVID-19 symptoms or household contacts, can either pre-order a RAT to collect online via [requestrats.covid19.health.nz](https://requestrats.covid19.health.nz) or by ringing 0800 222 478 (option 3), or go to a Rapid Antigen Test (RAT) collection site.



### Timaru Rapid Antigen Test (RAT) collection site and COVID-19 Testing Clinic:

**Aorangi Park, Morgans Road, Timaru (north end car park)**

Monday – Friday, 9am to 4.30pm

Saturday – Sunday, 9am to 3pm.

### Temuka Rapid Antigen Test (RAT) collection site:

**Hally Terrace, Temuka (near Domain Avenue)**

Sunday – Thursday (closed Friday and Saturday)

12.30pm – 4pm.

### Geraldine Rapid Antigen Test (RAT) collection site:

**Geraldine Rugby Club, George Street, Geraldine**

Sunday – Thursday (closed Friday and Saturday)

9am to 11.30am.

### Waimate Rapid Antigen Test (RAT) collection site:

**Waimate Rugby Club, Wall Street, Waimate**

Monday – Saturday

9am to 11am.

### Twizel Rapid Antigen Test (RAT) collection site:

**MacKenzie Pharmacy, 6-7 Market Place, Twizel**

Monday – Friday, 9am to 5pm

Saturday, 10am to 2pm.

**Please note**, before going to this collection site, you need to place an order via [requestrats.covid19.health.nz](https://requestrats.covid19.health.nz) or by ringing 0800 222 478 (option 3).

### Fairlie Rapid Antigen Test (RAT) collection site:

**Fairlie HealthCare Depot, 78 Main Street, Fairlie**

Monday – Friday

9am to 5.30pm.

**Please note**, before going to this collection site, you need to place an order via [requestrats.covid19.health.nz](https://requestrats.covid19.health.nz) or by ringing 0800 222 478 (option 3).

## Angela Foster shares with us her experience of catching COVID-19

Angela Foster, “Angie”, has recently caught COVID-19. While she’s in isolation, she wrote down her stories, feelings, and thoughts to help her remember the experience and to share with others who might benefit from her experience.

### How I caught COVID-19

Although I am an Infection Prevention Nurse, and fully aware of the risks of transmission and the rules in place for preventing spread, I was also accepting of some risk to continue to live within the rules, understanding that catching Omicron was likely inevitable.

My family and I are all up to date with our vaccinations – my husband Nev and I with three vaccinations, Lauren (17) has had 2, and Both Ethan (9) and Charlotte (5) have had one and almost time for their 2nd, so I don’t feel worried about our health at this stage, just the inconvenience of having to self-isolate for an unknown length of time if one of us does develop COVID-19. Also the biggest fear of spreading it to others if we do unknowingly catch COVID-19.

Our band “Girl Next Door” was thrilled to have our very first paid gig on St Paddy’s Day, at a local restaurant. Mike had recently joined the band as our new bass player.

When we arrived at the gig, totally pumped, trailer of gear in tow, we popped on our masks, scanned in, hand sanitised and headed to the bar to meet the staff to find out where to set up. On entry, we were greeted by unmasked staff, all with signs clipped to them “Mask Exempt”, including the lady owner, whose husband had caught COVID earlier.

Mike and the other band members knew this family very well, as they had worked together for a long time. It felt uncomfortable to ask them about mask wearing knowing the relationship, and at that moment I hoped I hadn’t made a bad call. We set up for the gig, did our sound check, and awaited the guests. It was probably about 20 minutes after we were to start playing that the first guests arrived.

Early that following morning I left for a fantastic trip away to Wellington with my hubby Nev and a couple of our besties.

### Sunday (Day 0)

On Sunday I awoke feeling great. I felt slightly stuffy and my ears were itching, a usual sign of

allergies for me. This is when I found out that Mike, our bass, had tested positive. I thought about the gig, but then thought that’s awfully soon to test positive on a Saturday morning from a Thursday exposure. It left my mind. On the plane home, dutifully wearing my N95, my throat was feeling a consistent scratchy type of itch.

However, my symptoms were beginning to feel more like a cold than allergies. As soon as I got home, I whipped out my RAT test I had stored away for “just in case”. Before even 3 minutes was up, I saw that taunting little blue line on the T along with the line on the C. I knew without a doubt this meant I had COVID-19.

Nev also tested that night with me and was negative. Yay. We agreed that if he hadn’t caught it yet from me, we should try and keep him from it if possible. So off to the spare room he went. Plan in place for me to stay in the room, and wear a mask in the main areas.

### Monday Day 1

I awoke feeling much more like I had a head cold on Monday. There was also a lot of sneezing all day. My throat was very scratchy and I had a light headache. Returning back from our weekend, we didn’t have many groceries in the house, so Nev’s brother Philip collected our paid for online order.

That night I was feeling a lot more stuffed up, wanting to cough, a bit of a fuzzy foggy feeling inside my forehead. I found out that Flash’s mum Dot also tested positive for COVID-19 along with a couple of Flash’s family that were there at the gig.

### Tuesday Day 2

Tuesday, I started feeling rougher, although not too much to complain about. Just a stronger head cold, my nose had stopped dripping but my throat was still slightly sore. I coughed up about a litre of green phlegm from my chest that morning and I thought, that’s it, I’m going to end up on a ventilator!!!

I woke up in the middle of the night with a coughing fit. It scared me actually. I remembered our chats in the TAG (Technical Advisory Group) about proning (lying on your tummy) so I thought I’d give it a whirl (also had a cough drop). It actually worked.

Flash also now has tested positive for COVID-19 and a few more from the gig. Jackie remains negative as well as Hunter.

### Wednesday Day 3

I woke up on Wednesday feeling great (on my back even after falling asleep on my tummy). Slightly stuffy in the nose region, but no headache and I could tell I had a bit more energy.

Nev’s day 3 to test – STILL NEGATIVE. I attempted working from home which sucks a lot when the hubby is on the phone all day and the kids are bouncing off the walls (all in the house otherwise totally asymptomatic). After doing morning tea and lunch I agreed to let the hubby cook tea tonight.

Jeanette from work brought me some work stuff and a good big coffee – yay! More notifications of people from the gig dropping like flies with a positive result. Eek. By the afternoon, and several loads of emails and washing later, I had enough and decided to lie down for a couple of hours. Again that helped and I got up feeling refreshed, had dinner and headed back to bed. Bit of up and down emotions with everyone in the house, I might add.

Fog and ringing in my ears at this stage has made me feel a bit dizzy. I thought the change in sense of taste or smell had not really affected me until I realised about 10 minutes after lathering copious amounts of Vicks onto my body that I couldn’t actually smell it.

Trying to get to sleep, I was haunted by a conversation with a friend that day who called me out on my decision to do the gig anyway, fully aware that there would be some risk involved. “Angie, tell me you didn’t know about this?” How could I have been this stupid? I kept going over in my head that technically everything was above bar with them going ahead, but in the end my stupid addiction to singing meant I put everyone at risk. It could have been any patron at the restaurant that night, and I guess we will never know, but the dilemma stuck with me. I couldn’t shake it, and then couldn’t get to sleep, so I started this diary to put it all down.

### Thursday Day 4

It turns out my brain was switched to “ON” last night. After trying everything, I still didn’t end up getting to sleep until after 2am. Knowing this would affect me today added to the anxiety about not going to sleep and probably made it worse. I’m feeling ok but just that weird tired you get when you’ve had a big night out. Hoping for a nap today, however I have a couple of work Zoom meetings I really need to attend.



### Angie's diary continued...

Steph, who went to Wellington with us, was feeling fine, not even going to bother testing today as no symptoms at all. I'm thinking there really must be something in this booster-to-booster immunity phenomenon. I ended up working until 4pm, getting heaps accomplished for work, but absolutely hit a wall by then.

I laid down for a couple hours, trying to get some sleep, but I just couldn't. I still have the weird ringing in my ears and the pressure in my head, but no other respiratory symptoms.

### Friday (Day 5)

Couldn't fall asleep until after 11pm despite going to bed at 8:30pm. Awoke at 4:30am and couldn't get back to sleep again. Got up around 7:30am feeling pretty good. Most of my symptoms have resolved apart from the tiny lingering congestion just at my nose, and the ear ringing/pressure continues. I otherwise feel good within myself.

My sense of smell returned all of a sudden and I noticed both the smell of our raspberry fragrance in the bathroom and the remainder of the eggs on toast I got for brekkie. The band has been messaging each other. Everyone has varying degrees of symptoms – Mike and I are fairing the best so far. Flash is not flash, but not too bad either. Jackie's still negative. All keen to get back to practice next week. We might change our name to "The Quarantines".

### Saturday (Day 6)

Last night I managed to finally get to sleep at a respectable 9:30pm, however I woke up at about 5:30am and couldn't get back to sleep again. That's ok, I'll take what I can. Feeling relatively good today – slight ear thing still but no congestion. I had a slight cough when I awoke but it left in about an hour. I did my day 6 test and there was the tiniest smidgiest little line by Mr T. Our rule for work is that we have to have 2 consecutive negative tests two days in a row before returning to work. This will mean if I'm negative tomorrow and Monday I can return to work on Monday. Yay.

### Sunday (Day 7)

Nev brought me eggs on toast for a special Sunday brekkie in bed with his day 7 negative RAT test on the tray – lol. Yay, he's officially out of isolation today!!! He brought me mine to do as well, and heck yes NEGATIVE too!!!!!!

Today's agenda: The house is getting a full post COVID-19 clean. I spent the day cleaning every door handle (including pantry cupboards, microwave buttons, fridge handles, etc etc etc) and every light switch in this house, plus both bathrooms and the laundry, lounge and kitchen, getting ready for tomorrow's total negative day and our house will be ready again for visitors.

The three kids have their final tests to do tomorrow morning. If clear, they can go back to school too! Fingers crossed.

### Monday (Day 8)

Speaking with Karen Berry, our Communications Manager, the other day in our meeting she did jokingly (not jokingly) say "Well, if our infection control nurse gets COVID what hope is there for me?". Yeah, I knew this would be a thing. I also know that it would be inevitable that my family will also come across COVID-19 at some point, and maybe get it too. But you know what, I feel like I need to prove that I can prevent the spread of this bug. If anyone can, its me!

So, about 6:50am everyone starts awaking, one after the other. I had taken my second COVID-19 test, NEGATIVE again. Yup, guess that means I'm off to work today. Ethan next – he says his bones hurt today (Oh no). COVID-19 test – NEGATIVE (and now he feels totally fine). Charlotte managed to do her own swab today – COVID-19 test NEGATIVE! Woop, one more. Lauren graces us with her presence around 7:30am – all of us waiting with bated breath...She looks fine, seems fine...and...NEGATIVE!!!! WOOOOOOO HOOOOO. We did it. Infection Prevention Redemption is MINE.

## Welcome to our

## new staff who started in February



**Amanda De Ruyter**  
Medical Imaging  
technologist



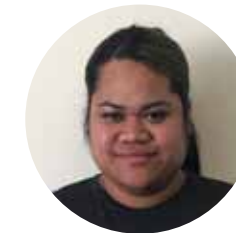
**Kirsten Baker**  
Emergency/Telephonist  
Reception



**Esraa Al-Hoot**  
Kaiawhina (HCA)



**Sarah Fiaui**  
Kaiawhina (HCA)



**Vaimalama Gaono**  
Kaiawhina (HCA)



**Tracey Tamarapa**  
Kaiawhina (HCA)



**Madaleen Anglem**  
Kaiawhina (HCA)



**Jaxson Whyte**  
Kaiawhina (HCA)



**Sona James**  
Registered Nurse – ED



**Deyanna Takiri**  
Kaiawhina (HCA)



**Finishianty**  
Kaiawhina (HCA)



**Christine Dickson**  
Kaiawhina (HCA)



**Kelsey Robson**  
Kaiawhina (HCA)



**Maria Saia Tumutumu**  
Kaiawhina (HCA)



**Darren Quindor**  
Registered Nurse – ED



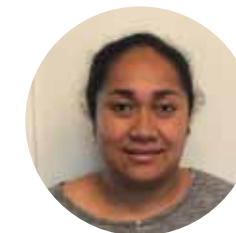
**Dr Beth Julian**  
O & G Specialist



**Aniekan (Courtesy)  
Michael-Agwuoke**  
Kaiawhina (HCA)



**Peggy Smith**  
Kaiawhina (HCA)



**Sesimani Tuli**  
Kaiawhina (HCA)



**Junior Gaogao**  
Kaiawhina (HCA)



**Anouska Black**  
Health Coach



**Anthony Hill**  
Anaesthetic Technician



**Sarah Latta**  
Occupational Therapist



**Jane Slater**  
Kaiawhina (HCA)



**Ritto Thomas**  
Kaiawhina (HCA)



**Perryn McLean**  
Kaiawhina (HCA)



**Jenny Tipper**  
Laundry Orderly Assistant



**Stephen McCleary**  
IT Support Technician



**Kylie Bicknell**  
Public Health Nurse



**Liezl Naude**  
Casual Admin



**Susan Irwin**  
Ward receptionist

# 5 tips to boost your mood

## Get Up and Move to Improve Your Mood

Exercise is one of the best ways to improve your mental health, no matter what your age or fitness level



## Problems Feel Smaller When You Share Them

Talking about what's troubling you has been proven to have a positive impact on how you feel



## Boost Your Mood with Healthy Food

What you eat can make a big difference to how you feel



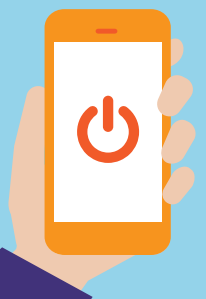
## Improve Mental Health with Pets

Pets can reduce anxiety and stress and are a great source of comfort, companionship and motivation



## Reduce Your Daily Screen Time

You'll be more productive, feel calmer and happier, and improve relationships, sleep and physical health



# pulse

is a snapshot of activity within the health board and wider health community. It is sent to South Canterbury DHB staff and providers including GPs, dentists, pharmacies and the health sector.

All written contributions are welcome.

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