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Emailed to:
1621 readers
and counting

Welcome to my
overseas readers

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4 YEAR CERTIFICATION

I am very pleased to mention more facilities achieving

4 year certification

My compliments and congratulations to:

Bishopspark Rest home in Christchurch
New Vista in Wanganui

For my friends, who have an audit this month, all the best!

If you are one of the very few achieving this then please let me know as it deserves a special place and recognition! If you don't let me know I can not publish it.

SHORT AND SWEET HEALTH TIPS

Look after your bones. Get your daily calcium by popping a tab, chugging milk or eating yoghurt. It'll keep your bones strong. Remember that your bone density declines after the age of 30. You need at least 200 milligrams daily, which you should combine with magnesium, or it simply won't be absorbed

CHANGE SHIFTS

I've received some further advice re: the days in lieu when a public holiday is worked over a night shift....here's an alternative to changing the start time to midnight...change the employment agreement....

1 Holidays and other leave

1.1 Public holidays: You are entitled to up to 11 days as paid public holidays in accordance with the Holidays Act 2003, or any substituted legislation. Unless otherwise agreed, these days shall be those listed in the applicable legislation.

1.2 If you are required to work on a public holiday you will be paid the amount of relevant daily pay plus half that amount again for the hours actually worked. If this is a day on which you would otherwise have worked, you will also receive an alternative one day paid holiday.

1.3 When you are working a shift that covers two calendar days, the definition of working day refers to the day on which the majority of the hours are worked. For the avoidance of doubt, the Employee agrees that the 'day' worked will be the calendar day on which the majority of hours is worked. If that day is a public holiday they will be entitled to the full shift at time plus a half.

Thanks Kim and Peter

HONEY IN WOUND CARE

Author: Vanessa Ngan.

Introduction

For centuries now honey has been used as an effective remedy for wounds, burns and ulcers. In recent years there has been renewed interest in the medicinal properties of honey. Much of this research is being carried out by a team of people working at the Waikato Honey Research Unit, New Zealand.

How does honey work to treat infections?

There are many features in the composition of honey that together combine to give it its antimicrobial properties

| Feature | Antimicrobial action |
|------------------------------|--|
| High osmolality | Honey is a saturated or supersaturated solution of sugars that has strong interaction with water molecules. The lack of 'free' water inhibits the growth of microorganisms. |
| Hydrogen peroxide | When honey is diluted by wound exudates, hydrogen peroxide is produced via a glucose oxidase enzyme reaction. This is released slowly to provide antibacterial activity but does not damage tissue. |
| Antibacterial phytochemicals | Some honeys still have antimicrobial activity even when hydrogen peroxide activity has been removed. The honey from Manuka trees (<i>Leptospermum scoparium</i>) has been found to have high levels of this antibacterial phytochemical. |

In addition to its antimicrobial properties, honey also appears to stimulate lymphocytic and phagocytic activity. These are key body immune responses in the battle against infection.

What is honey used to treat?

Honey is most commonly used as a topical antibacterial agent to treat infections in a wide range of wound types. These include: Leg ulcers, Pressure ulcers, Diabetic foot ulcers, Infected wound resulting from injury or surgery, Burns

In most cases, honey is used when conventional antibacterial treatment with antibiotics and antiseptics are ineffective. Numerous studies have shown that these difficult-to-heal wounds respond well to honey dressings. Inflammation, swelling and pain rapidly subside, unpleasant odours stop, debridement is enhanced as the honey dressings remove dead tissue painlessly and without causing damage to the regrowing cells. Honey promotes rapid healing with minimal scarring.

Honey can also be used as first aid treatment for burns as it has potent anti-inflammatory activity.

What honey to use?

For centuries it has been known that different types of honey exhibit differences in antibacterial activity. In recent years, honey from different sources have been studied and a few have been identified as having particularly high antibacterial activity. Manuka honey gathered from the manuka tree *Leptospermum scoparium*, native to New Zealand, has exceptionally high antibacterial activity, with about half of this type of honey having high levels of non-peroxide activity (ie: high levels of antibacterial phytochemical activity present). It is important for honey to have this additional non-peroxide antibacterial component as factors such as acidity, catalase and protein-digesting enzymes in wound fluids all work towards reducing the hydrogen peroxide antibacterial effectiveness.

Push harder
than yesterday
if you want a
different
tomorrow

| | |
|--|---|
| <p><i>Not everyone will understand your journey. That's OK You're here to live your life, not to make other people understand</i> Anna GraceTaylor</p> | <h2>HONEY IN WOUND CARE cont'd</h2> |
| | <p>For the treatment of infected wounds, it is important that a sterilised, laboratory-tested honey for medicinal purposes is used. Honey produced from manuka trees is tested for antibacterial activity and given a potency rating called a UMF (Unique Manuka Factor). The higher the UMF rating, the greater the level of antibacterial activity. Medical professionals in New Zealand use active manuka honey with a rating of UMF 10 or higher. UMF graded honey is also sterilised by gamma irradiation without loss of any antibacterial activity.</p> <p>How to use honey on wounds:</p> <p>All difficult to heal wounds should be seen by your doctor. The following are general tips on how honey may be used for wound care.</p> <ul style="list-style-type: none"> • The amount of honey used depends on the amount of fluid exuding from the wound. Large amounts of exudate require substantial amounts of honey to be applied. • The frequency of dressing changes depends on how rapidly the honey is being diluted by the exudate. This should become less frequent as the honey starts to work on healing the wound. • Occlusive dressings help to prevent honey oozing out from the wound. • It is best to spread the honey on a dressing and apply this to the wound than apply the honey directly onto the wound. Dressing pads pre-impregnated with honey are commercially available and provide an effective and less messy alternative. • Abscesses, cavity or deep wounds need more honey to adequately penetrate deep into the wound tissues. The wound bed should be filled with honey before applying the honey dressing pad |
| | <h2>HAZARDOUS SUBSTANCES REGULATIONS</h2> |
| | <p>The below relates to the new Hazardous Substances Regulations that will come into force on 1 December 2017. Until then the current Hazardous Substances and New Organisms Act remains in force in its current form.</p> <p>The Health and Safety at Work (Hazardous Substances) Regulations bring focus to the safe management of hazardous substances in the workplace. They will affect the estimated 150,000 businesses that manufacture, use, handle and store hazardous substances in the workplace; and those that transport them.</p> <p>It's not about wholesale change. The regulation of hazardous substances in the workplace is moving from one Act and set of regulations to another, but with some changes. If you are complying with the current hazardous substances law, then you may not need to change a lot but this is an important time for all businesses to review their processes for keeping people safe around hazardous substances.</p> <p>What laws are changing?</p> <p>The Hazardous Substances Regulations are part of a wider set of reforms. There are two main pieces of legislation that are affected:</p> <ul style="list-style-type: none"> • The Hazardous Substances and New Organisms Act 1996 (HSNO) and regulations will change. • The Health and Safety at Work (Hazardous Substances) Regulations will be introduced. Read more about what's changing in the laws. <p>What's changing?</p> <p>Information on what's changing will be added to this website over coming weeks and more detailed guidance will be available soon. We will look at some of the key areas of change that apply to most businesses that use hazardous substances.</p> <p>Read about some of the key requirements you will need to know about.</p> |

HAZARDOUS SUBSTANCES REGULATIONS Cont'd

Who regulates what? The changes come with new responsibilities for WorkSafe and the Environmental Protection Authority (EPA).

Broadly, the EPA will continue to have responsibility for approving and classifying hazardous substances; while WorkSafe will administer and enforce workplace requirements provided in the Regulations. [Read more about who regulates what.](#)

How do I stay informed? WorkSafe and the EPA will be providing communications and guidance to help keep you informed. Here's what you can do now:

- [Subscribe for WorkSafe e-news updates](#) on the new Hazardous Substances Regulations

[Visit WorkSafe's Hazardous Substances Toolbox](#) – this provides information under the current law including practical tools and guidance to help you. It will be updated for the new Regulations

Certified Handlers Currently, under HSNO, certified handlers are called approved handlers. Under the new Hazardous Substances Regulations there will be fewer substances that require certified handlers than currently require approved handlers. This page outlines when you will need a certified handler under the new Regulations, how to become one, and what to do if you are currently an approved handler. [Read more...](#)

Emergency plans Even the most safety conscious organisation can have an emergency involving hazardous substances. As well as observing the rules around managing your hazardous substances, you, your workers, and emergency service workers need to know what to do - and who is responsible for what - in an emergency. [Read more...](#)

Information, instruction, supervision and training Workers need to understand the risks posed by hazardous substances and how to keep safe around them. [Read more...](#)

Inventory

It's important to know what hazardous substances you have in order to safely manage their risks to people. Under the Hazardous Substances Regulations, one of the biggest changes affecting all businesses is the requirement to have an inventory of all their hazardous substances. It will help you ensure the safety of your workers and others who may be exposed to hazardous substances in your workplace. [Read more...](#)

Labelling Labels are placed on hazardous substances containers so that people, including workers and emergency services personnel, know what's inside and can take the correct precautionary measures. [Read more...](#)

Safety data sheets Safety data sheets (SDS) provide important information about your hazardous substances. Under the Hazardous Substances Regulations it will be mandatory to have a current SDS for each of the hazardous substances in your workplace regardless of the quantity you hold. [Read more...](#)

Signs How do emergency services, visitors and your workers know what hazardous substances you have on site and the protection or precautionary measures they should take? Signs provide clear, concise information and are often the first warnings people will have about your hazardous substances. [Read more...](#)

Safe Work Instruments Safe work instruments (SWI) are a type of subordinate instrument (sometimes called tertiary legislation). As a regulatory tool, SWIs were introduced with the Health and Safety at Work Act (HSWA). They are developed by WorkSafe and approved by the Minister for Workplace Relations and Safety. [Read more...](#)

Source:

<http://www.worksafe.govt.nz/worksafe/information-guidance/guidance-by-industry/hsno/hazardous-substances-regulations>

Don't worry about what people say behind your back, they are the people who are finding faults in your life instead of fixing the faults in their own life.

Beautiful quotes

I miss the days
when the
scariest thing
on TV was the
“twilight zone.”
and not the
nightly news.

DEMENTIA

Dementia is a disease of the brain, not of the soul.
Dementia erodes our ability to reason, it does not erode our ability to feel.
Our emotions are often amplified by the fact that the cognitive filtering is affected by the disease.

We feel more, love more spontaneously, cry a lot easier and laugh more freely.
We are often less inhibited, showing emotions that we would not dare show BD (before dementia).

We are intensely vulnerable. We pick up on body language and facial expressions, even though we cannot respond the way we used to. We know, yet we cannot express our intentions.

Dementia is a disease of the brain, not of the soul.
Next time you decide to not visit us on Christmas day, please think again? Even though I do not remember your name, I know who you are. I know what it feels like to have mothered you, I feel the love of a mother every time I see your face.
And if I do not respond, that does not mean that I do not feel. My bond with you is not a cognitive one - it is an emotional, spiritual one.
I do not have to think to feel.

I know it is not easy for you. It is not easy for me either. You can escape to your “real” world, I am trapped. You can go back to your family, cook them dinners and discuss how you hate visiting me. You can run and drive your car and shop. I am trapped. But I can feel...

So please think again before you say “she is no longer our mother”.
My being your mother will never change. Your face, your presence, affirms and validates my entire being. So please come and visit? Sit with me, be with me?
You don’t have to talk. Or pretend that you enjoy being with me. Just be with me. Because dementia is a disease of the brain, not of the soul. I am still here...

Author unknown

BOUQUET

This month’s bouquet for all the managers, providers and accounts managers who had to make the changes to the wages and work through the translation tool ensuring that all staff received their correct rate. On top of that dealing with CareerForce surprise announcement re the overseas nurses!!
You all deserve a pat on the back! Well done



SILVER RAINBOW

**Lesbian, Gay, Bisexual, Trans and Intersex
(LGBTI) Education for Caregivers**
If you are interested please contact



Julie.Watson@affinityservices.co.nz

| | <p>VACCINE STORAGE IN AGED RESIDENTIAL CARE FACILITIES</p> |
|--|---|
| <p>Reporter interviewing a 104-year-old woman: 'And what do you think is the best thing about being 104?' the reporter asked. She simply replied, 'No peer pressure.'</p> | <p>The Ministry of Health has been notified of an event where influenza vaccines were compromised by exposure to temperatures outside the required storage range of +2°C to +8°C. These vaccines were given to residents in an Aged Residential Care (ARC) facility and they have been offered re-vaccination. This is of concern as this age group is vulnerable to the complications associated with influenza.</p> <p>This event has brought to both the Ministry's and the affected DHB's attention that some ARC facilities are storing vaccines on-site (i.e. influenza vaccine) and are not aware of the requirements for vaccine storage.</p> <p>We understand that most ARC facilities do not store vaccines on-site and the vaccinating health professional brings the vaccines with them ensuring they are stored at the required temperature range (this includes vaccine temperature monitoring). For those facilities who offer their own vaccination service, by using an authorised vaccinator, they are required to maintain safe vaccine storage conditions at all times.</p> <p><u>Who can administer vaccines</u></p> <p>Influenza vaccines, like all vaccines, are prescription medicines and can only be administered by a registered nurse when there is a valid prescription or standing order, or if the registered nurse is an authorised vaccinator working in accordance with an approved immunisation programme.</p> <p><u>Vaccine storage</u></p> <p>The cold chain is the system of transporting and storing vaccines within the required temperature range. All vaccines must be stored between +2°C to +8°C at all times (this is part of the cold chain). Due to the delicate nature of vaccines they can become ineffective when exposed to temperatures outside this range. All immunisation providers, which includes ARC facilities storing influenza vaccines for administration to residents or staff, are required to go through a process of Cold Chain Accreditation (CCA). CCA is an assessment tool used by a trained assessor to ensure that the provider's cold chain management practices and processes meet the National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (the Standards). This should be undertaken prior to the storage of any vaccines.</p> <p>Vaccine cold chain equipment requirements include:</p> <ul style="list-style-type: none"> • storing the vaccines in a pharmaceutical refrigerator (domestic refrigerators are not acceptable), • monitoring the refrigerator temperature using a <ol style="list-style-type: none"> 1. digital minimum/maximum thermometer (the minimum and maximum temperature must be recorded every day the facility is open), 2. temperature data logger (this is required to be downloaded at least weekly and in response to any daily minimum/maximum temperatures that are recorded outside the +2°C to +8°C range), <ul style="list-style-type: none"> • having a chilly bin, insulation material, ice packs and monitoring equipment for use in the event of power or equipment failure. <p>Each facility is also required to have an up-to-date policy related to cold chain management.</p> <p>The Standards can be found on the Ministry's website and contain more information and details on the equipment and monitoring requirements, If you have any queries please email the Ministry's Immunisation Team at immunisation@moh.govt.nz</p> <p>Diana Murfitt Senior Advisor Immunisation Team Service Commissioning Ministry of Health DDI: 816 3449</p> |

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| <p>You don't stop laughing because you grow old, You grow old because you stop laughing.</p> | <p>HAVE YOU HEARD ABOUT GREY MATTER?</p> |
| | <p>We'd like to introduce you to another newsletter that the Ministry of Health Library prepares.</p> <p>The Grey Matter newsletter provides monthly access to a selection of recent NGO, Think Tank, and International Government reports related to health. Information is arranged by topic, allowing readers to quickly find their areas of interest.</p> <p>If you'd like to subscribe to Grey Matter, email library@moh.govt.nz</p> |
| | <p>TOTAL QUALITY PROGRAMME</p> |
| | <p>Are you struggling with your policies and procedures? Find it difficult to keep up with all the changes? Come audit time you realise that information is not up to date?</p> <p>If the answer to the above is yes then</p> <p>Join hundreds of other aged care providers</p> <p>This totally tried and tested Quality Programme tailor-made for aged care has been around since 1990!</p> <p>All policies and procedures, including the related work forms, are written in a very user friendly manner and understandable to all staff. The programme comes on CD and you are in charge to personalise it for your facility.</p> <p>For more information and to receive the order form and licence agreement, contact me on 09 5795204, 021 311055 or 09jelica@gmail.com</p> |
| | <p>TRAINING SESSIONS</p> |
| | <p>If you need training provided on site please let me know as I am available to provide this on non clinical topics such as: Please be aware that I am based in Auckland. Very happy to travel but it will add to your cost. You might be able to talk to facilities in your area to get together and share the costs.</p> <p>Cultural Safety, Spirituality, Sexuality & intimacy, Privacy, Rights, Confidentiality, Choice, Communication and Documentation, Quality and Risk Management, Abuse and Neglect prevention, Restraint Minimisation and Safe Practice, Managing behaviour that challenge us, Complaints Management, Open Disclosure, EPOA, Advance Directives, Informed Consent, Resuscitation, Health and Safety, Ageing process, Mental Illness, Civil defence, Dementia care, Bullying in the workplace.</p> <p>If you are looking for a topic not listed here please drop me a line.</p> <p>I am happy to facilitate different times to suit evening and night staff.</p> <p>References available on request.</p> <p><i>Jessica</i></p> |

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| <p>Life isn't about finding yourself. Life is about creating yourself. George Bernhard Shaw</p> | <p align="center">NEWSLETTERS BACK ISSUES</p> |
| | <p>Remember there is an alphabetical list of topics from all my newsletters available on my website which refers to the related issue. This website is available to everybody: www.jelicatips.com No password or membership required.</p> <p>I believe in having the data available to everybody as it is important that as many people as possible get the information and that we help each other as much as possible in this very challenging sector.</p> <p>I don't mind sharing this information but I don't agree anybody making financial gain from this information!</p> |
| | <p align="center">HELP ME KEEPING THE DATABASE UP TO DATE!</p> |
| | <p>Changing positions? New email address? Let me know if your details are changing so I can keep the database up to date.</p> <p>If you know anybody else who would like to receive the newsletter please let me know and I will be happy to add them to our growing readers' base.</p> <p>Thank you all for your contribution each month.</p> <p align="right"><i>Jessica</i></p> |

Some interesting websites:

www.careassociation.co.nz; www.eldernet.co.nz, www.insitenewspaper.co.nz, www.moh.govt.nz;
www.careerforce.org.nz, www.dementiacareaustralia.com; www.advancecareplanning.org.nz
<http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best>, <http://www.open.hqsc.govt.nz>;
www.safefoodhandler.com; www.learnonline.health.nz; www.nutritionfoundation.org.nz/about-nznf/Healthy-Ageing; www.glasgowcomascale.org

Please note these sites are not necessarily endorsed by Jelica nor is it responsible for the contents within them.

The information contained in this publication is of a general nature and should not be relied upon as a substitute for professional advice in specific cases.

REMEMBER!

Send your feedback, suggestions and articles showcasing your local, regional and workforce activities for publication in future issues.

This brings me to the end of this issue. I hope you enjoyed reading it and welcome any feedback you have. With your help I hope to keep this a very informative newsletter with something for everyone.

CONFIDENTIALITY AND SECURITY

- I send this with due respect to, and awareness of, the "The Unsolicited Electronic Messages Act 2007".
- My contact list consists ONLY of e-mail addresses, I do not keep any other details unless I have developed personal contact with people or organisations in regard to provision of services etc.
- E-mail addresses in my contact list are accessible to no one but me
- Jelica Ltd uses Trend Micro antivirus protection in all aspects of e-mail sending and receiving

Signing off for now.

Jessica

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- If you do not wish to continue to receive emails from me, all you need to do is e-mail me and write "Unsubscribe". I will then remove you from my contact list (though I will be sorry to lose you from my list).
- If you know of others who you think would benefit from receiving my newsletter, please pass on my details and have them sending me an email with the subscribe request.