

## GIFTING

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I have been asked the following question:

***"Is it alright for staff to accept gifts from residents?"***

In my opinion it is good to have a Code of Conduct/Ethics around this that clarifies that it will always be the manager's decision and should be looked at on a one to one basis taking in consideration for instance the resident's competency, history etc.

But the general rule should be that staff does not accept gifts of any kind unless decided as appropriate by the manager.

I would advise that the manager discuss first with resident and possible relatives to ensure that there can not be an accusation later.

I see this as an Open disclosure principle!

I am sure that most people working in facilities have experienced that a resident gives something one day and than accuses the staff of stealing it the next day!

If a resident wishes to give something to a staff member who is leaving, as a token of their appreciation, the same applies. As long as this staff member is still on the premises the policy stands.

My reasoning would be that if one resident gives something the other residents might feel obliged to do the same.

The moment the staff member has left the premises they are free agents and not under the facility's policies anymore. It is than up to their judgment.

Gifting and donations from families, trusts etc. is a different matter between relatives and manager.

As per HDSS 1.7.3: Service providers maintain professional boundaries and refrain from acts or behaviours which could benefit the provider at the expense or well-being of the consumer.

My advice: re-check your policy and see if this topic is clearly defined. Discuss with staff to ensure they are all aware of the policy. Let me know if you have no policy as I am happy to email you one.

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<p>When I was young I used to admire “intelligent people”, as I grow older, I admire “kind” people.</p>	<h3>WEARING HATS IN KITCHEN</h3>
	<p><b><i>“Does staff have to wear a hat when in the kitchen?”</i></b></p> <p>The following is a link to the current NZ legislation (Food Hygiene Regulations)  <a href="http://www.legislation.govt.nz/regulation/public/1974/0169/latest/whole.html#DL M42973">http://www.legislation.govt.nz/regulation/public/1974/0169/latest/whole.html#DL M42973</a></p> <p>Point 19 (1) <b>19 Clothing and behaviour of workers</b></p> <ul style="list-style-type: none"> <li>• (1) Subject to subclause (2), every person engaged in the manufacture, preparation, packing, or handling of food for sale shall wear— <ul style="list-style-type: none"> <li>• (a) a light-coloured, outer overall, or a light-coloured smock worn over clothing; and</li> <li>• (b) effective apparel, where necessary for the purpose, to restrain his hair from touching any food and food contact surfaces, which shall be a clean, washable, light-coloured head covering or a disposable type head covering: provided that an inspector may permit the wearing of any alternative clothing that he considers appropriate.</li> </ul> </li> </ul> <p>The way I would interpret that: is that if there is a chance that the hair touches the food you wear a hat. I realize that there are different bits of legislation regarding food so if anybody has a different take on it I would be interested to hear, thanks.</p>
	<h3>3 MONTHLY MEDICATION REVIEWS</h3>
	<p>It has been identified that there are GP’s who sign for the 3 monthly medication reviews in their clinical notes. If this happens in your facility please change that process as the contractual requirement is that this is completed on the medication charts.</p> <p>See contract: D16.5 Support &amp; Care Intervention  e. Primary Medical Treatment i. You must ensure that:  The General Practitioner or Nurse Practitioner reviews each Subsidised Resident’s medication at least every three months. The Subsidised Resident’s <b>medication chart must be noted and signed by the General Practitioner or Nurse Practitioner at each review;</b></p>
	<h3>PAIN ASSESSMENTS</h3>
<p><b><i>“When to complete pain assessments?”</i></b></p> <p>My opinion is that: A basic pain assessment should be completed on admission as part of the admission assessment. If there is a history of pain than a more extensive pain assessment and management plan is developed after discussion with GP, resident and other relevant people.</p> <p>In all cases where a resident is prescribed pain medication a pain assessment should be completed to ensure that the correct intervention is used.</p>	

<p><b>Be nice to people on your way up because you'll meet them on your way down.</b></p>	<p><b>FALLS ASSESSMENTS</b></p>
	<p><b><i>“When to complete falls assessments?”</i></b></p> <p>My opinion is that: As per pain assessment. During the admission assessment it should be established if there is a history of falls. If so than a specific falls assessment should be completed to define a safe management plan.</p> <p>If the falls start to occur later than this should be identified through the incident/accident process. If a resident has a number of falls than a more comprehensive falls assessment should be completed to establish the best possible intervention and management plan for that person. The plan is regularly reviewed to ensure that the best possible intervention is in place to prevent as many falls as possible. Having involvement from GP, resident, relatives and other health professionals if appropriate.</p>
	<p><b>SIGNING FOR TOPICAL</b></p>
	<p>The following question came to me which I forwarded to HealthCert for their professional advise:</p> <p><b><i>“A resident is prescribed a topical say for dry skin. This is documented on the care plan as part of the daily ADL intervention. Do these need to be signed for on the medication signing sheet?”</i></b></p> <p>I received the following answer from Heather Harlow, (Senior Advisor HealthCERT Provider Regulation, Clinical Leadership, Protection and Regulation.)</p> <p><b><i>“If a doctor has prescribed a topical application for dry skin, then yes, it would need to be signed when administered. It would also be recorded on the medication chart. The care plan would reflect the GPs instructions”</i></b></p> <p>Thank you Heather for this answer.</p>
	<p><b>WHAT IS ON</b></p>
<p><b>BUPA Residential Aged Care Forum</b></p> <p>Please find attached a flyer detailing an interesting residential aged care development forum organised by BUPA. This looks like a very interesting line up with good speakers for a reasonable fee.</p> <p>Please make sure to register as there will be no registrations on the day. Registering right now seems a good time!</p>	
<p><b>Care Association New Zealand (CANZ) Conference</b></p> <p>CANZ is organising its first conference called “A toolbox for Aged Care”.</p> <p>Diarise the <b>Wednesday the 12<sup>th</sup> of June</b> for this event as it promises to be an interesting day.</p> <p>The conference will be one day in Waipuna Lodge in Auckland.</p> <p>More details will follow. CANZ is trying to keep the cost for attending this conference as low as possible and affordable for everybody.</p>	

## Smile Study

Best friends  
are the people  
in your life that  
make you  
laugh louder,  
smile brighter  
and live better.

Laughter may be good medicine for elderly dementia patients—and best of all, it doesn't have side effects. The results of this world-first randomised control trial are now published in the British Medical Journal online:

<http://bmjopen.bmj.com/content/3/1/e002072.long> and is now becoming part of every day care in Australian Aged Care facilities through the Arts Health Institute. This program is called Play Up and the Arts Health Institute is looking to start the program in New Zealand. Jean Paul is invited to speak at the CANZ conference.

A unique dementia research project has found that 'having a laugh' works just as well as antipsychotic drugs for people with dementia, when it comes to treating the agitation that affects many who have the disease.

The rigorously tested humour therapy in residential aged care facilities, found a 20 per cent reduction in agitation compared to a control group who did not receive the intervention (using the Cohen-Mansfield agitation scale).

The idea was the brainchild of Jean-Paul Bell and Dr Peter Spitzer, co-founders of the Humour Foundation, a non-profit organisation that provides clown doctors as humour therapy for sick children.

Jean Paul was the key humour therapist in a Sydney-based study into the impact of humour therapy on mood, agitation, behavioural disturbances, and social engagement in dementia patients, a study that showed those who took part seemed happier.

It became a project of the Dementia Collaborative Research Centre (DCRC) based at the University of New South Wales after Dr Spitzer suggested the idea to the DCRC's director, Professor Henry Brodaty.

Prof Brodaty and other experts from the DCRC applied for a National Health and Medical Research Council grant, and received almost \$1 million to conduct the project, according to the lead researcher, Dr Lee-Fay Low.

Lead investigator, Dr Lee-Fay Low, described the result as "about the same effect as an antipsychotic but without the side effects".

The study, she said, showed that humour was an effective way of communicating with people who have dementia, and helping to relieve some of the confusion and discomfort the disease can lead to.

Dr Low is now a firm believer in the value of humour as an effective non-pharmacological treatment for dementia, which she and other experts advocate as a first choice before the use of powerful medications that can have strong side effects.

"We observed the residents across the 12 weeks of the intervention in some of the facilities and compared to controls, we found that across the 12 weeks, their happiness improved and their positive behaviour improved," she said. "Not just happiness, but how much they engaged with other residents, how helpful they were and how much they showed affection.

"But once the humour therapist stopped visiting, those things went back to what they were before, back to baseline."

Read more: <http://www.dementiatoday.net/article/laughter-good-medicine-for-dementia/#ixzz2MK8wXT4> – See more at: <http://www.dementiatoday.net/article/laughter-good-medicine-for-dementia/#sthash.S8bN1pTU.dpuf>

## SPARK OF LIFE

### Dementia Foundation for *Spark of Life*

The purpose of the Dementia Foundation for *Spark of Life* is to raise funds for education on the profoundly life changing approach called *Spark of Life*. The foundation is a registered health promotion charity.

You can learn more about the *Spark of Life* Approach on [www.dementiacareaustralia.com](http://www.dementiacareaustralia.com) – an independent social enterprise set up to enrich the lives of people with dementia, their families and carers.

You are invited to become part of an innovative fundraising campaign for the [Dementia Foundation for \*Spark of Life\*](#).

This year's fundraising initiative is a practical, personalised, extra-large name badge created with a tested formula that makes it easy for a person with dementia to read. This special name badge is known as the [Spark of Life Connection Badge](#). The reason is that when you wear one of these badges, it gives a person with dementia the opportunity to spontaneously address you by your name.

Culturally, knowing someone's name is a natural catalyst for spontaneous conversation. For any one of us remembering people's names can be a challenge at any time.

For a person with dementia who may be experiencing memory challenges as well as a loss of confidence, the problem is exacerbated. They may even give up and withdraw from social activities and lose their networks of friends simply because of the embarrassment of forgetting their friends' names.

- Imagine how wonderful it would be in our communities, if we used these badges to connect people, both young and old.
- Imagine as a family member or friend of a person with dementia the joy of again hearing your name spoken by this very person?
- Imagine as a carer or health professional the delight when a person with dementia spontaneously connects with you and any other staff member also wearing this connection badge?

Here are just two ways you can get involved:

1. If you know someone who cares for or is a friend or neighbour of a person with dementia, you could forward this email and flyer so they can get their own personalised connection badge.
2. You could get your workplace and colleagues involved and all have your own personalised connection badge. As a team you can then get behind Global *Spark of Life* Connection Day on Tuesday 26 March and all wear your connection badges to work.

When people stop and ask you about your extra-large badge you can start the conversation about the purpose of these badges. In this way not only are you directly supporting the Dementia Foundation for *Spark of Life* you are also helping spread the word.

To order your own personalised Connection Badge please go to [www.dementiafoundation.org.au](http://www.dementiafoundation.org.au) and download and print the order form or print the order form attached to this email.



## RELAY FOR LIFE

**A very big  
THANK YOU**



The North Shore event was an enormous success. The weather was perfect for a Relay.

Most participants would have been sore and stiff on the Monday as many had set them self a target which ranged from half a marathon to a full marathon (105 laps!). Everybody kept the baton on the track for the full 18 hours throughout the night. The idea behind that is that cancer never sleeps!

Once again it was amazing to hear the personal stories from people and who or what inspired them to be there.

One young boy said: "If I had cancer I would want to know that people were doing this for me".

You couldn't help being moved by the tribute bags which were placed around the track as part of the HOPE ceremony.

These tribute bags are decorated in memory of a loved one. The candles in them are kept alight throughout the night.

I personally like to thank the number of readers who took the time to visit my "Fundraise on line" page and donated to the Cancer Society. Donations are still welcome as the next Relay is in Pukekohe on the 9<sup>th</sup> and 10<sup>th</sup> of March and by that time we will be fit again and ready for another 18 hours.

So if you want to have an amazing experience come and visit us to taste the atmosphere and you might decide to sign up for next year!

**It is lovely to see aged care facilities represented at both events!!**

<http://www.fundraiseonline.co.nz/JessicaB/>

### Some interesting websites:

[www.eldernet.co.nz](http://www.eldernet.co.nz),

[www.insitewspaper.co.nz](http://www.insitewspaper.co.nz),

[www.moh.govt.nz](http://www.moh.govt.nz);

[www.dementiacareaustralia.com](http://www.dementiacareaustralia.com);

<http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best>

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

### 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.

Signing off for now.

*Jessica*

### SUBSCRIBE OR UNSUBSCRIBE

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- 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.