

## In this issue:

- 4 year certification
- Infection control Snippets
- Immigration Guide
- Environmental restraint
- Health & Safety
- Calibration
- Success
- Spark of Life
- Bouquet
- Training
- Back issues
- Helpful websites

**Emailed to:**  
**1286**  
**And counting**

jelica@woosh.co.nz

mobile: 021 311055

1/3 Price Crescent  
Mt Wellington  
Auckland 1060

## 4 YEAR CERTIFICATION

I am very pleased to mention more facilities achieving

**4 year certification.**

My compliments and congratulations to:

Presbyterian Support Otago now has its 5<sup>th</sup> home  
with a 4 year certification

**Iona Home & Hospital - Oamaru.**

They previously had a 2 year certification so a pretty remarkable achievement.

**And 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.*

## INFECTION CONTROL SNIPPETS (Bug Control)

Are the Hand Hygiene Posters in your facility looking a bit old and tired?

To add a spark of interest download some fun free posters to put up around your facility - all while still sending the message of the importance of good hand hygiene.

[http://www.dhhs.tas.gov.au/peh/tasmanian\\_infection\\_prevention\\_and\\_control\\_unit/information\\_for\\_healthcare\\_workers/hand\\_hygiene\\_for\\_healthcare\\_workers/hand\\_hygiene\\_posters](http://www.dhhs.tas.gov.au/peh/tasmanian_infection_prevention_and_control_unit/information_for_healthcare_workers/hand_hygiene_for_healthcare_workers/hand_hygiene_posters)

<http://www.npsa.nhs.uk/cleanyourhands/resource-area/nhs-resources/nhs-materials/download-artwork/#core-poster>

*Julie Sparks (managing Director) Bug Control NZ Ltd*

## HELP ME KEEPING THE DATABASE UP TO DATE!

Changing positions? New email address? Let me know if your details are changing so I can keep the database up to date.

*Jessica*

## SNIPPETS

### MAINTAIN VALIDATION OF PROFESSIONAL QUALIFICATIONS.

Keep copies of the APC. Most can be printed from the internet:

GP's: [www.MCNZ.org.nz](http://www.MCNZ.org.nz)

RN: [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

Pharmacist: [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz)

Podiatrist: [www.podiatristsboard.org.nz/register.aspx](http://www.podiatristsboard.org.nz/register.aspx)

Physiotherapist: <http://www.physioboard.org.nz/search-register>

---

### ORIENTATION RECORDS

As with the job descriptions it is important to keep orientation records on file signed by the staff member.

---

### COMPETENCY RECORDS

Remember to also complete competency records for registered staff: i.e RN and EN's. Especially medication competency.

---

### CHEMICALS

There are still PA's found in relation to the chemicals such as:

- not kept secure,
- no updated MSDS available,
- no original labels on them
- Staff did not have chemical training
- Inappropriate decanting
- No safety gear available

---

### COMPLAINTS REGISTER

Maintain this to ensure that complaints are followed through from beginning to end.

The details on such register can be:

- Name of complainant
- The person who received the complaint
- Date of receiving the complaint
- Very short indication what the complaint relates to
- Date of acknowledgement
- Date auctioned and letter sent
- Indication if Advocacy services were involved
- Close off date

I would strongly advise you to also maintain a compliment register as these are just as important to ensure staff receives the positive feedback.

---

### GOVERNANCE REPORTING


If you have a board or directors etc then instigate a reporting process to evidence that there is a linkage from management to governance. This can be through regular meetings or written reports. Keep it simple but relevant.

How about you  
get to know me  
before you  
judge me

<p>Those who criticize our generation seem to forget who raised it!</p>	SNIPPETS CONT'D
	<p><b>INTERNAL AUDITS</b></p> <p>I still receive audit reports from providers with PA's because internal audit data and other quality and risk management data have not been followed through. Often the data is collected, collated and often also investigated but it is the final link that is missing. There is no follow through or closure documented.</p> <ul style="list-style-type: none"> <li>• Write corrective action required.</li> <li>• Table in relevant meetings and inform residents/relatives if required</li> <li>• Agree on time frames and follow up if needed.</li> <li>• Sign off when satisfied with outcome and current practice.</li> </ul> <p>-----</p>
	<p><b>INCIDENT AND ACCIDENT REPORTING</b></p> <p>It is important to ensure that the RN signs off on the incident/accident reports to ensure that there has been a clinical follow up. If you don't have a space on your incident forms then maybe it is a good idea to add this so that everybody is reminded that there needs to be sign off. Something like:</p> <p><b>RN report:</b>  Was this incident preventable? Yes/No  If yes, what has been done to prevent a re-occurrence: _____</p> <p>Comments i.e treatment commenced etc; _____</p> <p>Signed by RN; _____ Date: _____</p> <p><b>Family member notified:</b> _____ <b>Date:</b> _____</p> <p><b>Progress notes updated:</b> _____</p> <p style="text-align: right;"><i>Jessica</i></p>
	IMMIGRATION GUIDE
	<p>Attached a copy of INZ's latest version of the Immigration Guide for Employers for you to have a look at and to hopefully have it disseminated to your association members. It highlight's areas that an employer should be looking for when hiring staff.</p> <p>Unfortunately this version does not highlight the penalties should an employer be prosecuted however I have listed these below:</p> <ul style="list-style-type: none"> <li>• It is an offence under the IA09 to allow, or continue to allow any person to work for you, knowing that the person is not entitled to work in NZ. This offence can attract penalties of up to \$50,000</li> <li>• The maximum penalty for allowing a foreign national who is not entitled to work in the employer's service to do that work is a fine of \$10,000</li> </ul> <p>Please do let me know if you need any assistance in future.  Kind regards,  <b>Ra Thomson</b>, Compliance Officer, Investigations &amp; Compliance  <b>Compliance Risk &amp; Intelligence Services   Immigration New Zealand (INZ)</b></p>

	ENVIRONMENTAL RESTRAINT
<p><b>“People are just as happy as they make up their minds to be.” – Abraham Lincoln</b></p>	<p><b>Environmental restraint in NZS 8134.2:2008</b></p> <p>In 2011, guidance notes were inserted into NZS 8134.2:2008 Health and disability services Standards – Health and disability services (restraint minimisation and safe practice) Standards to clarify the intention that residents are not subject to environmental restraint unless this is clearly supported by clinical assessment and when no other solutions are available.</p> <p>The guidance notes are titled Appendix A: Ministry of Health's clarification of NZS 8134.2:2008 Health and Disability Services (Restraint Minimisation and Safe Practice) Standards environmental restraint. The Ministry of Health issued further guidance as below, to help auditors to interpret Appendix A consistently.</p> <p><b>Environmental restraint guidelines</b></p> <p>Residents should not be subject to environmental restraint unless it is clearly supported by clinical assessment and when no other solutions are available. To clarify this intention, guidance notes have been added as Appendix A to the Restraint minimisation and safe practice Standard (NZS 8134.2:2008).</p> <p>The following advice is offered to help auditors interpret these guidelines consistently. Where a provider has a locked door (not in a secure unit), include the following criteria in the audit.</p> <p>Under HDSS 2.1 Restraint minimisation, criterion 2.1.1.1 specifically refers to policies and procedures in relation to restraint.</p> <ul style="list-style-type: none"> <li>• Is the locked door rationale documented?</li> <li>• What minimisation strategies are implemented? These may include staffing rationales and use of alternative interventions.</li> <li>• What are the risks associated with a locked door and with an unlocked door?</li> <li>• How often is the locked door rationale reviewed?</li> </ul> <p>Under HDSS 1.3.3, where a door is locked for a specific resident, that resident's care plan should detail clinical justification for the restraint. Rationale, interventions, and review may be evidenced in the short-term or long-term care plan. The audit evidence is recorded in 1.3.3 or 1.3.6.1. Consider links to medicine management (1.3.12) for therapeutic medicine management.</p> <p>Tracer methodology can be applied unless there are other priority areas for the audit. For a number of residents, using a locked door as an environmental restraint is clinically justified. However, there must be evidence of appropriate assessment and/or referral to external agencies for reassessment, where applicable.</p> <p>Where there is a locked door for a resident (or a group of residents), interviews with other residents and families should validate that those other residents can freely enter and exit the facility.</p> <p>Audit evidence must verify the locked door is linked to fire systems (HDSS 1.4.7.3).</p> <p>Where a provider has a locked door but it is used only in emergencies, the rationale should be noted within policy. In addition, the protocol for such use should be documented.</p> <p>Note: If there is a fenced property with a locking gate mechanism and the external door to the facility is unlocked, the guidelines still apply.</p> <p>Summarised from the Ministry of Health's HealthCERT Bulletin, Issue 5, December 2011.</p> <p><u><a href="#">Download Appendix A: Ministry of Health's clarification of NZS 8134.2:2008 Health and Disability Services (Restraint Minimisation and Safe Practice) Standards environmental restraint [PDF 102KB]</a></u></p>

	HEALTH AND SAFETY
<p><b>If you lend someone \$20 and never see that person again, it was probably well worth it</b></p>	<p>The first of December saw new legislation significantly lowering the breath and blood alcohol limits for drivers in New Zealand, reducing the legal limit from 400 to 250 micrograms of alcohol per litre of breath.</p> <p>These changes are set to become even more significant for employers once the new Health and Safety at Work Act comes into place – which is due to happen in early 2015. Once the Act is in place, employers’ responsibilities to manage the risks of alcohol consumption at work or work events will likely increase further.</p> <p>“Employers need to ensure that they are being responsible for knowing and reducing their organisation’s health and safety risks and that their workers’ safety is not compromised.”</p> <p>Driving is a clear risk, and employers have a responsibility to ensure that employees do not pose a threat to the health and safety of themselves or others.</p> <p>“Because drinks differ so much – and so do individuals – it’s often hard for people to tell when they’ve had too much to drink. Employers are responsible for ensuring that their employees are in a safe environment, so should arrange for taxis or other safe ways of getting home.”</p> <p>If you have policies about drinking and driving – ensure you review them and make sure that the policies refer to the correct limit.</p> <p>Katherine Percy had the following tips for employers to reduce risks associated with the new legislation:</p> <ul style="list-style-type: none"> <li>• Review policies to make sure that any stated alcohol limits are in keeping with the new law’s requirements</li> <li>• Understand the business’s health and safety obligations in relation to alcohol and put steps in place to close any gaps</li> <li>• Make employees aware of the new law. Educate them about safe drinking, including that blood alcohol levels continue to rise for up to two hours after drinking stops.</li> <li>• Advise workers about the dangers of using the number of drinks consumed as a drink-driving limit guideline. There are many variables, including alcohol strengths differing widely between types of beverages. Furthermore, pour sizes can differ, which makes it difficult to accurately judge alcohol consumption.</li> <li>• Educate employees that each person’s individual factors such as body weight, health conditions or medications significantly affect their body’s alcohol absorption rates</li> <li>• Put host responsibility practices in place, including processes for identifying people who are drinking too much and stopping further alcohol from becoming available to them</li> <li>• Always provide substantial food when alcohol is served, to slow down alcohol absorption and consumption. Provide a choice of interesting, adult-appropriate non-alcoholic options (think beyond fizzy drinks and orange juice!).</li> <li>• Encourage people to plan ahead and organise a ride home if they are likely to be drinking. Alternatively, provide taxi chits or other transport options.</li> </ul> <p>Katherine Percy, Chief Executive at health and safety development organisation Workbase</p>

<p>“Let us be grateful to the people who make us happy; they are the charming gardeners who make our souls blossom.” —Marcel Proust.</p>	<p><b>CALIBRATION OF MEDICAL EQUIPMENT</b></p>
	<p>Don Ward, who many of you will know and have used to have medical equipment calibrated, has decided to hand over the reign to somebody else.</p>
	<p>The new person is <b>Mark Brown</b>  The new business name is: <b>Precision Instrument Services</b>  Mobile: <b>021-257-4401</b>  Email address: <a href="mailto:mark@pisnz.co.nz">mark@pisnz.co.nz</a>!  Courier address: <b>19 Arkle Place Hamilton 3200</b>  Postal address: <b>P.O.Box 10542, Te Rapa, Hamilton 3241</b></p>
	<p><b>SUCCESS</b></p>
	<p>At age 4 success is not peeing in your pants.  At age 12 success is having friends.  At age 16 success is having a drivers license.  At age 20 success is having sex.  At age 35 success is having money.</p> <p>At age 50 success is having money.  At age 60 success is having sex.  At age 70 success is having a drivers license.  At age 75 success is having friends.  At age 80 success is not peeing in your pants.</p>
	<p><b>SPARK OF LIFE</b></p>
	<p><b>3 Day <i>Spark of Life</i> Club Facilitators Course in New Zealand 24<sup>th</sup>-26 February 2015</b></p> <p>The <i>Spark of Life</i> Club Facilitator Course is an assessed and internationally certified course that will give the participants the skills and knowledge to implement and run the <i>Spark of Life</i> Club Program either in residential care or a community setting. This program is a practical way of implementing the essence of Person Centred Care when it comes to the facilitation of social activity.</p> <p>We invite you to visit our website for more information:  <a href="http://www.dementiacareaustralia.com">www.dementiacareaustralia.com</a></p>
	<p><b>BOUQUETS</b></p>
	<div>  <p>Virtual bouquets this month go to all the special people who have been dealing with illness and hardship and who despite everything, kept going.</p> <p>I feel blessed to know so many of these people.</p> <p>All the best and take care.</p> </div>

<p><b>Don't make friends before understanding &amp; don't break friendship after misunderstanding</b></p>	TRAINING SESSIONS
	<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:</p> <p>Cultural safety, Spirituality, Sexuality, Privacy, Rights, Confidentiality, Communication and documentation, Abuse and neglect prevention, Restraint minimisation and safe practice, Behaviour management, Complaints and risk management, open disclosure, EPOA, Advance directive, informed consent and resuscitation, Health and Safety, Ageing process, mental illness.</p> <p>If you are looking for a topic not listed here please drop me a line. I am happy to facilitate different times to suit evening and night staff. References available on request.</p>
	NEWSLETTERS BACK ISSUES
	<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: <a href="http://www.jelicatips.com">www.jelicatips.com</a> 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>

#### Some interesting websites:

[www.careassociation.co.nz](http://www.careassociation.co.nz); [www.eldernet.co.nz](http://www.eldernet.co.nz), [www.insitenewspaper.co.nz](http://www.insitenewspaper.co.nz), [www.moh.govt.nz](http://www.moh.govt.nz);  
[www.healthedtrust.org.nz](http://www.healthedtrust.org.nz), [www.dementiacareaustralia.com](http://www.dementiacareaustralia.com); [www.advancecareplanning.org.nz](http://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](http://www.safefoodhandler.com); [www.learneonline.health.nz](http://www.learneonline.health.nz); [www.bugcontrol.co.nz](http://www.bugcontrol.co.nz)

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.

Signing off for now.

*Jessica*

#### SUBSCRIBE OR UNSUBSCRIBE

- 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.