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**CONGRATULATIONS**

I am very pleased to mention more facilities achieving  
**4 year certification.**

My compliments and congratulations to:

**Radius Taupaki Gables Auckland**

**Te Hopai Home and Hospital in Wellington**

**Papakura Home and Hospital, Papakura, Auckland**

**Cantabria Group of Homes, Hospitals & Villages Rotorua**

**Carter Court Rest Home, Carterton**

*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.*

**FROM KAMO HOME**

Kamo Home and Village won the Northland Business Awards last year and I would encourage other rest homes to enter these awards not only recognition/publicity but for the business feedback that comes with the award process.

Here is what the judges announced when we won the Supreme Northland Business award last year.

The Trust has spent time on strategic planning to understand the changing needs of their market, backed these with comprehensive financial planning to create innovative expansion plans to meet future market needs without compromising their core values. They have robust operational systems and procedures, exceptional monitoring programmes, long term strategic and asset management plans to compete in the open market for clients.

**125 YEARS OF SERVICE**

Many congratulations to the Little Sisters of the Poor who on the 31<sup>st</sup> of August celebrated their **One Hundred And Twenty Five Years** of service to the Elderly in Auckland. (1888-2013)

*Jessica*

## ALLERGIES AND ADVERSE DRUG REACTIONS

Taking a medication history is an integral part of any patient's diagnosis or treatment. Within that history, it is important to find out if the patient has had any previous allergies or adverse drug reactions (ADRs), as these can influence clinical decisions. The patient's clinical records, whether paper or electronic, should also be checked for this information.

An *allergy* is when a person's immune system responds to a medicine as if it is a foreign object. Allergic reactions can range from minor to life-threatening symptoms, eg, body rashes to breathing difficulties. The life-threatening symptoms are associated with anaphylaxis. Allergies are a subset of ADRs but the information is often reported separately to make clinical decision-making easier.

An *ADR* is commonly called a side-effect and is a response to a medicine which is noxious and unintended but is known to occur at doses commonly used. These reactions are considered to be more predictable.

Allergies and ADRs are often confused because they can cause similar symptoms. The reliability of self-reported allergies can be questionable and difficult to verify with patients; many people mistakenly describe minor ADRs as allergies especially as any medicine has the potential to cause an allergic reaction. For example, people who experience stomach discomfort after taking aspirin often say they are 'allergic' to aspirin. This can cause confusion for health care staff particularly if additional details are not documented or unknown. However, when it is a true allergy, even a small amount of the medicine has the potential to cause a severe and life-threatening reaction.

Getting it wrong has ended in fatalities. Don't overlook blank or incomplete allergy and ADR information. Obtain and document the details in the patient's records.

### *Medication safety tips*

1. Check for allergies and potential cross-sensitivities before prescribing or administering any medicines. If you have to prescribe a medicine that the patient is allergic to, document the reasons why and monitor the patient closely.
2. Where an allergy or ADR to a medication is identified for the first time, ensure the details are recorded clearly on the:
  - patient's medication list and chart
  - patient's clinical record
  - patient's transfer or discharge summary
  - Centre for Adverse Reaction Monitoring (CARM) form so that the reaction is logged against the patient's National Health Index number for future reference.
3. People who have had severe allergic reactions should be encouraged to carry an identifier inscribed with their allergies such as a MedicAlert® bracelet.

*Reference: medication safety watch Issue 7 August 13*

Ideas are like rabbits. You get a couple and learn how to handle them, and pretty soon you have a dozen. – John Steinbeck

## LAUNDRY

The process of laundering contaminated linen (including clothing) requires treatment that is effectively a wash-based disinfection process, and is required to avoid cross infection from re-used items.

The nature of laundry soiling depends on the source, and at the most extreme levels, is likely to include blood, wound exudates, sputum, saliva, sweat and urine, as well as vomit and faeces. It is also important to recognise that bloodstained body wastes such as urine may also serve as a potential source of infection. The nature of the soiling will determine how contaminated items are sorted and processed.

Infected linen is defined as linen derived from known infectious residents.

Linen can be made safe by washing to remove any contaminating body fluids, but it is often not practical to wash domestic linen at high temperatures because of the heat lability of fabrics.

All resident care linens and linens that have been soiled with blood, body fluids, secretions, and excretions should be handled using appropriate precautions. When appropriate precautions are followed by care givers for the handling, collecting, transporting, of used linen, the risk of cross infection can be virtually eliminated.

Microbial counts on soiled linens are significantly reduced during the entire laundering process. The key elements of this process include water temperature, type of detergents, chlorine bleach, rinsing, and drying.

- Laundry, linen and textiles should be handled with a minimum of agitation and shaking
- Heavily soiled laundry, should be rolled or folded to contain heaviest soil in the centre of the bundle. Large amounts of solid soil, faeces should be removed from laundry, with a gloved hand and placed into toilet for flushing.
- Soiled laundry, should be bagged as close to the site of collection as possible
- Laundry, should be placed into a leak proof clear plastic bag. Bags should be tied securely and not over-filled.
- Hand hygiene should be preformed after handling linen
- Laundry, should not be placed on the floor

### **Washing:**

- It is recommended that industrial washing machines are purchased for laundering. Industrial washing machines contain a heating coil and can achieve thermal disinfection of laundry. To achieve this; the wash load is maintained at a minimum of 65oC for not less than 10 minutes or at a minimum of 71oC for not less than 3 minutes.
- An alternative is to use cold water and a cold water detergent. If low temperature water is used for laundry cycles, chemicals suitable for low temperature washing, at the appropriate concentrations, should be used.
- The use of chlorine bleach assures an extra margin of safety. 250 ppm of hypochlorite can be used in the second rinse for disinfection.
- Use complete wash and rinse cycles

### **Use of domestic washers**

The domestic washing machine does not have a heating coil to disinfect clothing and in this instance soiled clothing should be rinsed and pre-soaked in an approved sanitiser diluted as per manufacturer's instructions. Soak in an appropriately labelled container with a lid before washing in a hot wash.

Your beliefs  
don't make you  
a better  
person, your  
behavior does

## LAUNDRY cont'd

The longer the wash cycle the lower the temperature can be. Ideally temperatures should be between 70 and 85 degrees Celsius. 65 degrees Celsius is close to the minimum temperature to kill the more resistant vegetative organisms. The actual temperature reaching all parts of the load may be lower, as most organism surviving the disinfection cycle are killed during heat drying and ironing.

Hot air drying or drying on a clothesline in sunlight will also reduce the numbers of bacteria present, as will ironing with a hot iron

*Ref: Laundry guidelines for rest homes and small hospitals  
Ref: APIC (2005), Text of Infection Control and Epidemiology, 2nd ed., 103(1-8).  
Ref: Jelica laundry manual*

## SIGNING FOR MEDICATION

When a nurse or caregiver administers a medication, he or she must sign the medication chart. This provides evidence that the medication has been administered to the resident. Signing the medication chart before the medication has been administered is a risk, as the resident may refuse their medication or, in some cases, forget to take them. Similarly, failing to sign when a medication has been administered creates the risk that another nurse may assume that it has not been administered, and repeat that dose.

When administering medications 'as needed' (prn), a note should be made of it in the resident's medical record as well as signing the chart. All staff authorised to administer medication should be aware that accuracy of documentation is an important legal responsibility and if not completed appropriately also incurs a partial attainment during the audit process.

A regular spot audit of the medication signing sheets can prevent this.

*Jessica*

## ADVANCE CARE PLANNING WEBSITE GOES LIVE

Below you will find details on the newly launched ACP website.

The website includes the eLearning modules and lots of other useful resources and information.

[www.advancecareplanning.org.nz](http://www.advancecareplanning.org.nz)

If you wish to provide feedback please use the feedback link on the elearning modules page under "Resources" in the HEALTHCARE WORKERS section.

Kindest regards

**Leigh Manson**, Programme Manager | Concord & Advance Care Planning

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**If you always  
do what you  
always did, you  
will always get  
what you  
always got. -  
Albert Einstein**

## NATIONAL DEMENTIA COOPERATIVE UPDATE

This is a request for information about ethical issues associated with caring for people with dementia; difficulties and concerns experienced by carers, in particular family and other unpaid carers.

The NDC has been asked to meet with the National Ethics Advisory Committee (NEAC). NEAC would like to explore the ethical issues associated with caring for people with dementia with a view to producing a practical resource. As part of this work, they would value the opportunity to meet with the NDC to hear about the difficulties and concerns experienced by carers, in particular family and other unpaid carers.

Before one of our members will meet with the NEAC, we would like to hear from as many NDC members as possible so that we can be well prepared.

Please tell me about any such issues by Tuesday 10 September 2013.

- Registrations are now open for the NDC Knowledge Exchange forum SHARING EVIDENCE – SUPPORTING ACTION. Go to our website <http://ndc.hiirc.org.nz/page/39423/sharing-evidence-supporting-action-ndc-knowledge/?tab=4892&contentType=1587&section=19790> where you will also find the updated programme.
- Our Key Messages, prepared by the steering group, give a concise summary of what the NDC is and why it exists. If you are ever asked these questions, you can find the answers here <http://ndc.hiirc.org.nz/page/41397/ndc-key-messages/?contentType=1585&tab=4891&section=19790>
- NDC Dementia Networks: the first Waikato Network meeting is planned for 3 October, which happens to be the same day that the next Wellington Network meeting will take place. Planning is underway in Auckland and Christchurch. For details on venues and times, go to <http://ndc.hiirc.org.nz/section/29653/networks/>
- Dementia: What you need to know. This book by Dr Chris Perkins is now also available in a printed format. Visit our website for more information <http://ndc.hiirc.org.nz/page/38835/book-by-dr-chris-perkins-dementia-what-you/?tab=4891&section=19790>
- Free educational videos from the University of Medicine & Dentistry of New Jersey, designed to educate day programme professionals on how to best communicate with clients and their families, and to help family members make sense of the baffling changes they see in their family member who has dementia. For more information go to their website <http://ubhc.rutgers.edu/copsa/training/videos.htm> Or go straight to the videos on their YouTube channel <http://bit.ly/13YCWUD>

Please forward this update to others who have an interest in dementia.

As always, if you have any questions, contact me.

Naku noa Marja

A truly happy person is one who enjoys the scenery on a detour.

## What is on



### **IDOP 2013 (International Day of Older Persons) Positive Ageing and Intergenerational Celebration**

The **3rd of October** is our IDOP event. It doesn't happen every year and it's been three years since the last one - now's your chance to be part of something wonderful!! Thursday the 3rd of October we will celebrate IDOP 2013 International Day of the Older Person at the Vodafone Event Centre

Age Concern has hosted spectacular events in 2008 and 2010 at the Auckland Botanic Gardens to celebrate the International Day of the Older Person. We had over 2000 visitors to the event at the gardens.

We are excited to be hosting the event at the Vodafone Events Centre [www.pacific.org.nz](http://www.pacific.org.nz) (formerly Telstra Pacific Events Centre) who are a key sponsor of the event.

We gratefully acknowledge the local boards of Howick, Manurewa, Mangere-Otahuhu, Otara-Papatoetoe and Papakura, who supported our local event funding application for this day's celebrations as well as CMDHB for their contribution.

We are so excited to provide a day that celebrates positive ageing as an intergenerational celebration. There will be free parking, free entry and super gold card holders will be given a free Devonshire tea. Lots of entertainment, information, food stalls and exhibitors for you to visit .

Don't miss it, it's in the school holidays so you can bring your whole family. If you are an exhibitor who would like more information please contact [kellyw@accm.org.nz](mailto:kellyw@accm.org.nz) or 2794331 ext 817.

kind regards  
**Wendy Bremner**  
Chief Executive Officer  
Age Concern Counties Manukau Incorporated

**PS: It's 6 weeks till our IDOP 2013 International Day of the Older Person event on the 3rd of October go like our page about it <https://www.facebook.com/Idop2013>**

*This could be a great outing for your residents!*

*Jessica*

**I have not failed. I've just found 10,000 ways that won't work. – Thomas Edison**

<p style="text-align: center;"><b>There is no exercise better for the heart than reaching down and lifting people up.</b> -John Holmes</p>	<b>NEWSLETTERS BACK ISSUES</b>
	<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.insitene newspaper.co.nz](http://www.insitene newspaper.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);
- <http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best>
- [www.advancecareplanning.org.nz](http://www.advancecareplanning.org.nz)

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*

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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.