

**In this issue:**

- 4 year certification
- Infection control Snippets
- Activities
- Snippets: Food Act, NZShakeOut, Super Senior website
- H&S reform NZ
- Waste Management, including food scraps
- Thickeners
- Ambulance services
- Stop and Watch Tool
- Training
- QA Programme
- Back issues
- Helpful websites

**Emailed to:  
1342 readers  
and counting**

09jelica@gmail.com

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:

- **Pakuranga Park Village – Auckland**
  - **Kingswood – Matamata**

I would like to mention that achieving 3 years is still a great outcome so if you have received 3 years then please celebrate that and receive my congratulations for that 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

### **Hand Hygiene Action**

### **Clean hands saves lives!**

Organise a hand hygiene day, days or week, with all sorts of games, activities, quizzes, posters, displays, videos, discussions etc. Brain storm with staff to set up a plan and inform everybody about this. The more people involved the better it is.

This might be an initiative you can implement in your facility to educate everybody on hand hygiene and its importance.

Display posters (5 moments of hand washing, how to wash hands and how to use sanitisers), have relay races with staff i.e adding on PPE's in the correct manner, quizzes.

Including residents, relatives and visitors is a great way to attack this problem in a broader sense.

Let me know what you have done and if successful so that I can publish it! **HAVE FUN!**

*Jessica*

## 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*

## ACTIVITIES

*I have been asked to give a couple of more ideas for activities*

### **General good practice identified - Activities**

- Display an activities timetable on the notice-board and provide a copy to each resident.
- Include an activities list on the home's web site.
- Offer regular individual activities on a one to one basis. This can include assistance with a hobby, writing a life story book or just time to chat or reminisce.
- Encourage and support residents to organise their own activities.
- Invite nearby homes to partake in events and activities such as garden parties, quizzes, visiting entertainers and tea dances.
- Discuss activities at resident meetings.
- Offer a mixture of individual and group activities.
- Give gentle encouragement to participate in activities ensuring no-one feels guilty for choosing to opt out.
- Employ an activities co-ordinator or give staff a specific role and time to plan activities with residents.
- Arrange fund-raising activities such as car boot sales which contribute to the 'Residents Fund' which can then be used to pay for trips out and additional activities or equipment.
- Allocate time for staff to arrange individual activities for residents or spend one to one time with a resident.
- Make enquiries to the local Rotary Club, Stroke Club, Scouts Association etc. to see if they can support with activities

*I am pleased that I attended a day in Christchurch at the "Living well with Dementia" conference organised by Alzheimer's Canterbury. I was impressed with the speakers and the initiatives they have in place. Some of the sessions related to activities and below are some examples which might inspire you.*

### **MUSIC THERAPY Liz Wallace, Therapy Professionals**

People of all ages relate to and enjoy music, making it a universal language, of sorts. However, its value can go far beyond simple listening.

Therapists have been using music therapy to promote memory and a sense of self in the treatment of older adults with dementia.

**Music and Emotion:** Music therapy is a target-oriented and purposeful activity in which therapists work with individuals or groups, using musical expression and the memories, feelings, and sensations it evokes. It has been found to be particularly beneficial for older adults with various types of dementia.

Music has a close relationship with unconscious emotions, which are activated by musical movement. By listening to live music and being involved in live music-making experiences, a greater quality of life is possible

It can improve the following: memory recall; positive changes in moods and emotional states; stimulation that promotes interest even when other approaches are ineffective; opportunities to interact socially with others.

Music is used to maintain or increase levels of physical, mental, social, and emotional functioning. Music used as a sensory and stimulation can help maintain a person's quality of life

**Strength doesn't  
come from what  
you can do. It  
comes from  
overcoming the  
things you once  
thought you  
couldn't.**

*The letters of Gratitude.*

## ACTIVITIES Cont'd

Listening to music can have strong effects on people's moods and thinking, which constitutes a probable reason certain songs remind us so vividly of a specific memory. Emotions and memory are very much linked, and because music is charged emotionally, it can trigger past memories, good and bad.

**Physical Aspect:** Music can help to encourage resident to get regular exercise. There is strong evidence that people who regularly exercise are healthier and have better physical function than those who don't.

### **Lana Coles, Christchurch Art Gallery**

#### **ARTZHEIMERS**

In joint collaboration with the Christchurch City Art Gallery, Alzheimers Canterbury is running a group called "Artzheimers". The focus is art appreciation, and the program introduces two different artworks to each group. A volunteer from the gallery presents each work talking about its history and then the group discuss the work itself.

The artwork serves as a mechanism for evoking memory, promoting expression of emotion and using art as a means of encouraging cognition. Small postcards of the two works discussed are given to the participants to take home after each session.

This is the third year that the Gallery has been offering an outreach art appreciation programme to the members of Alzheimer's Canterbury

### **Kim Slack, Christchurch City Libraries**

Works with adults to support lifelong learning through our community connection programmes. The focus is on gathering together people at a similar stage of Alzheimer's or dementia, presenting them with library collateral and digital resources, and involving them in a stress-free learning environment that promotes discussion, memories and humour. On display were a few ideas for **Memory boxes**.

**Beach Box:** Create a box with rocks, sea glass, driftwood, shells and other memories found at the shore. Store sand in a see through bottle.

**Travel box:** Create a box with travel brochures, travel pictures, mementos from countries visited, passport, travel tickets, maps, books describing countries visited.

For residents with Alzheimer's, a memory box helps recall people and events from the past. These memories, thought to be lost, can stimulate the resident emotionally and prompt conversation.

Reason to create memory boxes:

1. Recall fond memories of youth, personal interests, children or history in general.
2. Inspire conversation.
3. Exercise touch and other senses that the resident will rely on more and more as Alzheimer's progresses.
4. Spur creativity. The resident or their relatives may want to create another box about a different life event or memory.
5. Give you more insight to your resident.

*I hope the above ideas have given you some new inspiration.*

*If you have created something different and are happy to share it please let me know as it will help all our residents. Isn't that what it is all about?*

*Jessica*

**LIVE with  
promise, LOVE  
with passion,  
LAUGH with  
pleasure.**

## SNIPPETS

### **FOOD ACT 2014**

*I have managed to receive some more information regarding the Food Act.*

Under the Food Act 2014 {section 13 (1) (c) (iv)}, 'supplying food, together with any accommodation, service, or entertainment, as part of an inclusive charge' is defined as sale. This definition means the Act applies to rest home, hospitals etc..

The 'food service sector', which includes the food operations of rest homes and hospitals, is classified as higher risk and falls under Schedule 1 of the Act, 'Food sectors subject to food control plans'. A basic guide to the requirements can be found here <http://www.mpi.govt.nz/food-safety/food-act-2014/food-control-plans/>.

Food service businesses can develop their own food control plans, or use a template based food control plan developed by MPI. The implementation period for 'food service – no on-licence' is 1 July 2017-30 June 2018 (<http://www.mpi.govt.nz/food-safety/food-act-2014/information-for-food-businesses/transition-timetable/>).

Ref: Keegan Platten | *Customer Enquiries Co-ordinator* | Ministry for Primary Industries: Manatū Ahu Matua



See August newsletter for more information or visit

<http://www.shakeout.govt.nz/businesses/>

Everyone, everywhere should know the right action to take before, during and after an earthquake.

**Thursday 15 October** is the International ShakeOut Day of Action. New Zealand will be the first country to participate this year, at 9:15am!\*

Participating in New Zealand ShakeOut is a great way for employers and the people who work for them to learn the right actions to take before, during and after an earthquake. It's easy as 1, 2, 3!

### **SUPERSENIORS WEBSITE**

Launched by Prime Minister John Key and Minister for Senior Citizens Maggie Barry. The SuperSeniors website is going to be a gateway for older New Zealanders. It's a place where seniors can access information they will find useful, relevant and enjoyable. It will have a whole host of information from getting out and about, cooking, health and wellbeing, to planning where you want to live.

You can visit our new website, SuperSeniors at: <http://superseniors.msd.govt.nz/>

We are also looking for people who might want to contribute an event, articles or information to our site, so if you have information which you think would be useful, please get in touch with us at [osc@msd.govt.nz](mailto:osc@msd.govt.nz) or just reply back to me.

We also have a Facebook page [www.facebook.com/officeforseniorcitizens](http://www.facebook.com/officeforseniorcitizens) and a Twitter account [www.twitter.com/SuperSeniorsNZ](http://www.twitter.com/SuperSeniorsNZ)

Make today so  
awesome  
Yesterday gets  
jealous.

## HEALTH AND SAFETY

Each year on average, 75 people die on the job and 1 in 10 people are injured at work. With statistics this bad, it's not surprising the Government is reforming New Zealand's health and safety landscape.

The new Health and Safety Reform Bill (the Bill) replacing the Health and Safety in Employment Act 1992

The Bill introduces changes to the allocation of health and safety duties in the workplace and increases the compliance and enforcement tools available to inspectors.

Under the current legislation, there is a primary focus on the employer and employee roles, and duties are carefully placed on defined participants (such as employers, principals, the self-employed).

The new Bill introduces the concept of a 'Person Conducting a Business or Undertaking' (PCBU), which replaces the previous duty holders. The PCBU will be allocated primary duties of care with regards to health and safety at work where they are in the best position to control risks to work health and safety.

The primary duty of care requires all PCBUs to ensure, so far as is reasonably practicable:

- the health and safety of workers employed or engaged or caused to be employed or engaged by the PCBU or those workers who are influenced or directed by the PCBU (for example, workers and contractors), and
- that the health and safety of other people is not put at risk from work carried out as part of the conduct of the business or undertaking (for example, visitors and customers).

This means that PCBUs will need to think broadly about who they affect through the conduct of their business or undertaking, rather than just direct employees or contractors. Where there are overlapping health and safety duties (such as multiple contractors on a building site), each PCBU has a duty to consult and co-operate with the other PCBUs to ensure health and safety matters are properly managed.

A new duty proposed under the Bill is that an 'officer' of a PCBU (such as a company director or partner), must exercise due diligence to ensure that the PCBU complies with its duties. This places a responsibility on people at the governance level of an organisation to actively engage in health and safety matters, reinforcing that health and safety is everyone's responsibility.

Workers also have specific health and safety duties at work and the Bill defines the duties they owe and are owed (for example, a duty to take reasonable care of their own health and safety). The Bill will also apply to volunteers in certain circumstances.

The Bill provides a wider range of enforcement tools for inspectors and for increased penalties for infringements. There will be three types of offences for a breach of a health and safety duty and a breach will be graded based on the conduct of the duty holders and the outcome of the breach. For example, a person may be jailed for up to five years if they have a health and safety duty and, without reasonable excuse, are reckless and engage in conduct that exposes a person to a risk of death or serious injury or illness.

Sometimes I  
need to go off  
on my own. I'm  
not sad. I'm not  
angry. I'm  
recharging my  
batteries

Kristen Butler

Ref: Markhams

## WASTE MANAGEMENT INCLUDING FOOD SCRAPS

**IMPLEMENTATION:** All staff shall should be trained in waste management (and the use of PPE if required) as part of their orientation.

### GENERAL DEFINITIONS;

- **Point of Disposal** - The practice of bagging waste at the point of generation
- **PPE** - Personal Protective Equipment
- **Sanitary Landfill** - A landfill that provides for methods of disposing of waste on land in a manner that protects the environment

### THREE TYPES OF WASTE; CONTROLLED, HAZARDOUS, NON HAZARDOUS

#### 1. CONTROLLED WASTE

- **Healthcare waste that is recognizable as coming from a healthcare facility which:**  
May be contaminated or soiled with potentially infectious human body fluids.  
Is not infectious but may be considered culturally or aesthetically **offensive**.

#### 2. HAZARDOUS WASTE

A component of the waste stream exhibiting characteristics posing a threat or risk to public health, safety or the environment.

- **Clinical Hazardous Waste** - Any waste which consists wholly or partly of human tissue, blood or other bodily fluids, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it.
- **Sharps waste** - Object or devices having sharp points or cutting edges capable of causing injury or puncturing containers
- **Cytotoxic Waste** - Items contaminated or potentially contaminated with a cytotoxic drug.
- **Infectious Waste** - Items contaminated with blood and body fluids that are able to have liquid expressed from them this includes waste from an isolation room
- **Non Clinical hazardous Waste** - Hazardous waste not categorised as infectious cytotoxic or radioactive e.g waste oil, batteries, gas cylinders, chemicals, Non Clinical Recyclable Hazardous Waste, Hazardous waste not categorised as infectious cytotoxic or radioactive but suitable for recycling e.g batteries & light bulbs

#### 3 NON HAZARDOUS WASTE

General waste items or recyclable waste that poses no threat or risk to the public health, safety or the environment.

- **Kitchen Waste** - Green waste, food scraps etc
- **General Waste** - Any waste deemed disposable without controls, either landfill or to the sewer.
- **Recyclable** - Any product or package that can be collected and processed for re-use
- **Confidential Paper Waste** - Any patient information or commercially sensitive papers is shredded or placed into locked document destruction bins until collection by external contractors

#### FOOD SCRAPS FOR LOCAL PIG FARM

***This issue came up in an audit recently and have sourced the information as attached. (Ministry of Primary Industries [www.mpi.govt.nz](http://www.mpi.govt.nz))***

See attached the current requirements and legislation. A clear poster, a one page info sheet and a form to sign with the pig farmer.

If you have meat included in the scraps I would say complete the memorandum of understanding with the pig farmer that they take responsibility for treating it correctly. (see attached) That will cover you and then you don't need to treat the meat.

If no meat is included then there is no problem.

You can't change how people treat you or what they say about you. All you can do is change how you react to it.

## FRUSTRATED WITH THICKENERS?

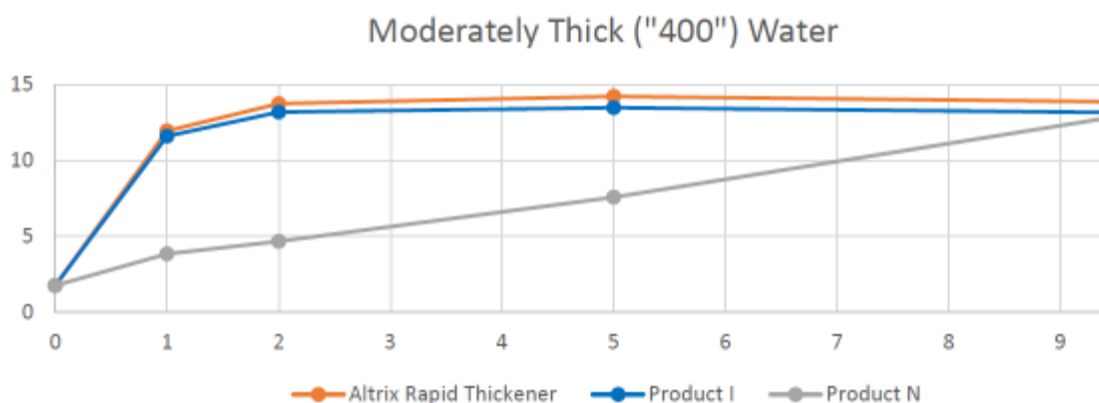
Do you have residents with 'dysphagia' (difficulty swallowing)? Are you and your staff frustrated with thickeners that are lumpy, taste starchy and keep on thickening long after they are made up? Looking to save time and money by using a better thickener?

Douglas Nutrition (a spin-off from Douglas Pharmaceuticals) listened to your feedback, and has developed Altrix® Rapid Thickener. This product is specifically designed for patients with dysphagia, and was developed in conjunction with NZ Dietitians and Speech & Language Therapists. They have recently completed a 10 site trial at a major international rest home chain in NZ, and the results were absolutely excellent. The management, nurses, caregivers and patients all liked it a great deal.

Altrix® Rapid Thickener has been selected as the only thickener to be used in two significant NZ-based rest home groups, as well as many, many independent rest homes.

The product has educational support materials (leaflets, trolley usage cards, posters) and free in-service staff training is available.

From today, I need to forget what is gone. Appreciate what still remains and look forward to what's coming next!



**Figure 1.** Water thickened to Moderately Thick consistency (as per manufacturer's recommendations). Altrix® Rapid Thickener achieves almost peak thickness at 2 minutes, and then maintains this thickness over time. Altrix® Rapid Thickener is comparable to competitor Product I, and superior to Product N that doesn't have the same thickening capacity as Altrix® Rapid Thickener. Note Product N's issue of continuing to thicken over time.

Altrix® Rapid Thickener is available in two pack sizes: 300g and 3kg. Bidvest Foodservice is the distribution partner for supply to rest homes & hospitals.

Andrew McLeod B.Pharm., PH.D

### AMBULANCE SERVICES

#### Metro Ambulance, patient transport service

Metro Ambulance provides respectful, caring non-emergency ambulance-based patient transport services to individuals and healthcare providers in the Auckland area.

**Call 0800 52 62 82 to enquire. [www.metroambulance.co.nz](http://www.metroambulance.co.nz)**

<p><b>Love comes naturally. Hate is learned.</b></p>	<p><b>TOTAL QUALITY PROGRAMME</b></p>
	<p><b>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?</b></p> <p>If the answer to the above is yes then</p> <p style="color: blue; text-align: center;"><b>Join hundreds of other aged care providers</b></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 <a href="mailto:09jelica@gmail.com">09jelica@gmail.com</a></p>
	<p><b>TRAINING SESSIONS</b></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: Cultural Safety, Spirituality, Sexuality, Privacy, Rights, Confidentiality, Choice, Communication and Documentation, Quality and Risk Management, Abuse and Neglect prevention, Restraint Minimisation and Safe Practice, Behaviour Management, Complaints Management, Open Disclosure, EPOA, Advance Directives, Informed Consent, 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> <p style="text-align: right;"><i>Jessica</i></p>
	<p><b>NEWSLETTERS BACK ISSUES</b></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: <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. 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);  
[www.nutritionfoundation.org.nz/about-nznf/Healthy-Ageing](http://www.nutritionfoundation.org.nz/about-nznf/Healthy-Ageing); [www.glasgowcomascale.org](http://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 Norton antivirus protection in all aspects of e-mail sending and receiving

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.