

BUNDALEER LODGE NEWSLETTER

**AUTUMN EDITION
MARCH – MAY 2021**

Happy Easter



**BUNDALEER LODGE NURSING HOME
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Australian Government



Information on COVID-19 Pfizer (Comirnaty) vaccine

About the vaccine

Comirnaty (Pfizer Australia Pty Ltd) is a vaccine that can prevent people from becoming ill from COVID-19. Comirnaty does not contain any live virus, and it cannot give you COVID-19. It contains the genetic code for an important part of the SARS-CoV-2 virus called the spike protein. After getting the vaccine, your body makes copies of the spike protein, and your immune system will learn to recognise and fight against the SARS-CoV-2 virus, which causes COVID-19.

To prevent COVID-19, everyone aged 16 years and older should get vaccinated, with a few exceptions specified in this information sheet. Vaccination is voluntary.

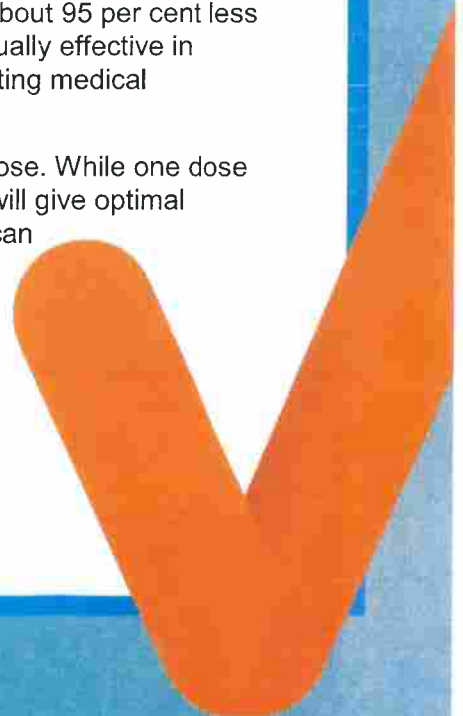
You can discuss any concerns or questions you have about COVID-19 vaccination with your immunisation provider and/or your GP before you receive the vaccine.

Benefits of the vaccine

A very large clinical trial showed that Comirnaty is effective in preventing COVID-19 in people aged 16 years and older. People who had two doses of Comirnaty were about 95 per cent less likely to get COVID-19 than people who did not get the vaccine. It was equally effective in people over the age of 65 years, and as people with some stable pre-existing medical conditions.

Protection against COVID-19 starts from about 2–3 weeks after the first dose. While one dose may give some protection, it may only last for the short-term. Two doses will give optimal protection. No vaccine is 100 per cent effective, so it is possible that you can still get sick from COVID-19 after vaccination. We do not know how long the protection from Comirnaty will last. We will learn more about this over time.

We currently do not know how effective COVID-19 vaccines are at preventing spread of the virus. This means that SARS-CoV-2 could potentially still infect a vaccinated person. Even if they have no symptoms or only mild symptoms they could still pass it on to others.



This is why it is important to continue other preventative measures like:

- physical distancing
- hand washing
- wearing a face mask
- COVID-19 testing and quarantine/isolation as required by your state/territory.

If you have been vaccinated with two doses of Comirnaty, you should still get a COVID-19 test if you have symptoms that meet testing criteria according to your local health authority (e.g. fever, cough, sore throat).

Who can receive this vaccine

People aged 16 years and older can receive this COVID-19 vaccination.

Certain groups of people are prioritised to receive vaccines first because they are at higher risk of exposure to the COVID-19 virus (e.g. workers in border or quarantine facilities, a healthcare facility or aged-care facility) or severe illness and death from COVID-19 (e.g. are older or have underlying medical conditions).

Who should not receive this vaccine

You should not receive this vaccine if you have had:

- anaphylaxis (a type of severe allergic reaction) to a previous dose of the same COVID-19 vaccine, or
- anaphylaxis after exposure to any component of a COVID-19 vaccine.

Precautions for vaccination

If **you have a history of anaphylaxis** (a type of severe allergic reaction) to any substance, or you **have an adrenaline autoinjector** (e.g. an EpiPen), you will need to stay for 30 minutes of observation after you have your vaccine. In the very rare cases where severe allergic reactions were reported after Comirnaty, these reactions usually occurred in the first 30 minutes after vaccination.

If **you have a bleeding disorder** or you are **taking a blood-thinning medication** (anticoagulant), tell your immunisation provider. Your immunisation provider can help determine whether it is safe for you to have an intramuscular injection, and to decide the best timing for injection.

Special circumstances to discuss before vaccination

People with weakened immune systems (immunocompromise)

People with immunocompromise includes those who have a medical condition that weakens their immune system or may be taking medications that suppress their immune system.

The Australian Government strongly recommends people with immunocompromise receive COVID-19 vaccination. Comirnaty is not a live vaccine. It is safe in people with immunocompromise.

People with immunocompromise, including those living with HIV, have a higher risk of severe illness from COVID-19, including a higher risk of death.

Clinical trials for Comirnaty did not include people with immunocompromise, except for a small group of people with stable HIV. We do not know if Comirnaty is as effective in people with immunocompromise compared to the rest of the population. It is possible that Comirnaty might not be as effective in people with immunocompromise as it is in the general population. It is

important to continue other preventative measures such as physical distancing after vaccination.

Women who are pregnant, breastfeeding or planning pregnancy

If you are breastfeeding, you can have Comirnaty. You do not need to stop breastfeeding after vaccination. If you are planning pregnancy, you can also have Comirnaty. You do not need to have a pregnancy test before vaccination.

Pregnant women are not routinely recommended to have Comirnaty, but can consider vaccination particularly if they are at higher risk of getting COVID-19 e.g. due to their occupation, or if they have risk factors for severe illness, e.g. due to pre-existing medical conditions.

If you are pregnant, your healthcare provider can help you to assess the benefits and risks of vaccination.

People with a history of COVID-19

If you have had COVID-19, tell your immunisation provider. Your provider may advise to wait for up to six months before having a COVID-19 vaccine.

Comirnaty and children

Comirnaty has only been provisionally approved for use in people aged 16 years or older, and cannot be given to younger people. Clinical trials are currently testing Comirnaty in older children, but we do not yet have the results of this trial. The risk of COVID-19, especially severe disease, in children is lower than in older adolescents and adults.

Ensuring the safety of Comirnaty

Increased funding for vaccine research, and access to very large numbers of volunteers for research studies have meant Comirnaty and other COVID-19 vaccines have been developed quickly. A large clinical trial involving around 44,000 people confirmed Comirnaty to be safe and effective.

The Therapeutic Goods Administration (TGA) assesses all vaccines in Australia. This ensures that in order for a vaccine to be approved it is safe, effective and manufactured to a very high quality standard. A description of the process for approval of COVID-19 vaccines is available on the [TGA website](#).

The safety of COVID-19 vaccines will be monitored continuously throughout the COVID-19 vaccination program. Suspected side effects can be reported to your vaccination provider or other healthcare professional. They will then make a formal report on your behalf to your state or territory health department or directly to the Therapeutic Goods Administration (TGA).

If you would prefer to report it yourself, please visit the [TGA website](#) for information on how to report suspected side effects associated with COVID-19 vaccines.



Safe. Effective. Free.

Prioritising Residential Aged Care

INFORMATION FOR RESIDENTS IN RESIDENTIAL AGED CARE FACILITIES AND THEIR FAMILIES, REPRESENTATIVES AND CARERS

3 February 2021

Update on Australia's COVID-19 vaccines

The Australian Government has a strategy to deliver COVID-19 vaccines to everyone living in Australia. The vaccine roll-out roadmap outlines the staged roll-out of the vaccine to priority groups, which is expected to commence from late-February 2021.

A COVID-19 vaccine is just one part of keeping the community safe and healthy. It is important for everyone to continue COVIDSafe practises such as hand hygiene, physical distancing and wearing masks when required, particularly in residential aged care facilities (RACFs).

Residential aged care workers and residents will be among the first people who can choose to receive the vaccine in the first roll-out phase (Phase 1a).

More information is outlined in the [Australian COVID-19 Vaccination Policy](#) and the [COVID-19 Vaccines National Roll-Out Strategy](#).



Prioritising Residential Aged Care

Vaccine safety and effectiveness

The Therapeutic Goods Administration's (TGA) rigorous assessment process of potential COVID-19 vaccines will ensure approved vaccines are safe and effective.

All vaccines are thoroughly tested for safety before they are approved for use in Australia. This includes careful analysis of clinical trial data, ingredients, chemistry, manufacturing and other factors.

The Pfizer/BioNTech vaccine has been provisionally approved by the TGA for people 16 years and older. The approval is subject to strict conditions and Pfizer will be required to continue providing information to the TGA on the safety, efficacy and quality of the vaccine. More information on this approval is available on the [Department of Health's website](#).

Provisional approval of the University of Oxford/AstraZeneca COVID-19 vaccine is currently anticipated in February, subject to approval by the TGA.

You can talk to your GP or a health professional about the COVID-19 vaccines and why vaccination is an important part of keeping the community safe and healthy.

COVID-19 vaccination for frail elderly people over 85 years of age

Specific advice for frail elderly people on receiving the COVID-19 vaccine will be provided by the Australian Technical Advisory Group on Immunisation (ATAGI).

The TGA have advised the potential benefits of vaccination versus the potential risk and clinical impact of even relatively mild systemic adverse events in the frail elderly should be carefully assessed on a case-by-case basis. Patients and/or their families, representatives and carers can talk to their GP or a health professional about the COVID-19 vaccines.

COVID-19 vaccination is voluntary, but strongly encouraged

COVID-19 vaccines will be safe, free and voluntary for everyone living in Australia.

The Australian Government and Australian Health Protection Principal Committee (AHPPC) strongly encourages everyone to get vaccinated.

Prioritising Residential Aged Care

How the vaccine will be administered to residents

The Australian Government is responsible for leading the implementation of the COVID-19 Vaccination Program for the large majority of RACFs in consultation with state and territory governments. However, NSW, SA and VIC state governments will have responsibility for leading the vaccine roll out to their state run RACFs.

Workers and residents in residential aged care facilities will be able to receive their vaccination in their RACF. Information will be provided to you ahead of vaccinators attending your facility.

Additional skilled immunisation teams, separate to the RACF workers, will work in partnership with facilities and be appropriately trained to administer the vaccine to workers and residents in their facility.

NSW, SA and VIC state governments will provide further information on the administration of COVID-19 vaccines to residents and workers in their state run RACFs.

More information will be provided to residents and their family, representatives and carers in the coming weeks.

COVID-19 vaccines and the annual influenza vaccine

The Australian Health Protection Principal Committee (AHPPC) agrees that all available steps should be taken to maximise influenza vaccine coverage amongst the aged care workforce, residents and their carers.

Advice from the Australian Technical Advisory Group on Immunisation (ATAGI) is that the preferred minimum interval between administration of either the Pfizer/BioNTech or the University of Oxford/AstraZeneca COVID-19 vaccines and any influenza vaccine is 14 days. This is the current precautionary advice.

Obtaining consent and arranging immunisations

Appropriate consent will be obtained prior to vaccination. More information will be provided on consent for residents in RACFs and their family, representatives and carers soon.

Keep up to date with trusted information

The Department of Health will continue to provide updates.

You can find information, including translated information, on the Department of Health's [COVID-19 vaccines website](https://www.health.gov.au/covid19-vaccines). You can also subscribe to receive the [COVID-19 Vaccines Update](#).

You can also call the National Coronavirus Helpline on 1800 020 080, and ask for an interpreter if needed.

Prioritising Residential Aged Care

Where can I find out more information?

The Department of Health will continue to provide updates.

You can find information, including translated information, on the Department of Health's [COVID-19 vaccines website](#). You can also subscribe to receive the [COVID-19 Vaccines Update](#).

You can also get regular updates via the Department of Health's social media channels on Facebook, Twitter, LinkedIn, Instagram and YouTube.

You can also call the National Coronavirus Helpline on 1800 020 080, and ask for an interpreter if needed.

LETTER FROM MANAGEMENT

COVID19 Vaccine Rollout

Bundaleer Lodge Nursing Home has been scheduled for the rollout of the vaccination for residents for the week beginning 1st March 2021. Staff will follow soon after. Residents or resident family members will need to complete the consent form and return to Admin if they wish to have the vaccination.

Bundaleer Lodge Accreditation

We expect an accreditation visit for Bundaleer Lodge in March. We will keep you informed when they are at the facility.

We Have A New Maintenance Officer

We have a new Maintenance Officer who started in early February. Kurt Offen is being trained by our retired Maintenance Officer Arnold Libbis.



BUNDALEER LODGE DRIVEWAY EXIT

Just a reminder that the exit driveway is now open, please do not exit the facility via the entrance driveway. Please follow the signs.



VISITING

Visiting hours are now between 9am and 4pm Monday to Friday. Saturday visiting hours are between 9am and 12noon for entry. The flu vaccination is no longer a requirement for entry. Please be mindful of shift change times (2-3pm) as this may extend the time you need to wait for screening as staff get priority to gain access for their nursing shift. We appreciate your consideration with regard to this and thank you in advance for waiting patiently. You must enter via reception for screening. No visiting hours on public holidays. To keep up to date with COVID-19 restrictions and visitation updates please ensure you are on our email list. Leave your email address with reception to be added to the email list if you have not already done so.

FACEBOOK & INSTAGRAM FOR BUNDALEER LODGE

Bundaleer Lodge has a Facebook account and Instagram account. You can keep up with what the residents have been doing on our Facebook account.

Facebook

<https://www.facebook.com/Bundaleer-Lodge-Nursing-Home-169519596581097/>

Instagram

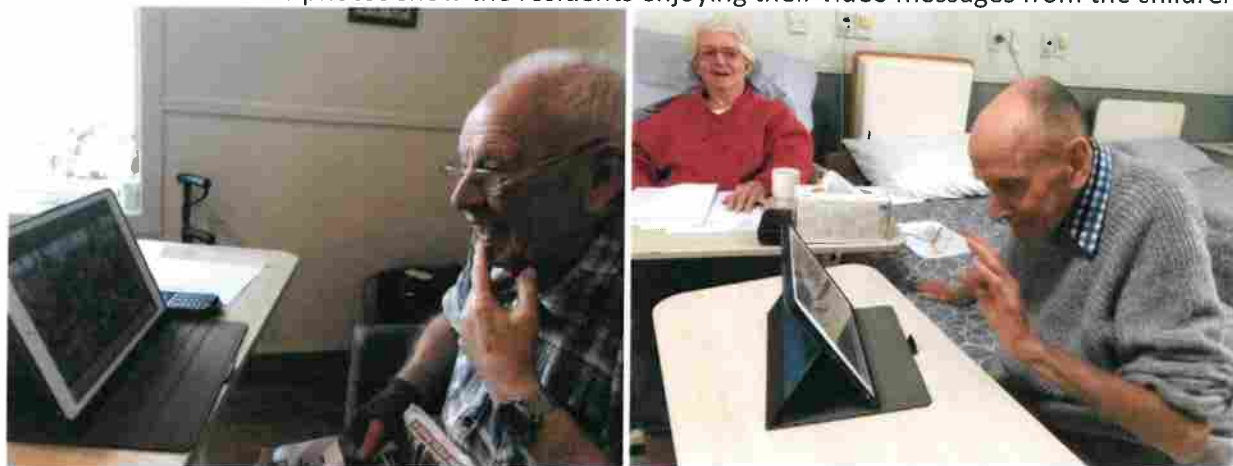
<https://www.instagram.com/bundaleerlodge/>

Website

<https://www.bundaleerlodge.com/>

SHARING SPACED PROGRAMME

Residents from Bundaleer Lodge Nursing Home and Pre-Prep students from Ipswich Junior Grammar School have been participating in an intergenerational learning programme called Sharing Spaces. This partnership programme with Junior Grammar Early Education Centre and Bundaleer Lodge Nursing Home involved residents traveling to Junior Grammar EEC to enjoy a morning of activities and fun with the children of the EEC in pre COVID times. Bundaleer lodge residents interact with the children from the school through story time, craft activities, and cooking experiences. During COVID times the children and residents have missed each other and the children have sent video messages to the residents. These photos show the residents enjoying their video messages from the children.





ROUND SQUARE PROGRAM

The Round Square project partnership formed between Bundaleer Lodge and Ipswich Grammar School is important to our residents. Since the visits to Bundaleer Lodge have been postponed due to Covid19, the boys in year 9 at IGS have sent some written letters to residents instead of the in-person visits. By doing this the IGS boys and residents can still be connect. The photos show the enjoyment these letters give the resident at Bundaleer Lodge.



MEET & EAT CAFE

The Café has closed during the COVID outbreaks as soon as we are safely able to open this service, we will let you know.

INDEPENDENT LIVING UNITS

The Independent Living Units can be rented furnished or unfurnished; details are available at reception and in the quarterly magazine.

A BETTER VISIT APP

Dementia Australia has developed an App for iPads and Android Tablets called “A Better Visit”. The new app by Dementia Australia aims to assist people in connecting and communicating when visiting loved ones living with dementia. “A Better Visit” App is free and it includes a number of games designed to be interactive, stimulating and fun. Games on the app are designed to engage dementia residents and are suitable for residents at many stages of dementia. It can be challenging to come up with different things to do and talk about with relatives with dementia, especially as symptoms progress. Playing naughts and crosses with some classic songs key to your moves or using the window washing game to reveal images of iconic Australian locations can’t help but prompt further conversations or enjoyment of play. These games are designed to be a shared experience. The games sound and functions are designed for play by people living with dementia. Dementia Australia research found that more than 60 percent of people said they didn’t know what to say to someone with dementia. By playing the games in the app carers and other family members could be inspired to engage with the person with dementia through the interaction, images and sounds enhancing their enjoyment and discussions.



“A Better Visit” is available free for iPad from the App Store and Android from the Google App Store.

We now have an iPad in the secure unit which is available for loan from the RN. The visitor can request the use of the iPad to use during a visit. This iPad has “A Better Visit” app installed and ready to play. Please ensure you return the iPad before you leave. The therapy staff also have an iPad with the app ready for use in the therapy room. If you require some assistance in using this please see Therapy staff.

CHARTER OF AGED CARE RIGHTS ANNOUNCED

Providers required to provide and explain signed Charter to new and existing consumers

The Federal Government has announced new laws to compel all aged care providers to sign and conform to a single Charter of Aged Care Rights.

From 1 July 2019, providers must give new consumers a copy of the new Charter signed by the provider, and ensure that the consumer or their authorised person has been given a reasonable opportunity to sign a copy of the Charter.

The new Charter will apply to all care recipients receiving Commonwealth-subsidised aged care, including residential care, home care packages, flexible care and services provided under the

Commonwealth Home Support Programme and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

According to the Government the purpose of requesting the consumer's signature is to allow them to acknowledge they have received the Charter and had assistance to understand it. Consumers are not required to sign the Charter and can commence, and/or continue to receive care and services, even if they choose not to sign the Charter.

The Charter is a component of the Single Aged Care Quality Framework and replaces the four separate charters for residential care, home care and short term restorative care.

RESIDENT CODE OF CONDUCT & CHARTER OF AGED CARE RIGHTS

Each resident of a residential care service has the duty:

- To respect the rights and needs of other people within the residential care service, and to respect the needs of the residential care service community as a whole
- To respect the rights of staff and the proprietor to work in an environment free from harassment
- To care for his or her own health and well-being, as far as he or she is capable
- To inform his or her medical practitioner, as far as he or she is able, about his or her relevant medical history and current state of health.
- Each resident has the obligation to respect the thoughts and actions of other residents and not deprive them of their rights
- To assist the facility in maintaining accurate records and information through prompt notification
- Informing the facility of changes to contact next of kin details.

Charter of Aged Care Rights:

I have the right to:

- Receive safe and high-quality care and services
- Be treated with dignity and respect
- Have my identity, culture and diversity valued and supported
- Live without abuse and neglect
- Be informed about my care in a way I understand
- Access all information about myself, including information about my rights, care and services
- Have control over and make choices about my care, and personal and social life, including where the choices involve personal risk
- Have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions
- My independence
- Be listened to and understood
- Have a person of my choice, including an aged care advocate, support me or speak on my behalf
- Complain free from reprisal, and to have my complaints dealt with fairly and promptly
- Personal privacy and to have personal information protected
- Exercise my rights without it adversely affecting the way I am treated

BUNDALEER BUILDING SITE HISTORY

Some may remember the old kitchen and laundry were demolished and the site was cleared and the builders started construction work.



View of Bundaleer Lodge showing the cleared site from the old Kitchen and Laundry and new construction



New Waratah Lounge



New Waratah Family Conference Room



New Waratah



New Waratah Courtyard



New Waratah Lounge August 2019



New Waratah Family Conference Room August 2019



New Waratah Hallway December 2019



Waratah Bedrooms December 2019

WORK HAS BEEN PROGRESSING ON THE RENOVATED UNIT AND NEW BUILD

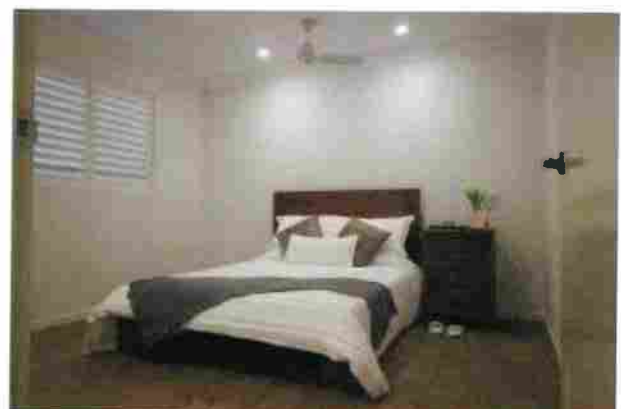
The building work in the old kitchen and laundry area is now complete. We are now waiting for Council approval on the new build section. Due to COVID and changes in Council, this process is now taking a lot longer than before. We have however, been able to open 7 renovated bedrooms in the Banksia hallway as this is part of the existing building. In January, people moved back in to this old area and are very happy to be home.

INDEPENDENT LIVING UNITS

Bundaleer Lodge Nursing Home at North Ipswich now offers ILUs (Independent Living Units) onsite. Our ILUs are architect designed modern retirement living. Built to offer low maintenance living with high quality finishes. There are 9 independent living units which offer one or two bedrooms. Some offer a small terrace with garden views. These are fully self-contained units with a dedicated car parking space. The units consist of an open plan dining lounge kitchen, laundry and one or two bedrooms with a disabled accessible bathroom. The units have the following facilities: air-conditioning, fans, fridge, oven, stove, washing machine, clothes dryer, call bell point and fire alarm and sprinkler system. Residents can continue their independent lifestyle while offering nurse call bell points within the unit in the case of an emergency only. These units are available for a weekly rent which includes the furniture, electricity and water charges. Residents from our ILUs have access to the Bundaleer Meet & Eat Cafe near reception, the onsite hairdressing salon and meals can be supplied at a nominal fee. Please contact 07 3201 8772 for a tour and further information.



ILU Kitchen



ILU Bedroom



ILU Dining Room



ILU Lounge Room

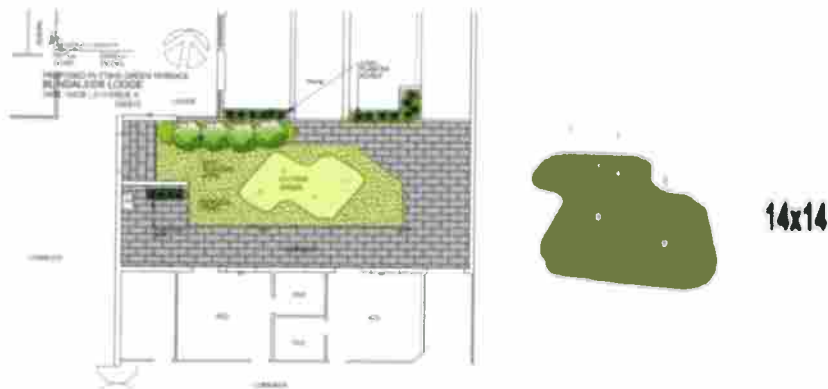
If residents or residents families wish to hold a function for a resident in the facility please book with the Diversional Therapy staff. This will ensure a suitable location for the size of the function is not double booked. Speak to the Therapy staff about what locations are deemed suitable. As other residents use the lounge areas, these are not suitable locations for family events. There are other areas within the facility which will not impact other residents while holding your function. When you hold the function you must clean up after your event.



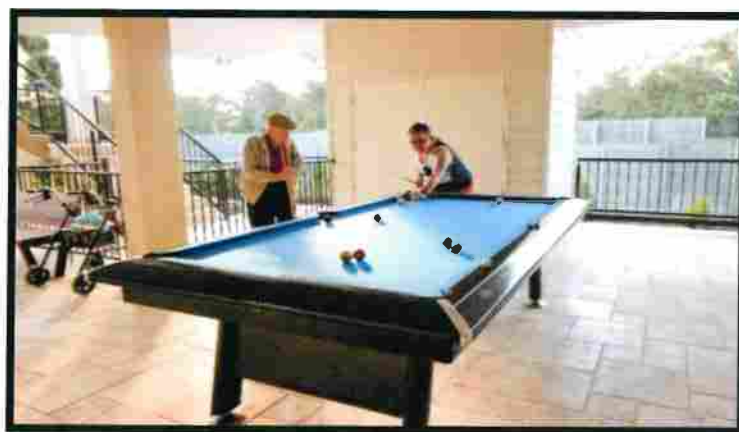
Residents are reminded to review the menu and let staff know of any changes you would like in your meal choices.

When family visit ensure that young children are monitored so as not to cause excessive noise and disruption of other residents.

We will be installing the 4-hole putting green in the courtyard near the old main reception at Bundaleer Lodge. This work will be carried out when this section is renovated.



Jasmine wing has a large covered outdoor area where we have installed an outdoor pool table. We have installed a cabinet to house the pool balls and other equipment. Therapy will set up the table each weekday for use and pack away the equipment at the end of the day. On a weekend please ask the Jasmine RN for access to the equipment.



The kitchen uses a cook chill kitchen operation and this required a complete update to all menus. The new system requires all meals to be precisely measured for even heating. With the new system those that have a large meal will be served two meals as one large meal will not heat adequately. If

the food is not laid out correctly on the plate the food will either burn or under heat. Kitchen staff have had extensive training to make the change over as seamless as possible.

Please tell therapy or kitchen staff if there are any other condiments you would like us to trial in addition to those currently on offer.

Any low care residents are reminded that they can get a referral letter from their GP so they can access 5 free specialist visits via the EPC program. This will allow the low care resident to access for example 5 free podiatry consultations or they can use them for physiotherapy/occupational therapy/dietitian consultations. Speak to the Nursing Care Manager about this service.

With the change in seasons, we can get colder or warmer weather so we take this opportunity to remind resident and family to remember to dress appropriately for the weather. Check the recommended clothing list to see what clothing you may need.

Can those family members or residents who get a residents' Medicare card sent to them, make sure you bring the new Medicare card into administration. If your card is still sent to your old address please advise Medicare of your change of address. We cannot organize bulk billing if we do not have this information. Could residents or family members check the expiry date for the Medicare card. If family members or residents wish to keep their own card then please make a photocopy and hand this copy to reception for our records. If the card is about to expire please apply for a new one. Then make a copy for the facility if you do not wish us to hold the card for the resident. If you would like the facility to hold the card for the resident please hand the card to reception.

Any clothes that need to be labelled must be dropped to the new administration office Monday to Friday between 9am and 4pm. If this cannot be done please call Reception on (07) 3201 8772 to arrange an alternate drop off location and time.



For new admissions please ensure all clothes are marked with a permanent marker prior to labelling, this is to ensure that clothing is not lost. Any new clothing items to be placed in a bag with the residents' name and handed to staff in the administration office.

The lost property is now located in the old Banksia dining room (next to Brian's office). If you or your loved one is missing any clothing please have a look here and if you have any clothes that are not labelled please give to Admin so they can be labelled and returned to you. If you notice any clothing missing please fill in the lost clothing form which can be obtained from staff, they can print a form from iCareHealth. This lost clothing form will be given to the laundry staff so they can try to locate your lost item for you.

Bundaleer Lodge no longer takes clothing donations due to Government Auditors seeing this as a privacy issue. When a resident moves from the facility their items must be collected within 24 hours or the items will be taken to life line and a fee of \$100 will be charged to the final account.

Bundaleer Lodge has a web site that can be accessed from a computer with Internet access at <http://www.bundaleerlodge.com>. We are striving to improve our website by adding more information and links to other sites which may hold valuable information for you. We have a picture gallery which will be updated when new features are installed.



The flu season is nearly here again so see your Doctor about the flu vaccination if you have not already done so. Due to gastrointestinal outbreak and flu illness in the community we wish to remind relatives to not visit residents if they are ill or within the 48 hours after they show the last symptoms. This helps protect the residents from flu, colds and gastrointestinal illnesses. We also remind relatives to wash their hands at our facility before visiting the residents and to wash their hands after visiting the residents. This also helps stop the spread of communicable illness in the community. **Remember that washing hands saves lives.**

If family are cancelling escorts arranged for appointments without the sufficient notice period (72 hours) or if the resident refuses to go to the appointment on the day and the escort arrives for the appointment then the resident will be charged for the service. The notice period of 72 hours MUST be adhered to for cancellations and the notification given to Tina in the administration office during office hours. The family can also call the escort company to cancel the appointment within the notice period. The family must then notify Kylie in administration of the cancellation within office hours.



The Department of Health wants us to inform relatives about call bells, particularly what they are used for. There are different types of calls on our system. There are call bells next to the bed, call bells in the bathroom, call bells in hallways and call bells in common areas. The hallways and common areas are for EMERGENCY situations and IMMEDIATE response. The bedroom and ensuite call bell is for general calls for assistance. The EMERGENCY call bell overrides all other calls to give an IMMEDIATE response. The bedroom/ensuite call bells are logged at the time of the call and are responded to in order. Hence if there is a high volume of calls then the wait time may be longer than at a time when there is a low volume of calls. If someone is in a room with no call bell, staff can use their DECT phones to dial 333, this will call ALL phones throughout the Facility phone system and someone will answer.

Bundaleer Lodge has a no lift policy to prevent injuries from unsafe lifting practices to patients and staff. Therefore, special equipment and techniques are used to move or transfer residents safely from one position to another.

People of all ages are at increased risk of falling while in care due to the unfamiliar surroundings, unsteady balance, poor eyesight, wearing of unsafe footwear, medical conditions and some medications and can result in a serious injury and or loss of confidence. The following can assist in falls prevention.

- Become familiar with the surrounding
- Have a falls risk assessment completed
- Be consulted about the plan to reduce your falls risk, if required. This may include a review by a pharmacist or physiotherapist for further information and support.
- Preventative measures include avoidance of long dressing gowns and nightwear.
- Footwear should fit securely; have a flat or low heel and a non-slip grip.
- Residents may be fitted with anti-embolism stockings and these can increase the risk of slipping or falling when walking. It is therefore important to wear slippers or other footwear if you are using these stockings.

The Facility supports students across multiple disciplines (nursing, medical and allied health) through partnership with tertiary education institutions and other registered training Organizations. All medical interns and other students are supervised while at the Facility. The Facility continues to have a strong commitment to teaching the healthcare professionals of the future.



The Broadband for Seniors Kiosk is now set up in the Internet Kiosk in Frangipani. This Internet Kiosk is a Government Funded initiative taken up with the help of the facility staff and Bundaleer Lodge. Check the Therapy schedule to find when the next Internet/Computer tutorial will be held or ask your Diversional Therapists. Those residents who have their own computer and use the internet, it is advisable to keep your internet security software up to date to help protect your information on the computer.

Unwanted fire alarm activation. If a resident or resident representative causes a fire alarm to be activated causing a false alarm call out by the Fire Brigade, then the resident will be charged for the call out fee. False alarm activation can be caused by burning toast in resident toasters, burning food in resident microwaves, smoking in rooms, aerosol sprays and fine powders dispersed in the air around the detector or other wilful activation methods. The cost of a call out is approximately \$1200.



We would like to remind visitors to the secure unit to not let anyone out, no matter how convincing or young they look. Refer them to the staff on duty should they want to exit the area.



We have had some issues with telemarketers confusing residents who have their own phones. We recommend residents or their family members have residents personal phones added to the DO NOT CALL REGISTER so telemarketing calls will not be put through to their phone. Call your phone service provider to organize this.

The basic resident did not increase on the 20th September 2020. The rate is set by Department of Health and Aging. This rate changes twice a year on the 20th March and 20th September.

Please remember to give Lynette Dresselhaus your email details for easier communications. If you have not already done so, you can drop this into administration.

Susan Dreyer & Lynette Dresselhaus

TRANSLATING AND INTERPRETING SERVICE (TIS)

Thousands of non-English speaking Australians face a communication gap every day. Across Australia, the Translating and Interpreting Service (TIS National) helps bridge that gap. TIS National has more than 50 years' experience in the interpreting industry and access to more than 3000 contracted interpreters speaking more than 160 languages across Australia. Whenever English speakers and non-English speakers need to communicate, TIS National can provide an interpreter to help 24 hours a day, every day of the year.

Who needs interpreters?

Australia is a dynamic and culturally diverse society; whose population speaks hundreds of different languages. In Australian society interpreters are not only required by non-English speakers, but also by the English speakers who need to communicate with them. In short, interpreters provide the language link that bridges the communication gap between English and non-English speakers.

There are a variety of reasons why non-English speakers need interpreters. Initially, the Australian Government introduced a phone interpreting service (now known as TIS National) to provide interpreting assistance to meet migrant information and welfare needs.

TIS National continues to deliver this service and is available to any person or organisation in Australia who needs an interpreter. TIS National provides interpreting assistance to enable non-English speakers to access government agencies and services, police and legal services, education, healthcare and community groups, as well as services offered by private businesses. English speakers are increasingly seeking to engage interpreters to communicate with non-English speakers. Services provided by TIS National are to individuals and agencies who recognise the importance of reaching out to non-English speakers to further business opportunities, satisfy community needs and provide accessible and equitable government and other services.

How can I access an interpreter?

Call the TIS National Contact Centre on **131 450** at any time, day or night, to access an immediate phone interpreter. The TIS National Contact Centre can connect you with an interpreter in more than 160 languages over the phone, every day of the year. TIS National's immediate phone interpreting service can be accessed directly by both English speakers and non-English speakers, just say the language you need.

Phone interpreting services can also be booked in advance, which ensures an interpreter will be available in the language you need and to cater for any special requirements. TIS National can also arrange for an interpreter to attend a specific location anywhere in Australia (subject to interpreter availability), known as on-site interpreting.

KITCHEN UPDATE

We have a five-week rotating menu with alternatives for both lunch and dinner. These are listed on the menu. If you find there is something that you dislike or would simply like the alternative this is possible. We are currently investigating some new options for the menu so keep an eye out for some changes coming in the next couple of months.

When looking at the menu there are two different meat options listed. The first option is the standard and the second option is the alternative. If you would like the alternative then you simply have to circle it. If you want the standard option then just leave it blank and you will receive the standard. Once you have made your selections for the week please inform your RN or Therapy staff and they will notify the kitchen for you.

If you have a permanent change or dislike please also inform your RN and they can do a kitchen notification form for this, that way you do not have to remember to write it on your menu each week. If you would like some assistance in filling out the menu please ask your RN or Therapy staff to help.

If you would like to keep a copy of the menu you submit to the kitchen, please hand the completed menu to your RN or Therapy staff and ask from for a copy of it to keep. They can photocopy and then give one copy to you and one to the kitchen.

Families are also welcome to order meals from the kitchen. For \$5.00 you will receive the main meal and dessert as listed on the menu. All visitor meals must be ordered at least two days prior to ensure that the kitchen cook enough. Money is to be paid in cash at Reception. If you have set days that you would like meals, we can also make it a standing order so you do not have to notify the kitchen every time.

If at any time you have any suggestions or feedback about the menu please feel free to contact Admin and let them know. Feedback is always welcome.



RESIDENT SURVEY RESULTS 2020

In November we rolled out our yearly Satisfaction, Food and Diversional Therapy surveys. 20% of residents were surveyed using systematic sampling.

Satisfaction Survey:

- 89% of residents feel the accommodation suits their needs
- 96% of residents feel secure that their room is theirs
- 93% of residents feel comfortable and welcome in the facility
- 79% of residents feel the layout of the facility is suitable
- 93% of residents feel that they can speak to an RN/EN if they have a problem
- 93% of residents are comfortable to raise any concerns they have
- 93% of residents feel the facility maintains an adequate temperature
- 86% of residents find mealtimes are pleasant
- 100% of residents feel they are given enough privacy
- 100% of residents feel the staff are courteous and friendly
- 100% of residents feel accepted and treated equally regardless of their gender, age, religion, spirituality, mental health status, ethnicity, background or sexual orientation.
- 100% of residents feel they are treated with respect
- 97% of residents are aware that they can attend resident meetings
- 97% of residents feel that their visitors are made to feel welcome
- 93% of residents are satisfied with the number of showers per week and their shower time
- 83% of residents are satisfied with the care they receive
- 83% of residents feel the cleanliness of the facility is maintained
- 97% of residents feel that the laundry return your clothing items in a clean state

Food Survey:

- 100% of residents identified that breakfast is satisfactory
- 93% of residents identified that lunch is satisfactory
- 90% of residents identified that the evening meal is satisfactory
- 87% of residents identified that the temperatures are satisfactory
- 82% of residents identified that there is enough variety on the menu
- 78% of residents identified that their likes/dislikes are taken into account
- 93% of residents identified that the afternoon tea was satisfactory
- 75% of residents know how to order an alternative to the meal on the menu
- 80% of residents identified that the portion size was adequate to large
- 86% of residents identified that the presentation of meals is satisfactory

Diversional Therapy Activity Survey:

- 100% of residents who attend the activities, enjoy the activities
- 95% of residents feel the activities are suited to their interests
- 100% of residents feel the time the activities are held are suitable to them
- 100% of residents are happy with afternoon activities
- 100% of residents are happy with morning activities
- 100% of residents feel therapy staff are helpful to their needs
- 100% of residents find therapy staff polite and friendly
- 42% of residents know where to find an activities calendar

- 75% of residents know how to make a suggestion
- 71% of residents who use weekend activities find they enjoy the range available
- 100% of residents who are visited by therapy staff individually are happy with their visits

Thank you for your feedback. The feedback from these results and all other additional information which was also been provided on the survey sheets is now being used to review care and services. Any suggestions for improvements from these results will be discussed in upcoming resident AND Management meetings and published in the next newsletter.

RESIDENT MEETING UPDATES

Unfortunately, due to COVID we have not held monthly meetings since February 2020. However, our Diversional Therapy (DT) staff have been conducting smaller informal meetings throughout the year and addressing any concerns raised by residents with Management through regular Zoom meetings.

With each change that was made regarding visiting, lock-downs, influenza vaccination requirements, social distancing etc. all residents were provided with letters regarding the changes and 1:1 visits from the DT staff.

Monthly resident meetings will soon commence again however, they will be in a slightly different format to previous years. The DT staff in each unit will conduct a small meeting with the residents in their unit and then the DT staff will meet with Management to discuss all concerns, suggestions and compliments raised. As always, if resident's are unwell or do not wish to attend the meeting but they would like something to be discussed they can tell Tash or Linda beforehand and they will discuss on their behalf.

MESSAGE FROM BRIAN CHU (NCM)

Welcome to all new residents and staff members in 2021. We have great news at the beginning of this year, the Government has announced a COVID19 vaccine to roll out which started at the end of February!

We have been busy contacting/discussing with residents and family about the COVID19 vaccine rolling out. You probably have received our email and phone call about that, thank you for getting the consent forms back to us in such a short notice, really appreciated!

We will put on extra nursing staff to monitor our residents after receiving the vaccine, conducting regular observation to make sure everyone is stable. The vaccination day could be completed when you read this newsletter, I hope our residents were not showing any severe side effects. This is the first step to moving on from COVID19.

Thank you so much for your support!

Regards,
Brian

BIRTHDAY'S

March

Graham Waghorn	1 st Mar
John Chalmers	4 th Mar
Bevan Kevin	4 th Mar
Kym McIntosh	10 th Mar
Joan Nunan	10 th Mar
Louise Diamond	14 th Mar
Janice Govan	16 th Mar
Gloria Weber	20 th Mar
Trevor Sargent	20 th Mar
Graham Hudson	25 th Mar
Dorothy Tune	28 th Mar

April

Nellie Barclay	1 st Apr
Debra Laegel	3 rd Apr
Grace Jenkyn	9 th Apr
Joyce Forsyth	13 th Apr
Kerei James	13 th Apr
Shirley Lubomirski	14 th Apr

John Gerard	19 th Apr
Barbara Castine	20 th Apr
Leonard Keidge	21 st Apr
Jose Price	21 st Apr
John Oakley	23 rd Apr
William Munson	26 th Apr
John Wills	28 th Apr
Betty Bloxham	29 th Apr

May

Frances Navie	1 st May
Noel Heck	4 th May
John Henderson	4 th May
Gerardus Verhallen	5 th May
Rachel Neivandt	8 th May
Crispina Summerville	16 th May
Victor Green	17 th May
Joan Harper	19 th May
Ian Lorenzen	26 th May

The Diversional Therapy Department wish all of these residents a very Happy Birthday!



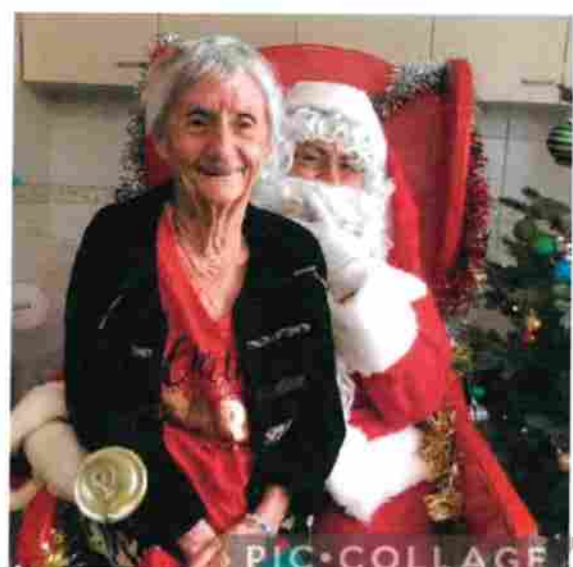
HELLO FROM YOUR BUBBLY BUNDALEER THERAPIST GIRLS

Well here goes....

Where has time gone since the last newsletter? It has been another exceptionally busy time with unprecedented changes to both how we live and work. The Coronavirus has impacted every facet of our lives – some more than others. Part of our role as Diversional Therapists is not only ensuring both the mental and emotional wellbeing for our residents, but also for ourselves. With the physical distancing it is important that we as DT's ensure we keep ourselves socially connected. This is our area of expertise and even in these trying times we will muddle our way through this.

Residents have still enjoyed celebrating Christmas Parties in each unit. Oh, my goodness, wasn't Santa a hit this year??!! So worth the wait. So, so much fun and shenanigans were had by all. Thank you to all of our staff, Tradies and even Dr Jones, who dressed up and helped us to celebrate.





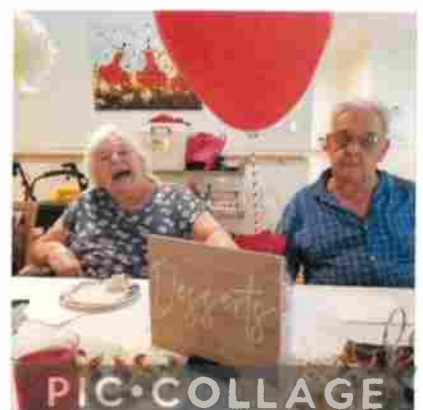


Birthday celebrations for all who had birthdays in December, January and February. We enjoyed a Sausage Sizzle in the Acacia Courtyard for Australia Day. Thank you to our wonderful Tradies who also joined in the fun and cooked our BBQ.

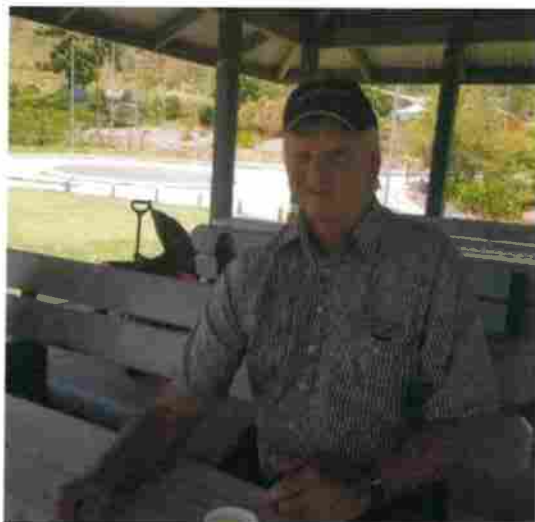




Then came Valentine's Day...Love was everywhere. Music, food, fun and lots of photos at each function held. All of our performers attending functions and putting on wonderful concerts for us have been amazing in adapting to our everchanging COVID restrictions.



Finally, residents have been attending small social outings to College's Crossing and Fernvale Bakery Restaurant. With recent rainfall how beautiful it all looks and it is a shame not to enjoy our local attractions.



Please keep an eye out for the monthly activities calendar so you don't miss out on the upcoming parties and outings. Some of the events you don't want to miss are:

- St Patricks fun on March 17th
- Easter Sunday, 4th April – We're sure the Easter Bunny will be on route to Bundaleer for the upcoming party
- Anzac Day Ceremony, April 25th
- Ipswich Show Day, May 14th

Finally, when visiting please take the time to look and possibly purchase a ticket in the Easter raffle; beautiful prizes to be won. Raffles are on display and tickets available at Reception. All proceeds go to funding therapy activities with residents.

"Pleasure in the job puts perfection in the work"

Kind Regards,

Tash, Linda, Easter, Tchaine, Tena and Juliet

EASTER RAFFLE TICKETS

\$2.00 each

Or 3 for \$5.00



FOOD INFORMATION

This is a reminder for all family members to be aware of the procedures for bringing food from home or from outside of the facility. Any food brought in should be served to the resident at the correct temperature. This is if the food is to be served cold then it must be below 5 degrees or if the food is to be served hot then it must be over 60 degrees. Food served between these temperatures is classed as dangerous and can cause food poisoning. If food is to be stored in the fridge in the kitchenettes then it must be labelled with the supplied stickers with name and date. Any food kept in a resident's own fridge in bedroom will only need a use by date. This is requirement of the Australian Food Standards Code. Do not share the food you bring in with other residents. It is prohibited to provide other residents with food you have brought into the facility. When you bring food into an aged care facility for a relative or friend it is you and not the staff who take responsibility for its safety.

Residents wishing to keep extra food in their rooms are welcome to do so, but it must be kept in airtight containers and the container must be labelled with expiry date of the food or the date the item was cooked. Perishable foods must be kept in the refrigerator in marked containers with name of resident and the date the item was cooked or purchased. If the food is not dated it will be thrown out. This is a food safety, health requirement. A brochure regarding this regulation can be obtained from administration should you require more information.

Food must be labelled. The label will be attached to the fridge. The information required is:

Name of resident

Food received from

Food description

Date received

Discard

Do you cook and bring food to an elderly relative or friend in an aged care facility?

This fact sheet has been kindly sponsored by Compass Group (Australia) as a service to aged care facilities.



It's really nice to show you care by cooking special favourite meals for the resident of an aged care facility - perhaps culturally specific food or a family favourite which is not normally available in that facility. But if you do, you really wouldn't want to make them sick, so there are some things you need to know. Our immune systems get weaker as we get older. Also our stomachs produce less acid which makes it easier for harmful germs to get through the digestive system and invade our bodies. If elderly people do get food poisoning, they are also likely to suffer more severe consequences. These can range from mild dehydration to neuromuscular dysfunction or even death. Older people also take longer than most of us to recover from food poisoning. There are some foods that pose a higher risk than others, particularly of passing on a Listeria infection which is dangerous for the elderly.

What are the higher risk foods?

Cold meats Cooked or uncooked, packaged or unpackaged e.g. roast beef, ham etc. Cold cooked chicken Purchased whole, portions, sliced or diced Pate Refrigerated pate, liverwurst or meat spreads Salads Pre-prepared or pre-packaged fruit, vegetables or salads e.g. from salad bars, retail

outlets etc. Chilled seafood Raw or smoked ready-to-eat e.g. oysters, sashimi or sushi, smoked salmon or trout, sandwich fillings, pre-cooked peeled prawns such as in prawn cocktails and salads Cheese Pre-packaged and delicatessen soft, semi soft and surface ripened cheeses e.g. brie, camembert, ricotta, feta and blue Ice cream Soft serve Other dairy products Unpasteurised dairy products e.g. raw goats milk, cheese or yoghurt made from raw milk For full details please refer to the pamphlet 'Listeria and food' on the FSANZ website, <http://www.foodstandards.gov.au/srcfiles/Listeria.pdf> Foods made with raw egg such as home-made egg mayonnaise, hollandaise sauce, uncooked cakes and desserts and eggnog can also be dangerous for the elderly.

The elderly person may also have special dietary requirements or restrictions of which you are unaware. Please check with the staff before providing food to an elderly resident.

What precautions should I take when preparing foods?

There are no special rules for cooking for elderly people – you just need to be even fussier than normal. If you plan to take chilled or frozen food you have cooked yourself, make sure that the food is cooled quickly in your refrigerator: never at room temperature. Always wash your hands well under running water using soap and dry thoroughly before handling food. You can get information on preparing food safely from the fact sheet 'Protecting Tiny Tummies and Sensitive Systems' and other fact sheets on the Food Safety Information Council website, www.foodsafety.asn.au.

How can I transport food safely for an elderly person?

You will need to transport your food to the aged care facility so take care that it is protected from contamination during transport and, if it is chilled food, it is kept cool or if you are taking it hot, you keep it hot during the journey. Food should be kept at 5 degrees Celsius or cooler or, for hot food, at 60 degrees Celsius or hotter. Between 5 and 60 degrees is known as the temperature danger zone because harmful bacteria multiply to dangerous levels in food when it is kept between these temperatures. Put cold food into a cooler with ice packs when travelling to visit your relative or friend. Don't pack food if it has just been cooked and is still warm. Coolers cannot cool food they can only keep cold food cool. Always cover pre-prepared foods securely and pre-chill them, for example, keep in the refrigerator overnight. Other perishable foods and drinks, such as deli products, cooked chicken and dairy products must also be cold when put in the cooler. Hot food is difficult to keep hot and is best avoided if you are travelling long distances. It is best to chill the food overnight and reheat it at the residence. If you must take hot food on a longer journey, an insulated jug, preheated with boiling water before being filled with the steaming hot food, can be used. If you are unsure whether the jug will keep the food above 60 degrees Celsius, try filling it with water at 90 degrees Celsius, seal and test the water temperature after the length of time you expect your journey to take. If it is still above 60 degrees then you can use the jug. You will need a food thermometer to do this test. If any perishable food you bring is not eaten immediately, make sure it is refrigerated before you leave.

Reheating food

Different aged care facilities will have different rules about reheating food provided by friends or relatives. In some, staff will reheat the food, in others, staff are not permitted to do so. In some facilities, the elderly person can reheat the food themselves, in others the person providing the food must do the reheating. Check with the staff to find out the rules in that facility. Make sure that staff know that you have brought in food and ask them how to go about re-heating it. Food needs to be reheated to a minimum of 75 degrees Celsius or 70 degrees Celsius for two minutes to kill any bacteria or viruses that might be present in the food.

Reheating food in a microwave oven

If you are reheating food in a microwave, you need to be especially careful that the food is heated evenly. Food heated in a microwave oven does not heat uniformly and unwanted germs may survive in portions of poorly heated food. Manufacturers recommend standing times to help alleviate the problem of uneven heating. Many microwaveable meal packs carry the instruction to stir the food part way through the cooking process. Items such as lasagne that can't be stirred should be allowed standing time to allow the whole product to reach a uniform temperature. How evenly the food will heat will also depend on the thickness of portions and on the composition and moisture content of the food. Frozen food needs to be completely thawed before reheating. If you are reheating a commercially prepared food, read and follow all the manufacturers' microwaving instructions.

Storage of the food you bring in

If any perishable food you have provided is not eaten immediately, tell the staff and ask them about storing the food in a refrigerator. Some elderly people like to keep extra food in their rooms in drawers or bedside tables for eating later. While this is okay for shelf-stable foods like cakes, biscuits and chocolates, this can be very risky with perishable food such as cold meats, custard or cream filled cakes and cooked vegetables and meat dishes. Leaving perishable food in the temperature danger zone for too long before eating can result in food borne illness. Food which can cause food poisoning may not look or taste spoiled. Sometimes elderly people can also forget how long the food has been there. If you bring commercially prepared food make sure the elderly person is aware of any 'best before' or 'use by' date on the food. **Make sure you tell the staff if the elderly person has some perishable food in their room.**

Remember:

If you are cooking for an elderly person, please check the fact sheet 'Protecting Tiny Tummies and Sensitive Systems' under 'publications' on the Food Safety Information Council's website www.foodsafety.asn.au for more information on preparing food safely.

Food Safety Information Council

The Food Safety Information Council is a non-profit group with representatives of State and Federal governments, food industry and professional associations. Membership is open to any organisation with an interest in promoting safe food handling practices for consumers. We aim to reduce the over five million cases of food poisoning in Australia each year by educating consumers to handle food safely from the time it leaves the retailer until it appears on the plate. We organise Food Safety Week each November as part of our campaign to pass on simple messages to improve consumers' knowledge of how to handle, store and cook food safely. **For more information** Telephone Project Co-ordinator: 0407 626 688 (mobile)

Email: info@foodsafety.asn.au Website: www.foodsafety.asn.au

Relatives are able to order a lunch time meal. The price is \$5 and must be paid to Kylie at Reception. The meal must be ordered two days before. Orders can be phoned into the facility on the facility number. If at any time the resident wishes to make a change to the meal preference or inform the kitchen of your dislikes, please see the Registered Nurse or Therapy staff to have the kitchen speak with you.

The process for suggestions on improvements is as follows.

- 1) To make a suggestion or inform management of a problem an improvement log is completed.
- 2) The forms are located on iCare under Policies and Procedures. They are also located at Reception, in the Frangipani Internet Café and the Diversional Therapy team has forms for residents to complete.
- 3) Forms are completed and returned to the Nursing Care Manager (NCM) office.
- 4) The suggestion or problem are reviewed and if urgent, acted on immediately.
- 5) A bi monthly meeting is held consisting of management to discuss improvement logs. The actions are discussed and if able evaluations made.
- 6) If evaluations are effective the improvement log is closed out.



Facility Mechanism for Complaints

We would like to advise residents / relatives of the facilities mechanism for handling complaints.

- (a) We encourage residents/relatives to bring any concerns or complaints to the attention of the Nursing Manager or Administration. Relatives/Visitors **Do Not** take complaints to the RN or other nursing staff please. Follow the policy on making a complaint, if you are a relative or resident the procedure is different. A resident can make a complaint to the RN but visitors or relatives must make the complaint to the NCM/CN at BLNH and RSM/N&DC at AL. The visitor or relative is able to make an appointment with these staff during working hours or make the complaint in writing. If the complaint is urgent and after hours then contact the Team Leader on duty who can phone the NCM/CN at BLNH or RSM/N&DC at AL. Post or drop the written complaint under the managers locked door. Alternatively, you can also put it into the letter box at the front of the facility. Emails may also be sent to the following:

NCM (Nursing Care Manager Bundaleer Lodge)	bundaleerlodge@bigpond.com
RSM (Residential Services Manager Algester)	rsm@algesterlodge.com
Human Resources Officer	hr.bundaleer@bigpond.com
Director	lmsd@bigpond.com.au

- (b) All complaints are investigated and processed and the person advised of the outcome.

- (c) Each resident/relative has the right to exercise their right, provided it does not infringe on the rights of other people.

The mechanism for grievance and complaints is through:

- (1) Raising the issue at the resident committee meeting.
- (2) Advising the Nursing Care Manager at BLNH, RSM at AL or Administration.
- (3) Completing P256 Complaints Form or Continuous Improvement Form found at the sign in desk. Ask a staff member to show you where the forms are held and how to complete the form. The response to the problem will either be recorded in the Continuous Improvement Form or you may be spoken to directly, depending on the confidentiality of the complaint.
- (4) If after speaking to the NCM at BLNH or RSM at AL you are still not satisfied you can direct your problem/grievance/complaint to the Administrator or Director of the Nursing Home.
- (5) Residents / relatives should also be aware that they have the right to bring complaints to the Department. If the grievance/complaint cannot be solved or suitably attended to, you can make a complaint to The Department of Health. A brochure outlining the Departments Complaints mechanism is given on admission and extra copies are located at reception.

(6) There address is as follow:

Aged Care Quality and Safety Commission
G.P.O Box 9819
Brisbane Qld 4001
Tel: 1800 951 822

Log a complaint online at www.agedcarequality.gov.au

Every effort will be made by staff and management to solve grievances and complaints.

LAUNDRY INFORMATION

It is important when new clothes or shoes are purchased, it is labelled with the residents name before using. This will ensure lost clothing items are minimized. Laundry Staff and Nursing Staff will automatically remove clothing which is worn, needs repair, is stained, or no longer fits. Relatives will be informed via phone that there is clothing in the office to be collected. If clothing is not collected within 2 weeks it will be placed in a Life Line Bin.

It is the responsibility of the relatives / guardians to ensure that there is an adequate supply of suitable clothing. All items are to be clearly marked using name tags sewn onto clothes or heat press machine labels. It is not permitted to use a marking pen to mark resident's clothes on a permanent basis. After numerous washes the name fades off and then the clothes are unnamed and become lost. **CLOTHING MUST HAVE SEWN LABELS OR HEAT PRESS MACHINE LABELS.**

Management can order cloth labels at a reasonable price if requested. The labels take approximately 1 week to arrive once ordered. The admin staff can arrange for the labels to be machine heat pressed onto the resident's clothes. If the admin staff are to organize the label application the clothing must be handed to the administration staff. There is a small cost and this covers labelling of all items of clothing and any additional items during the resident's stay until all the labels have been used. Please consult with administration staff, the Nursing Manager or management if you would like to order labels, and/or have labels heat pressed onto the resident's clothing.

Ensure that shoes and slippers are clearly marked as well as hats or beanies. If supplying a bedspread or knee rug have a label on to identify the item. All new articles of clothing purchased after admission must be labelled. Ensure relatives are aware of this especially when clothes are given as gifts. **NO WOOLEN CLOTHING TO BE SUPPLIED.**

1. It is recommended no woollen jumpers or woollen jackets be brought as clothing, due to the laundry washing and drying at very high temperatures, which causes the items to shrink.
2. The turnaround time for clothing to be returned from the laundry is approximately 4 days, it is important to ensure the resident has a sufficient number of clothing to cover this period.
3. Whilst all care is taken with washing and drying of residents clothing, the Management will take no responsibilities for the loss or damage of clothing.



RESIDENT STORAGE INFORMATION

A reminder that when a resident leaves the Facility, their personal items will be held for 24 hours ONLY, due to lack of onsite storage. The Facility cannot offer longer storage options for residents' personal items. If the items have not been collected within 24 hours of permanent departure from the Facility, the items will be donated to a charity and a fee charged. No responsibility will be taken for the residents' personal items while awaiting pick up during the 24 hours; it is up to the resident or family members to ensure the security of these personal effects.

Residents and Relatives are reminded to ensure items are stored securely. There is a locked draw in every room, please use this for those items of importance or sentimental value. Should residents require even more security it may be advisable to purchase your own safe and move this into your room. Another alternative is to leave the items with relatives who can store them in a secure place. It is not advisable to leave precious items with residents in the secure unit. Residents in this unit may not be able to remember where they placed items of importance; they may even accidentally discard them. If you bring your own wheel chair or shower chair into the facility you must ensure the item is labelled with the residents' name, it is also useful for you to photograph any items owned by residents to ensure they can be identified if they go missing. If the items are stolen you can use



these photographs for the police report and your personal insurance claim if you have taken out insurance. Relatives should also check and clean all personal knickknacks and precious items every time they visit so they can be found quickly if they are missing. The Facility cleaners do not clean/dust personal items brought into the facility. If you notice any residents' equipment missing let the NCM and all your relatives know, in case one relative has taken home items for safe keeping and others do not know. If the item continues to be missing let the NCM know so the police can be informed as soon as possible. The nursing home takes no responsibility for lost personal property.

RESIDENT PERSONAL ITEMS CLEANING

It is important to remember that the electric razors do require professional cleaning and replacement of cutting blades every 6 months. This is the resident's responsibility. A resident refrigerator in the resident's room must be kept clean and all food discarded if not labelled or in date. This is the responsibility of the resident or resident's family. The staff of the Facility will not clean these refrigerators. All other personal furniture and knickknacks brought into the facility are the responsibility of the resident or resident's family to dust and keep clean. The Facility cleaners do not clean or dust personal items brought into the facility. If you need assistance getting a cleaner for these personal items please ask the NCM (Nursing Care Manager) and a cleaner can be organized and billed to the resident. If you want our cleaner to clean behind resident's personal furniture then the resident or resident's family must organize the moving of the furniture and have booked a time with the NCM for our cleaners to clean behind these items. The NCM can also assist to organize movers to move the furniture and the cost billed to the resident.

