

**Welcome** to the September 2015 edition of the HealthCERT team's bulletin. At the beginning of July we had about 500 hits onto the May issue of the bulletin. Thank you for your interest and support.

## Operating matters

### Aged residential care complaints at a glance (2014)

During 2014, 104 complaints that related to 83 certified aged residential care facilities were recorded. Of these complaints, HealthCERT received 37 (38%) directly, 19 (20%) through the Health and Disability Commissioner's Office and the remaining 48 (42%) through district health board Health of Older People Portfolio Managers.

### Provisional audit before a sale

Before any aged care facility is sold, a provisional audit is undertaken to identify the extent to which the:

- existing provider (current owner) is conforming with the required standards
- prospective provider (purchaser) is prepared to provide a health and disability service.

A provisional audit includes an audit of all relevant Health and Disability Services Standards and an interview with the prospective provider. Once the audit has been completed and HealthCERT has processed the report, the following responsibilities and processes apply.

The existing provider:

- continues with the same period of certification
- is responsible for making any corrective actions from the provisional audit until HealthCERT receives confirmation of settlement
- receives an amended schedule to include the corrective actions from the provisional audit.

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The prospective provider:

- receives a letter of intent
- is responsible for ensuring their solicitor notifies HealthCERT in writing when the sale is settled
- is issued a certificate for one year after HealthCERT receives the solicitor's notification. A midpoint surveillance audit may be required
- is responsible for any corrective actions from the provisional audit that have not been closed out before the settlement.

## First aid training

To meet the requirements of the health and disability services standards, and the Age-related Residential Care (ARRC) Services Agreement, certified providers must have at least one member of staff trained in first aid on duty at all times.

We've been asked to clarify which agencies and personnel are able to deliver training that meets the intent of the standards and ARRC Services Agreement. Here are our answers to the core questions.

### **Under HDSS 1.4.7.2, who should provide the training?**

The trainer should be New Zealand Qualifications Authority (NZQA) qualified and certified to carry out first aid training.

### **What evidence would the designated auditing agency (DAA) need to verify that the relevant staff have had this training?**

The DAA would need evidence that staff have received current certificates in first aid from an appropriate NZQA-qualified trainer.

### **Could a registered nurse (RN) who works at the facility provide first aid training if they have comprehensive first aid training to provide workplace first aid but are not NZQA qualified?**

An RN who holds a current first aid certificate from an NZQA-certified trainer is **not** qualified to carry out first aid training for staff. If the RN has an NZQA current qualification as an approved trainer for first aid and meets the NZQA requirements, then they can teach first aid and issue certificates for that training.

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## Good news story – Radius Fulton evacuation

As you'll know, New Zealand has experienced unsettled weather over winter, which has affected health providers across the country in various ways. We've asked those involved in the Dunedin flood to tell us about their experience. The following accounts come from a provider, the Nursing Director of Southern District Health Board (DHB), and emergency management teams from the Ministry of Health and Southern DHB. Thanks to you all for your contributions.

## Ministry of Health: Emergency Management Team

With the recent flooding event impacting on Dunedin City (and region), it was reassuring to see the collegial response across a number of agencies when considering the welfare and care of the residents of the Radius Fulton residential care centre that was at risk of flooding. Between the Southern DHB, the team at Radius (both locally and nationally), St John, NZ Fire Service and other agencies, you could see that the care of the residents was paramount in their planning considerations. The importance of good planning, clear communication lines, and cementing relationships with DHB Emergency Managers and other DHB staff should never be underestimated to improve your level of readiness.

## Southern DHB: Emergency Management Manager

On 3 June 2015 Waitaki, Clutha, central and coastal Otago experienced a significant level of rain from 0500 hours on 3 June to 0600 hours on 4 June. The highest rainfall totals fell within the Dunedin urban area. 182 mm over a 24-hour period fell at the Pine Hill catchment area, while 142 mm fell at Musselburgh, making it the second-highest rainfall since records began in 1916 at Musselburgh. The resultant surface flooding in South Dunedin required a Civil Defence response as properties started to have water infiltration into dwellings. The Southern DHB Emergency Operations Centre was opened at 1300 hours on 3 June to start the coordination of the evacuation of residents from Radius Fulton home and to monitor other facilities in the affected parts of the district. A health liaison was dispatched to the Dunedin City Council Civil Defence Emergency Management Emergency Operation Centre to help facilitate with information flows between the two Emergency Operations Centres.

*Paul McNamara  
Emergency Management Manager  
Southern DHB*

## Southern DHB: Nursing Director – Surgical Directorate, Reflections

I was privileged to go out to support the Radius Fulton care facility team to help with their evacuation of 60 of their 95 residents. When I arrived at 5 pm, it was dark and I found the whole facility was surrounded by flood waters; the water was also inside the building, in some places at knee height, creating literally an island within an island. The staff and residents were all in the lounge area. It was here I witnessed the most amazing leadership from the facility manager Robyn; and with her charge registered nurse Holly and their registered nurse and caregiver team were caring for a group of vulnerable and fragile elderly residents in emergency conditions.

There were no functioning toilet facilities, the power to the care facility was threatened by rising flood waters, and the laundry and commercial kitchen were flooded along with four wings of patient rooms including their new dementia facility, which had only been open three weeks. There were multiple people coming to assist, including the police, ambulance and fire service. During the night we had a visit from the Red Cross who brought an emergency generator, lighting and torches.

At about 2 am we received a very welcome delivery of a portaloos for the staff which we had to paddle out to use in a semi-flooded courtyard. The army also paid a brief visit, delivering sandbags to prevent the rising flood waters from inundating the power room. Both Robyn and Holly and members of the team worked over 24 hours to keep their patients safe, comfortable and supported. The fantastic culture of the team was evident as everyone stepped up in what were incredibly challenging conditions.

I revisited them one week on to find multiple workmen had stripped out the gib-board from the walls, pulled up carpets and were getting on with getting their environment back for them to be able to deliver care to their patients. They now have 50 patients back in the facility and seemed to be happily getting on with what they do best – caring for, supporting and loving their patients. I would also like to thank our Dunedin and Wakari staff involved who accepted large numbers of patients over a very short timeframe requiring dementia and hospital-level care; your help at this time of real crisis was much appreciated.

*Sharon Jones  
Nursing Director – Surgical Directorate  
Southern DHB*

## **Radius Fulton Care Centre**

On Wednesday 3 June 2015, Dunedin experienced 175 mm of rain over a 12-hour period. Water started entering the facility laundry around 10 am, with staff trying to bucket water out, having no idea how futile this exercise would be. We called the fire brigade once we started realising the full extent of how the water was rising, and what could be happening. Water then started running through the dementia unit, rest home and hospital wings. The water level was continuing to rise and by 1 pm it was not looking good. We knew that high tide was at 4.28 pm.

The Radius Fulton emergency plan was well tested once we realised that we potentially needed to evacuate 93 residents! As soon as the Southern DHB opened the Emergency Operating Centre, the process of evacuation commenced. Sharon Jones, the emergency coordinator (Nursing Director, Southern DHB), was appointed later in the day to coordinate the evacuation with the Southern DHB Emergency Services, Civil Defence, hospitals, rest homes and the public hospital. Her support was invaluable and her ability to help manage the crisis ensured that the residents were well catered for and safe. Without her help there is no doubt we would have found moving so many residents an almost impossible task. Nineteen residents were evacuated to the hospital and the remaining residents to other residential facilities around Dunedin.

Staff from Radius Fulton were able to collect 93 residents' bags containing their belongings, medications, charts and residents' files. By 9 pm on 3 June we had evacuated 60 residents safely and without incident. Staff worked around the clock to ensure the safety and wellbeing of our residents were paramount. The loyalty and commitment of the staff at Radius Fulton over what was a challenging time, to say the least, went above and beyond the call of duty.

We had fantastic support from the Southern DHB, fire service, Civil Defence, ambulance, police, families, staff and the public hospital. We cannot thank these people enough.

*Robyn Bowie  
Facility Manager  
Radius Fulton Care Centre*

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## Sector matters

### Verbal orders – Ministry of Health position statement

Verbal orders for controlled drugs are not currently allowed by law.\*

The Ministry of Health advises that under current legislation, alternative ways to prescribe controlled drugs are by:

- anticipatory prescribing – a range of pro re nata (PRN) doses of controlled drugs are prescribed using the medication chart
- using Standing Orders in line with the Medicines (Standing Order) Regulations 2002
- using approved eMedicines systems where available.

This guidance may be used to support DHBs, health care providers and professional organisations to review and update policies on prescribing and administering controlled drugs.

\* The only exception is where a prescriber communicates an oral prescription for a controlled drug in an emergency, in line with regulation 34 of the Misuse of Drugs Regulations 1977.

### interRAI

Look out for an update on interRAI in the next issue.

### Falls policies in aged care facilities

A review of a case before the Coroners Court set out recommendations for the Ministry of Health, as the agency responsible for overseeing aged care facilities. These recommendations focused on ensuring falls policies for aged care providers reflect the use of appropriate footwear for residents with a history of falls. For a summary of the recommendations, go to [www.nzlii.org/nz/cases/NZCorC/2014/72.html](http://www.nzlii.org/nz/cases/NZCorC/2014/72.html).

All providers of aged care are required to have a falls policy to guide staff in their practice. They are expected to use evidence-based information to develop and review their policies.

In 2012 the Health Quality and Safety Commission (HQSC) established a national programme, Reducing Harm from Falls. The programme aims to reduce harm from falls by working from an evidence base to reduce the risk of falling, rate of falls and severity of injury, and to promote the best possible outcomes for those who have suffered harm from a fall.

The HQSC encourages providers to consider all aspects in a falls risk assessment, including choice of appropriate footwear, and to individualise care to meet each older person's needs.

For helpful information for developing a falls policy, go to [www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/april-falls](http://www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/april-falls).

## Legionella risks in hot water systems

In two recent cases reported in the media, home owners have contracted Legionnaires' disease from water in their own homes. Legionnaires' disease is a serious lung infection caused by Legionella bacteria. The bacteria were found in a water system and in a hot water cylinder, which was a possible source. The disease may be transmitted from domestic hot water if people inhale Legionella-contaminated aerosolised water, for example, while having a shower.

The first case was at a self-contained unit at a rest home where the thermostat was faulty, showing the hot water to be set at 60°C whereas the temperature was actually around 47°C. In the second case, the cold water sample was taken from a mixer tap so was almost certainly positive because of cross contamination from hot water. Here the cylinder was deliberately set well below 60°C to save on power costs.

Legionella bacteria can grow in water temperatures of 20–45°C. They thrive at temperatures of 32–44°C, but can't live at temperatures of 60°C or higher. In New Zealand under the Building Code G12/AS1, the storage water heater control thermostat must be set at a temperature of not less than 60°C. The purpose of this requirement is to prevent the growth of Legionella bacteria. It is important not to reduce the thermostat setting to save energy, and to check it regularly to make sure it is working correctly.

Acceptable Solution G12/AS1 requires that the delivered hot water temperature (achieved by installing a thermostatic mixing valve on the supply line) at any sanitary fixture used for personal hygiene is to be no more than:

- 45°C for early childhood centres, schools, old people's homes, institutions for people with psychiatric or physical disabilities and hospitals
- 55°C for all other buildings.

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## Upcoming events

### Join in New Zealand ShakeOut – our national earthquake drill

The Ministry is encouraging all health and disability sector organisations to take part in New Zealand ShakeOut, a nationwide earthquake drill taking place at 9.15 am on 15 October 2015.

It's easy to participate. Just register your organisation at [www.shakeout.govt.nz](http://www.shakeout.govt.nz) and take part in the drill by practising Drop, Cover and Hold – the right action to take during an earthquake. Join your 20,000 health and disability sector colleagues who have already signed up!

While the drill itself is important, it is also an excellent opportunity for your organisation to review emergency preparedness and business continuity arrangements and to support staff and the people using your services in knowing the right action to take before, during and after an earthquake.

The ShakeOut website ([www.shakeout.govt.nz](http://www.shakeout.govt.nz)) has plenty of useful information and resources on doing the drill and being prepared. New resources are being added regularly. Of interest this month is the new pictorial resource sheet developed for people with mobility impairments and for those from culturally and linguistically diverse backgrounds.

The Ministry of Health would love to hear what your organisation is planning to do for ShakeOut – email us at [shakeout@moh.govt.nz](mailto:shakeout@moh.govt.nz) to share your ideas and plans!



## Forum for DHB health of older people portfolio managers



Each year, HealthCERT facilitates a forum with DHB health of older people portfolio managers and the advisory team from HealthCERT. This year's forum was held on 20 August in Wellington. It covered topics such as:

- emergency management, with a focus on the importance of robust emergency management and contingency planning for a disaster such as that experienced by Radius Fulton
  - certification requirements for those aged residential care facilities that admit residents that are funded through contracts outside of the ARRC Services Agreement. See future issues for updates on this work, which is still in the early stage of development
  - Design Guidelines for Dementia project, which has recently been approved and is currently in its infancy. See future issues for progress reports
- palliative care update and the interface with ARRC providers
  - ARRC closures and sales.

## Designated auditing agency workshop

This year's workshop is to be held on 15 October 2015 in Wellington.

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## Research of interest

We plan to publish information on research of interest in future issues. Watch this space.