

# Welcome Back to Gracie's



## Gracie Dixon Centre Community Care News August — September

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# A message from the Coordinator

## Seniors - Let's Reconnect

Hello everyone,

Welcome to newsletter number three for the year. Can you believe we are now into the last four weeks of winter. Spring is just around the corner but it really feels like the year has only just begun.

Can I reassure families we are working to very strict guidelines during the COVID-19 pandemic for the safety of clients, staff, volunteers and students. You will be asked to sanitise your hands, we will take your temperature and all information will be recorded upon arrival. As each cubical is used in the bathrooms staff are cleaning them immediately. All chairs are cleaned as each person moves to another part of the room and social distancing practises are taken very seriously. If you have any concerns please give me a call so that I can put your mind at ease. We are only transporting four clients at any one time in our bus and there is a variety of activities we are not able to play at the moment such as cards, scrabble, draughts as these activities require more than one person to share the same item.



## Seniors Celebrate : Lets reconnect!

This event will be held at the Botanical Gardens, Mt Perry Road, North Bundaberg on Wednesday 19 August 2020, 10am to 2pm. A number of activities and entertainment will be on offer including workshops, free rides on the Australian Sugar Cane Railway, Rod Bryant Music, Early Holden Club display, Unity drummers, Botanic Garden tours, Hot Rods, Bundy Flukes Ukulele group, Tai Chi, Men's Shed, Quartet singers and an Art project. Free tea, coffee and water with food available to be purchased from Café 1928. This will be a wonderful day for social opportunity brought to you by Council's Community Development Team. Our vehicles will be taking clients who wish to attend the gardens to enjoy the events. There will be the normal activities run at the centre for those who wish to remain indoors.

Clients who requested a Uniden phone with an alarm system has received their device and are hopefully enjoying being able to move around their home with the hands free option when chatting. The non GPS medi alarms from Tunstall has also been installed and I hope this bring piece of mind to family members in case of a fall or just requiring emergency services in a hurry. We are still waiting on the GPS medi alert alarms and the tablets to arrive. Once we receive these items I will contact you so that they can be installed ready for use.

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<b>Branch Manager Community Services:</b>	Kirstin Harrison
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Australian Government

## Let 's talk Safety

During these trying times of Covid-19 remember if you are visiting your local shops to purchase food, medications etc make your trip as quickly as you can. The less time you are out in the community the better chance you have of not becoming sick. Pharmacies will deliver your medications if you arrange for them to store your scripts, this will save you a trip unless necessary.

Please for your personal safety within your home do not place mats on the floors that can move and cause you to fall. Remember to wear safe footwear with good soles and shoes/ slippers that fit your properly. Long winter dressing gowns that drag on the floor can be a trip hazard so make sure you are all tucked up to keep you nice and safe. Remember not to leave heaters or electric blankets turned on as these can cause a fire. In the event of an emergency always dial 000.

Do I need to self-isolate?

If you are concerned on whether you should self-isolate or not, you should review the information available from the Queensland Government [www.health.qld.gov.au](http://www.health.qld.gov.au)

If you are suffering symptoms of fever, sore throat, cough or shortness of breath or are experiencing flu-like symptoms, please contact your GP and be tested at the fever clinic located on Kendalls Road, Avoca.

Until then, stay safe.

Lyn

## Dementia Café: (recommencement date to be advised)

### Gracie Dixon Centre - Dementia Café

**When:** 1st Friday of each month

**Where:** Sugar Coast Motor Inn  
Cane Cutters Kitchen  
220 Bourbong Street (Corner of Bourbong & Burren Streets)

**Time:** 9.30am - 11.30am

**Cost:** \$5.00 per person (includes morning tea)



Our Guest Speakers for first session back will be advised closer to the date, when known. All members of the community are welcome to attend this session.



# Over 60s drinking at risky levels

Older Australians are drinking alcohol at risky levels and the wealthy are consuming more than most, according to new research.

La Trobe University's Centre for Alcohol Policy Research conducted an analysis of 7976 Australians aged over 60 based on 2016 National Drug Strategy Household Survey data.

"In the current study, the odds of risky drinking increased alongside annual household income levels, with those in the higher income bracket more likely to be risky drinkers," the report reads.

The highest proportion of risky drinkers was found in the highest income bracket at 31 per cent, while about 22 per cent of low-income participants drank at risky levels.

The wealthier over 60s who fell into the risky drinking category were in the highest income bracket of \$128,388 to \$217,048.

Overall, the majority had experienced some form of harm in a one year period, such as injury to self or others and feeling guilt or remorse.

"Approximately 54 per cent of risky drinkers experienced a negative outcome as a result of their drinking in the last year," the report read.

The research found that 17 per cent of Australians over 60 are consuming more than the recommended amount of alcohol, as per current National Health and Medical Research Council guidelines.

The study also found 93 per cent of over 60s in the risky drinking category and 80 per cent of lower risk drinkers over 60 listed their homes as their most popular place to drink.

The report concluded interventions aimed at older drinkers need to focus beyond socio-economically disadvantaged groups, as is often the case.

It also states that self-moderation, controlling accessibility to take-away alcohol and increasing the awareness of the harms of drinking may help to reduce excessive alcohol consumption among older people.



Source: Aged Care Insite

aged care  
**insite**



## About Vision Loss

Many eye diseases (including macular degeneration) result in central vision loss, which can greatly affect the ability to read, recognise faces, participate in activities or watch television.

In some cases, the loss of vision can be so significant that the person can be considered 'legally blind'.

These people may still maintain a degree of peripheral (side) vision and hence be

aware of people or things in the room, but are unable to make out any detail.

People with diabetes are at risk of diabetic eye disease and vision loss, especially if they have had diabetes for some time, or if their diabetes is not well controlled. Aged care residents commonly have poor self-awareness of their vision and may state that their vision is good, when it is actually quite poor.

Moreover, even residents with minimal memory loss will frequently have very poor recall of any eye diseases or issues they have. This means that the resident cannot be relied on to provide good, objective information about their vision status.

## Identifying a Person with Vision Loss

Many people with low vision may not recognise that their vision is poor, especially as many eye diseases develop slowly. Even when aware that their vision is poor, many don't want to tell you about it, even when asked, as they "don't want to make a fuss" or else dismiss it as a normal part of getting older. Critically, sudden changes in vision may not always be noticed, especially if the brain is often able to compensate by ignoring the bad eye.

### Signs to look for in residents that could indicate failing vision are:

- **Falls:** reduced vision is a common contributor to falls. If someone is falling regularly especially if they had previously been quite stable, a sudden drop in vision should be suspected.
- **Reduced socialisation:** people with vision loss are more likely to withdraw from group activities, and may even be reluctant to join other residents for meals. Loss of socialisation and frustration from being unable to see clearly can also lead to increased sense of hopelessness and even depression.

*"Many people with low vision may not recognise that their vision is poor, especially as many eye diseases develop slowly."*

## Assisting a Person with Vision Loss

People with vision loss should be encouraged to be as independent as possible, while being helped with critical tasks:

### Identification:

- a. Provide a "I have low vision" badge for residents to wear since it can be difficult to tell that someone has poor vision just by looking at them. Badges are available from Macular Disease Foundation Australia.
- b. Staff and visitors should identify themselves when approaching someone with major vision loss.



### Medication:

Assist with oral medication (it is insufficient to place tablets in front of the resident as they may not see them, or may knock them over).

### Mobility:

Although people with vision loss are at a significantly higher risk of falls, they should not be placed in a wheelchair if they are still able to walk. Wherever possible they should be encouraged to walk, with supervision if required, in order to gain as much exercise as appropriate.

### Declutter:

Ensure the resident's room is decluttered. Important items such as glasses, tissues, TV remote etc should be kept in the same place to assist with their identification and location.

### Mental Health:

If there is concern about mental health or depression, a resident should be referred to a GP for further assessment.

### Low vision aids and services:

There are many low vision aids and technologies that can assist residents with vision loss. Such as:

- ◆ Simple optical magnifiers
- ◆ Improved lighting
- ◆ Electronic magnifiers (hand held and desktop)
- ◆ Wearable artificial vision devices
- ◆ Talking watches or clocks
- ◆ Large print playing cards
- ◆ Talking books
- ◆ Large button phones
- ◆ Smart phones
- ◆ Tablets with inbuilt accessibility features

Low vision aids and technologies can be individually tailored to a person's specific needs and level of vision loss.

## Treatment for Eye Diseases

Many eye diseases are treatable. The most common eye diseases and their treatments are:

### Wet age-related macular degeneration (AMD):

Wet AMD is characterised by a sudden and severe loss of central vision. Current treatment consists of regular and ongoing injections into the eye (often every 4-8 weeks). The treatment is highly effective, with better outcomes when commenced early. Stopping or interrupting treatment can result in irreversible vision loss. Between visits to the eye care professional, the regular use of an Amsler grid is a key way to monitor vision.

### Diabetic eye disease:

In addition to optimal management of diabetes, some people with diabetic eye disease may require treatment with laser and/or eye injections. Injections are typically given every month for a few months, but then are given less often (or cease) once the condition is controlled. The frequency of injections is based on individual needs.

# Managing Eye Health & Vision Loss

## Cataracts:

If the cataract(s) affects the ability to function, surgery should be considered as it can usually be performed with safety even in old and frail people.

## Glaucoma:

Eye drops are the most common form of treatment and must be used as prescribed. The drops are varied to best suit the patient and the type of glaucoma. Treatment may also include a laser procedure, or surgery (to produce drainage flaps or the insertion of drainage shunts).

It is critical that resident records accurately reflect their treatment requirements and this is included in their Care Plan.

## Major Eye Diseases in the Ageing Population

### Age-related Macular Degeneration

Age-related macular degeneration (AMD) is the leading cause of legal blindness and severe vision loss in older people. It causes a progressive loss of central vision, leaving the peripheral or side vision intact (it does not lead to black blindness).

AMD has two main forms—early, with minimal to no impact on vision, and late stage, which can result in substantial vision loss.

The late stage is further divided into late 'dry' disease (also called geographic atrophy) and late 'wet' disease (also called neovascular AMD).

The dry form is normally very slow in its progression—over a period of many months or years, whereas the wet form can progress very rapidly, even overnight. Importantly, the dry form can turn to wet at any time.

**There is no treatment for early AMD or late stage dry disease. Importantly, however, diet and lifestyle modifications can reduce the risk of progression.**

Source: Macular Disease Foundation Australia  
Helpline 1800 111 709  
info@mdfoundation.com.au

## Book in with the Hairdresser ... Men and Ladies



Ladies trim from	\$22.00
Perm	\$65.00
Shampoo & Set	\$22.00
Shampoo & Blow-dry	\$22.00
Men's trim	\$14.00

**Book Now**  
BOOK NOW



Melanie is available Mondays, Tuesdays & Wednesdays.  
Call the Centre on 4130 4120 to make an appointment.

# Disability Parking Laws pass Parliament

## Parking Permits

In Queensland the disability parking permit scheme consists of 2 permits, the:

- Australian permit
- Red permit—for existing red permit holders only. Red permits are no longer issued to new applicants but if you already have a red permit, you may reapply for another when your permit expires.

## Changes to the Eligibility Criteria for a Disability Parking Permit

On 14 July 2020, the Queensland Parliament passed legislation to expand the eligibility criteria for the scheme in Queensland to include people with a vision-impairment who are diagnosed as 'legally blind', as defined in the *Australian Government's Social Security Guide* under the *Social Security Act 1991* (Cth).

This definition is consistent with the definition of legally blind used for the TransLink Vision Impairment Travel Pass in Queensland. Permits under the new eligibility criteria provide people who meet the definition on a temporary and permanent basis. Further, to deter people illegally parking in a disability parking bay, the legislation also increases the current police fine amount to \$533, a doubling of the existing fine.

To allow for information technology changes to enable application processing and communication to health practitioners and the community, changes to the eligibility criteria will come into effect on 31 August 2020.

## Australian Permit

If you are eligible for the scheme under the expanded criteria, you **should not** apply for a parking permit until advised on the website (see Source below). Further information about the eligibility criteria, including a new application for people who have been diagnosed as legally blind, will be made available as soon as practicable.

You may be able to get an Australian permit if your ability to walk is severely restricted by a medical condition or disability.

If you have a permit issued interstate and move to Queensland, you will need to apply for a permit within 14 days of becoming a resident.

## Permit Cost

You will need to pay \$18.35 for a:

- New Australian per application
- 6 to 12 month Australian permit application
- 5 year Australian permit application—when your permit has been expired for more than 3 months.

An application cannot be processed without payment of the non-refundable fee.

Source: <https://www.qld.gov.au/disability/out-and-about/travel-transport/driving/parking-permits>



# Home visits during Centre Closure



Paintings by Allan Jacobsen



# Photo Booth @ Gracie's



# Photo Booth @ Gracie's



