

# *Caladenia Dementia Care*

## *Information for Volunteers*



***Providing superior services to enhance the quality of life for  
people living with dementia***

## OPERATION OF THE DAY PROGRAMS

Caladenia employs trained staff and volunteers, assisting with the Programs and during bus transport times.

<b>Venue:</b>	Meadowbank House, 11 Hilledge Lane, Mooroolbark Vic 3138 ( <i>Melway 37H6</i> )
<b>Telephone:</b>	9727.2222
<b>Fax:</b>	9727.3787
<b>Email:</b>	<a href="mailto:caladenia@caladenia.com.au">caladenia@caladenia.com.au</a>
<b>Web Address:</b>	<a href="http://www.caladenia.com.au">www.caladenia.com.au</a>
<b>Day Program Hours:</b>	Monday - Friday 8.30am to 4.30pm.
<b>Program Hours:</b> <i>Dementia Program:</i>	Monday, Tuesday, & Wednesday 10am - 3.30pm. Thursdays 10am – 6:30pm Friday 10am – 2:30pm Sunday 11am - 5pm (2 Sundays each month)
<b>Fees:</b>	Program day fee - \$8.00. <i>Fees are negotiable and consistent with the HACC Fees Policy. Contact Co-ordinator for confidential discussion.</i>
<b>Lunch:</b>	A balanced home-style, light meal is prepared and provided at the Centre. Staff and Volunteer lunches are provided. Special diets can be catered for.
<b>Transport:</b>	Caladenia's twelve-seater bus is available for transport to and from Caladenia as seating allows. A paid driver and a volunteer accompany members on each bus run to ensure a safe and considerate trip, and to provide reassurance and gentle guidance as required.

## THE PROGRAM

The daily Program is flexible and responsive to the needs of members. Activities of varying diversity are offered, with recognition of members' interests, limitations and changing moods, to ensure a happy and meaningful day in a safe and secure environment.

Members are given encouragement, but are never forced to participate in an activity.

Ongoing assessment allows staff to identify needs, and enables planning for the Program. Evaluation, which is also ongoing, allows the Program to remain responsive to member's needs and wellbeing. The Program constantly undergoes changes to accommodate members' interests and ability to participate.

The carer is the most important person in providing information which will assist staff and volunteers to become familiar with each member's interests & needs.

### **AIMS OF CALADENIA DEMENTIA CARE PROGRAM**

- \* To create an environment of friendliness, safety, predicability and acceptance that will relieve fears and anxiety.
  - \* To promote a sense of belonging, and establish some order in the member's disorientated world.
  - \* To provide quality of life via a program of varied activities, stimulation and socialisation.
  - \* To maximise a member's abilities by identifying and providing appropriate activities aimed at increasing self-esteem.
  - \* **To focus activities to:**
    - Ensure group interaction and socialisation
    - Reinforce sense and identity, increase self awareness and orientation.
    - Highlight sensory experiences.
    - Maintain independent living.
    - Decrease anxiety, restlessness and wandering.
- Providing :**
- Musical activities.
  - Movement, dance and gentle exercise.
  - Reminiscence.
  - Quizzes & word games.
  - Local walks and bus outings.
  - Liaison with community groups /schools.

### **CRITERIA FOR ADMISSION**

A diagnosis of Dementia.

This diagnosis needs to be made by a medical person ie General Practitioner (GP), neurologist, psycho-geriatrician, psychiatrist or ACAT Team

Referrals can be from many sources. However the diagnosis will need to be confirmed.

On receiving a referral at Caladenia, the staff will ensure the Carer/s is contacted. An appointment will be made with the carer/s to exchange information on the member, Caladenia and dementia. This appointment may take place at Caladenia or in the prospective member's home.

An appropriate day will be decided for the member to commence, preferably with the carer transporting and present in the Program on the 1<sup>st</sup> visit for a short time and subsequent visits should there be a need.

The allocation of days of attendance will be decided by the assessment, the needs of the group, individual needs and staff ratios.

Members will be discharged if behaviour is disruptive to the group and, after trying different strategies, this behaviour cannot be managed. Violent members will be discharged. This will be discussed with carers and support and advice will be provided.

As the members dementia progresses it may be necessary to move them to a group consistent with their stage of dementia. This is to ensure activities offered are going to meet their needs. This will be discussed with the Carer.

## **BUS JOCKEY JOB DESCRIPTION**

### **8.40am: MORNING REPORT**

- Staff will provide the Bus Jockey with a briefing indicating:-
  - The members to be transported to the Centre.
  - Additional items as provided by carers eg. Change of clothing; messages, medication (Webster pack only)etc.
  - Information as considered appropriate for the well-being of members on the trip to and from the Centre eg. Suggested seating arrangements/reassurances etc.
  - The mobile phone is turned on prior to leaving on the bus run. The volunteer needs to be familiar with the use of the mobile phone in order to make/answer calls

### **8.45am: AM BUS RUN COMMENCES**

#### **BUS RUN**

- The route and transportation of members followed as planned by the staff.
- Members to be given assistance as appropriate with boarding, seating and alighting from the bus using the bus step at each stop.
- Seat belts to remain fastened throughout the journey.

- It is requested that Bus Jockeys encourage conversations by pointing out sights of interest along the route; general ‘small talk’ or a sing-a-long as appropriate. Allow time for members’ responses.
- The Bus Jockey should be aware of maintaining a situation whereby the Driver is not distracted from concentrating on the road at any time during the trip.
- The Bus Jockey to be seated mid-way in the bus where possible to facilitate interaction with all members as required.

**At completion of AM and PM bus run –**

- Report to staff any observations of members noted during the bus trip eg. Energy levels or anxieties expressed.
- Hand to staff any fees, messages etc received from carers.

3.30pm  
2:30pm

**PM BUS RUN COMMENCES**

- The Bus Driver will indicate on the daily program sheet which members are to be accompanied to the bus first. These members will leave the bus last, therefore can sit in window seats. Escorting some members before others has two benefits:
  1. members do not have to get up during the journey to let others past them
  2. members are not having to wait outside the bus whilst others board, worrying that there may not be room or that we have forgotten them. ***This can be very distressing to the person living with dementia.***
- The Staff will give to Bus Jockey any communication to be handed to carers, and staff will ensure such items such as clothing etc to be returned home, are placed on the bus with Bus Jockey informed of same.
- All members are to be accompanied from the bus to their residence.

**EMERGENCY PROCEDURE**

It is required that Bus Jockeys be familiar with the emergency procedures

- Emergency procedure and telephone numbers are documented in a Folder available at all times placed next to the Driver’s seat.
- First Aid Kit – in pocket at rear of cabin passenger seat.

- Fire extinguisher – at rear of cabin passenger seats.
- Mobile Telephone – for communication as required between the Centre and Bus staff.
- RACV Membership – details on bus within the folder.
- Consider general safety when items such as walking frames are to be carried in the bus.

## DAY PROGRAM VOLUNTEER JOB DESCRIPTION

**9:40 AM** - Volunteers report to the Program Leader. The Program Leader and other staff will brief the volunteers on :

- The members attending especially information on new members
- Any changes in the members
- Seating arrangements
- Program Details
- Duties for the day

**9:45 AM** – *Members start to arrive.* Volunteers greet members warmly and calmly, and invite them to allocated positions at the table. Sit with members and chat until the group is complete. When the bus arrives, ensure that not all staff and volunteers go out to the front door, ensure that someone stays at the table at all times.

**Morning Tea.** Encourage members offer plates to others. Chat with members, encourage members to take part in conversation. Ensure that no member is being left out of conversation or activity.

We encourage members and volunteers to stay at the table as long as possible. Please ensure that you do not start to clear the table until the Program Leader indicates that this is appropriate. **HOWEVER**, if the members wish to clear the table, please allow them to do this.

**Morning Activities.** Assist members to move through to the activity area when the Program Leader indicates that it is appropriate to do so, this may also be a time when you are asked to accompany a member to the toilet. If you feel uncomfortable assisting a member with the toilet, please let a staff member know.

During the activities, we ask volunteers to encourage the members to participate, rather than to participate yourself. For example, instead of answering a quiz question (because we know **you** will know the answers!), encourage or chat to the members so that they might participate fully, achieve the right answer or win the game if this is appropriate. Sometimes a little silence or “thinking time” helps members to come up with the answers unaided.

**Lunch** . Encourage members to join you at the table. It is helpful and less disruptive if only one volunteer helps with giving out the lunches. Take your cues from the Program Staff. Encourage members to help themselves to drinks or bread, assisting

only when necessary. Again, it is helpful to remember that the Program Staff may not wish the table to be cleared immediately.

**Afternoon Activities.** It is useful to remember that the afternoon is a time when people with Dementia may become anxious or restless, these members may need some one to one attention at this time of day. A member may need to be reassured that the bus will collect them, that they will get safely home, that transport is all organised etc. The Program Leader may ask you to sit out of the activities, and chat to just one member, or she may ask you to help in the group activity. On a Monday and Tuesday, Afternoon Tea is usually served 30 minutes before the program finishes. On a Friday the program finishes at 2:30, and on a Thursday some members stay until 6:30 PM.

**Program Finish:** This can be a very unfocused time of day if care is not taken. Once the Bus Driver and Jockey have arrived, the Staff will approach members one by one (usually those who are to sit by the window first) to accompany them to the Bus. If Volunteers and Staff continue with the program, this makes for a much less stressful and anxious end to the day. Once 3 or 4 members have been accompanied out to the bus, the rest can follow with the other volunteers and staff. Staff and Volunteers wave goodbye cheerily.

**3:30→ - Clean up/Debrief** – After bidding goodbye to the bus, volunteers and staff come back to the centre, and if there are any cleaning up or tidying duties to be done, the staff will direct the volunteers in this. If there are any issues that need to be discussed, or there are any questions that you may have after the program, this is the time to bring them up. We appreciate anyone who is able to stay an extra 10 minutes to assist us.

## **HOURS OF WORK**

Volunteers at Caladenia are encouraged to make a commitment to the same day or days each fortnight. We understand that sometimes you may not be available on your rostered day, in which case, we ask you to let us know in plenty of time. Rosters will be given out 6 monthly, outlining the days and times you have offered to be at the centre.

## **PRIVACY AND CONFIDENTIALITY**

Caladenia Dementia Care Inc is committed to respecting the privacy of your personal information.

Caladenia is bound by a set of National Privacy Principles that are the benchmark for how personal information should be handled. Caladenia has adopted these principles as part of our standard business procedures.

What this means is that all personal information that enters Caladenia is dealt with in a uniform manner and the highest regard is taken for maintaining its security at all times.

Caladenia holds contact information about its consumers, including date of birth, next of kin information, and some medical details. It also holds limited financial information.

The main purpose for which Caladenia holds this information is to assess the need for Caladenia's services, to make decisions about the level of care a consumer will require, and to ensure the safety of all consumers at all times.

Caladenia may, from time to time, disclose some of this personal information to the Commonwealth and State Governments or their agencies. This will be in accordance with the provisions of all relevant legislation and regulations that apply to Caladenia and all its services, and for the purpose in informing decisions about funding and meeting medical, social and other care needs. The Commonwealth and State Governments are also subject to laws dealing with privacy, and have their own policies that are designed to safeguard your personal information.

If you are concerned that Caladenia may have handled your personal information inappropriately, please contact the Co-ordinator on 9727 2222. All privacy complaints will be taken seriously and we will endeavour to deal with them promptly. In some cases we may require that you put your complaint in writing.

If you would like to request access to any personal information held by Caladenia, please contact the Co-ordinator. The Co-ordinator will arrange for an access form to be sent to you, and is able to assist with any enquiries you may have regarding the process.

Caladenia will respond to all requests within 28 days, and in most cases will be able to respond well before that time.

Caladenia expects that all volunteers will uphold and respect the privacy and confidentiality of all our members in a professional manner.

## **VOLUNTEER TRAINING**

Caladenia runs a Volunteer Training Day mid year. The sessions are on topics and subjects that relate to our work here at Caladenia. This is a great way to get to know some of the other staff and volunteers, and to learn new skills and information.

## **RIGHTS AND RESPONSIBILITIES FOR VOLUNTEERS**

Part of understanding voluntary work is being aware of, and abiding by, your responsibilities to the agency and to the individuals with whom you work. Your rights as a volunteer are equally as important as your responsibilities.

### **As a volunteer you have the right to**

- information about the organisation for which you are volunteering
- a clearly written job description
- know to whom you are accountable
- be recognised as a valued team member
- be supported and supervised in your role
- a healthy and safe working environment

- be covered by insurance
- say no if you feel you are being exploited
- be reimbursed for out-of-pocket expenses
- be advised of the organisation's travel reimbursement policy
- be informed and consulted on matters which directly or indirectly affect you and your work
- be made aware of the grievance procedure within the organisation
- orientation and training

**As a volunteer you have the responsibility to:**

- be reliable
- respect confidentiality
- carry out the specified job description
- be accountable
- be committed to the organisation
- undertake training as requested
- ask for support when you need it
- give notice before you leave the organisation
- value and support other team members
- carry out the work you have agreed to do responsibly and ethically

<b>Statement of Rights and Responsibilities</b>
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**1. Preamble**

Frail elderly people, people with dementia and their carers make up Caladenia's Target Group. In this statement, any reference to the consumer is intended to apply equally to all members of the target group.

The HACC Statement of Rights and Responsibilities recognises that:

- The Program assists people who are at risk of premature or inappropriate long term residential care and their carers.
- The Program aims to enhance the quality of life and independence of those "at risk" people and their carers.
- The Program is administered and in accordance with the principles and goals set out in the HACC Agreements
- Consumers of HACC services retain their status as members of Australian society and enjoy the rights and responsibilities consistent with this status.
- Providers of HACC services operate under the constraints of relevant law.

## **2. Consumer Rights**

The key rights, which affect consumers of HACC services in their relationship with Caladenia Dementia Care, are:

- The right to respect for their individual human worth, dignity and the right to privacy.
- The right to be assessed for access to services without discrimination.
- The right to be informed about available services.
- The right to choose from available alternatives.
- The right to pursue any complaint about service provision without retribution.
- The right to involve an advocate of their choice.

## **3. Service Provider Responsibilities**

In providing services, Caladenia Dementia Care has the responsibility:

- To enhance and respect the independence and dignity of the consumer.
- To ensure that the consumer's access to service is decided only on the basis of need and the capacity of the service to meet that need.
- To inform the consumer about any options for HACC support open to him or her.
- To inform the consumer of his or her rights and responsibilities in relation to HACC services.
- To involve the frail elderly person, the person with dementia and/or their carer in decisions about the assessment and service delivery plan
- To negotiate with the consumer before a change is made to the service being provided.
- To be responsive to the diverse social, cultural and physical experiences and needs of consumers.
- To recognise the role of the carer, and to be responsive to his or her need for information, referral and support.

- To inform the consumer of the standards to expect in relation to the services he or she may receive.
- To ensure that the consumer continues to receive services agreed upon with Caladenia, taking the consumer's changing needs into account.
- To respect the privacy and confidentiality of the consumer.
- To allow the consumer access to information about him or her held by Caladenia.
- To allow a carer access to information held by Caladenia about the consumer where the carer is the legal guardian or has been so authorised to do so by the person receiving care.
- To deliver services to the consumer in a safe manner.
- To respect the consumer's refusal of a service and to ensure that any future attempt by the consumer to access a HACC service is not prejudiced because of that refusal.
- To deal with a consumer's complaints fairly and promptly and without retribution.
- To mediate and attempt to negotiate a solution if conflict about a service arises between the carer and the service recipient.
- To accept the consumer's choice and involvement of an advocate to represent his or her interests.
- To take into account the consumer's views when planning, managing and evaluating HACC service provision.

#### **4. Consumer Responsibilities**

Consistent with their status as members of Australian society, HACC consumers have a responsibility:

- To respect the human worth and dignity of Caladenia Staff, Volunteers and other consumers.
- For the results of any decisions they make.
- To play their part in helping the service provider to provide them with service.

For more information, contact the  
**Department of Human Services**  
**Phone – 9843 6000**

## In their Words

*Approaching situations from the person living with dementia's viewpoint enhances the quality of care. Reproduced with permission from Jane Verity – CEO Dementia Care Australia*

As a care provider going into the room or home of a person with dementia, you may have encountered unpleasant and unexpected challenges where you asked yourself, what could I have done differently to avoid this situation?

Written in the voice of the person with dementia, this article enables you to discover their experiences.

You will learn the secrets to prevent stressful situations by seeing each interaction from their point of view and understanding their special needs.

The suggestions discussed have all been trialled and tested in real life with great success. You may find it beneficial to read these ideas several times as there are various subtle hints to discover. The secret to success lies in focusing on the small details in your everyday interactions with the person who has dementia.

When you go into the home or room of people with dementia, you are their visitor. Take every opportunity to empower them with the feeling that they are in charge and have your full respect.

The thoughts and feelings of the person with dementia begins:

If you want to come into my home, I need to feel comfortable and think of you as my special friend. I do not need help – I am doing fine. I have looked after myself all my life, taken care of my family; I do not need you to come in here and take over running my life.

### **Who are you?**

When you come to my door, I may not recognise who you are, remember your name, nor why you are here. This is no reflection on you but on my memory so I need your help. Put me at ease so I can trust you and feel comfortable to open the door and welcome you in. Say hello and use my name so I can realise that we know each other. Then say your name and the relationship we have. I prefer to think of you as a special friend, so this could sound like, “Hi John, I’m Simone, your special friend from Council Care”.

### **What are you doing here?**

You need to know I am “allergic” to receiving help or support so rather than telling me you are here to help, which may result in me telling you to go home, tell me you have come to say hello and see how I am. Once I have let you in, and we have said our special greeting, you could say “While I am here, what if I give you a hand with the cleaning?” When you suggest giving me a hand, you are implying that I am still in charge and I like that. If you come in, pull out the vacuum and tell me you are cleaning up, I am likely to take offence as I feel you are taking over. Remember, my home or room is my castle.

### **My Clothes**

The same applies to my personal clothes when you give me a hand in the shower – they are an extension of me. Never throw them on the floor nor tell me they are dirty. I will immediately think you are telling me that I am dirty, which is bound to make me angry and argumentative. Instead, carefully hang my clothes on a coat hanger. Then, while I have a shower gently move the clothes that need washing out of my sight, replacing them with fresh clothes.

### **Going to the toilet**

If I use continence pads, or I have had an accident, never tell me that they are soiled or dirty, or that I need “clean” underwear. I hear these words as an insult and may become indignant and difficult. Instead, I prefer the words fresh, and freshen up. You could say, “What if I give you a hand freshening up once you have been to the toilet?” This reminds me, I do not like constant prodding that I need to go to the toilet. If you ask me, “Would you like to go to the toilet?” I am likely to respond with a strong, no! If I am a woman you could try saying, “I need to go to the toilet, are you coming?” If I am a man you could say, “After everything we have had had to drink, nature calls. Come on!” Keep it simple and a matter of fact.

### **See you next time**

When it is time for you to leave, I like it when you tell me how much you have enjoyed spending time together and that you look forward to seeing me again. I may even respond in the same manner, which means I have had a positive experience. This is how you can become my special friend.

*Jane Verity is CEO of Dementia Care Australia.*

[www.dementiacareaustralia.com](http://www.dementiacareaustralia.com) or (03) 9727 2744

## **PATTERNS OF BEHAVIOUR COMMONLY SEEN IN DEMENTIA**

### ***EARLY SIGNS***

- Changes in personality eg a person who has formerly been kind, gentle, unselfish and self-effacing may slowly become demanding, unreasonable and self-absorbed. A person who has always been calm and placid may become excitable and irritable.
- On the other hand, there may be a gradual exaggeration of former personality characteristics.
- Excessive fatigue, signs of apathy and lack of interest and initiative are often first signs.
- Loss of performance at work and in home duties. (These two factors may lead to early retirement).
- Forgetfulness, especially for recent events. In early stages a person may effectively “cover up” by making a list of reminders.

- Rigid adherence to routines, in that a person will do the same thing, in the same way every day, even to the extent of always preparing and eating the same food.
- Easily upset if any person or event alters this routine ie cannot adjust to change or accept fresh ideas.
- Tendency to blame other people if anything goes ‘wrong’. He/she thinks other people are being difficult and deliberately upsetting him/her.
- Difficulty in concentrating. Cannot maintain an activity for very long. Most jobs will not be done properly.
- Repetitious behaviour. He/she will ask a question, not concentrate on the answer, and so ask the same question again. He/she will also repeatedly relate to the same information.
- Handwriting deteriorates, as does the ability to calculate and understand the value of money.
- Driving skills and judgement deteriorate (will not observe traffic regulations).
- Lose track of time. Will forget how long food has been stored and may eat something, which has spoiled.
- Personal hygiene and grooming become neglected. Forgets to wash and change clothes.
- Soiled or wet clothes may be stuffed into drawers and wardrobes.
- May forget to eat at all, or may have a meal, forget and prepare it again. Meals are often prepared at strange times.
- Noise level can increase confusion eg people talking too much; too much noise or activity; TV or radio constantly playing.
- Clear signs of anxiety and depression as a person realises he/she cannot cope with life. May be found sitting, crying in a deserted room saying “I don’t know what is the matter with me!” or “I don’t know what I am going to do!”
- Additional health problems become exaggerated. Sufferers can become pre-occupied with bodily disorders and overwhelmed by them. On the other hand, sometimes they are quite unaware of other illnesses.
- Withdrawal from contact with people because they are aware that they cannot cope. May refuse to admit people to the house and visitors may be abused and told to “go home”.
- Aggression (ie acts of violence) rarely occur, but when they do, this appears to be a reaction to the frustration experienced and the belief that other people are being obstructive.

## ***ADVANCED SIGNS***

- As the disorder develops, the previously listed characteristics become more pronounced.
- Signs of paranoia. The person becomes very suspicious of other people, especially the neighbours, whom they may consider to be very troublesome and deliberately provoking.
- Obsessional behaviours. This may take the form of hoarding articles, searching through rubbish, clinging excessively to the carer, performing the same activity to the neglect of others (eg cutting back one particular bush or watering one plant to the neglect of others).
- Hiding belongings, especially money and jewellery, because they are afraid someone will steal them. Then when they forget where they put them and cannot find them, they will blame someone for having stolen them.
- Accusing their families of neglecting them, or trying to poison them, or of wanting “to get rid” of them.
- Lose the ability to dress appropriately so they may wear clothes unsuitable for the climate; wear several layers of the same item (eg two dresses, several sets of underwear) and may get into bed at night fully dressed,
- Day and night become confused, so that meals may be prepared in the middle of the night and a person may get dressed to go shopping at 4am in the morning.
- Failure to recognise their own family or mistaking one person for another. This is often the most devastating blow for relatives. A man may be shut out of his own home because his wife does not want a strange man in the house at night.
- Failure to recognise, as their home, the house where they have been living. They may become completely lost in a familiar neighbourhood. Many wander away looking for “home”.

*Reprinted from Alzheimer’s Association NSW – Help Notes*

## **'THE OTHER DEMENTIAS'**

*Dementia is a term used for loss of mental function to the extent that this interferes with the person's daily life. It is not a disease in itself but rather a group of symptoms that accompany certain diseases. It is a very broad term which describes a loss of memory, intellect, rationality, social skills and normal emotional reactions. Alzheimer's disease is the major cause of dementia. Dementing illnesses can affect adults of any age, although they are more likely to occur in late years.*

### **WHAT ARE THE MOST COMMON FORMS OF DEMENTIA?**

**ALZHEIMER'S DISEASE** is the most common of the dementias and accounts for about 68% of all cases.

**VASCULAR OR MULTI-INFARCT DEMENTIA** is the result of many small strokes and is the second most common form of dementia. These strokes may damage any area of the brain responsible for a specific function. If many, they produce generalised symptoms of dementia. As a result, vascular dementia may appear similar to Alzheimer's. It is not reversible or curable, but recognition of any underlying condition (high blood pressure) often leads to a specific treatment which may modify its progression.

This form of dementia is usually identified through a neurological examination which identifies strokes in the brain, and is confirmed on a brain scan.

Note: The co-existence of Alzheimer's Disease and vascular dementia is also common (about 25%), These people usually have a progressive dementia and disorders associated with a stroke such as smoking, diabetes, hypotension and heart disorder.

**PARKINSON'S DISEASE (PD)** is a progressive disorder of the central nervous system, characterised by tremors, stiffness in limbs and joints, speech impediment and difficulty in initiating physical movements. Late in the course of the disease, some patients develop dementia. Medication can improve diminished motor symptoms.

**ALCOHOL.** Too much alcohol, particularly if associated with poor diet and blackouts and frequent falls, leads to irreversible brain damage. The most vulnerable parts of the brain are those used for memory, higher cognition tasks such as planning, organising and judgement, social skills and balance. If drinking ceases, there can be some improvement. Thiamine, a vitamin, is important to limit some of the toxic effects of alcohol, and is an important supplement for heavy drinkers.

**INFECTION.** Some forms of dementia are due to infection. The most common of these in the past was syphilis and today AIDS-related dementia is common late in that disease.

**HUNTINGTON'S DISEASE** is an inherited, degenerative brain disease, which affects the mind and body. It usually begins during mid-life, and is characterised by intellectual decline and irregular, involuntary movement of the limbs or facial muscles. Other symptoms include personality change, memory disturbance, slurred

speech, impaired judgement and psychiatric problems. Diagnosis includes an evaluation of family medical history and CAT brain scanning. There is not treatment available to stop the progression of the disease, but medication can control movement disorders and psychiatric symptoms.

**PICK'S DISEASE** is a rare disorder of the frontal part of the brain which is usually difficult to diagnose and affects people usually between the ages of 40 and 65. In a small number of cases, Pick's Disease will affect the temporal rather than the frontal lobes of the brain in the early stages. Disturbances of personality, behaviour (particularly lack of inhibitions) and orientation may precede and initially be more severe than memory defects.

The causes of the various forms of Pick's Disease are not yet known but it is thought that one form of the disorder, which accounts for a small number of cases, runs in families.

**CREUTZFELDT-JAKOB DISEASE** is a rare fatal brain disorder caused by a transmissible infectious organism, probably a virus. Early symptoms include failing memory, changes of behaviour and a lack of coordination. As the disease progresses, usually very rapidly, mental deterioration becomes pronounced, involuntary movements appear, and the patient may become blind, develop weakness in the arms or legs and ultimately lapse into a coma.

**HEAD INJURY.** Head injury, if severe, can produce permanent change in a person's ability to think and in their behaviour and personality. Usually this follows only if a person has been unconscious for a long time.

**DEMENTIA-LIKE SYMPTOMS WHICH ARE TREATABLE.** Serious forgetfulness and some other dementia-like symptoms sometimes are caused by a condition, which can be cured. When such a condition is treated appropriately, the memory improves. Therefore, it is important for anyone with dementia-like behaviour to seek a thorough assessment to find the cause.

If you would like more information on dementia, or would like to access the services of the Alzheimer's Australia Victoria:

- \* Counselling
- \* Library
- \* Telephone Information & Referral
- \* Newsletters
- \* Support Groups
- \* Education

**Please contact :**      **98 Riversdale Road,  
Hawthorn 3122**  
**Freecall:      1800 100 500**  
**Telephone:    9815 7800**  
**Facsimile:    9815 7801**

## Caladenia Dementia Care - Food Safety Regulations

- Volunteers are requested to avoid coming into the kitchen during meal service. The more people in the kitchen – the higher the chance of accidental food contamination!
- We ask that only one or two volunteers assist with meal service – it is more beneficial that volunteers stay at the table and socialise with the members.
- No Excessive Jewellery to be worn during food preparation, cooking and serving
- Attention to personal habits is not permitted in the food preparation areas, or during food preparation processes. Prohibited practices include: Hair combing, sneezing, coughing, chewing gum, spitting or scratching (face, nose or body).
- When you sample the food – please ensure you use a clean spoon or utensil – and that this is NOT placed back into the food. Multiple tastes require multiple utensils.
- Cuts & wounds must be kept covered by a coloured bandaid – then gloves must be worn over this.
- Bib aprons and hats must be worn during food preparation and serving. Disposable gloves must be worn during the preparation of ready to eat or food that is served fresh. Handle the food as little as possible – even with gloves.
- Personal hygiene of food handlers is important. Clean short nails, no heavy aftershave or perfume.
- Staff & Volunteers are required to notify the Manager of any gastrointestinal illness, food poisoning illness, cold, flu or any other contagious disease - and are not permitted to participate in the preparation, cooking or serving of food.
- It is important that all volunteers and students read and understand these food safety guidelines

<p style="text-align: center;"><b>Caladenia Dementia Care Quick Contacts</b></p>
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<b>Caladenia Dementia Care</b>	<b>9727 2222</b>
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<b>After Hours Emergency</b>	<b>0413 139 277</b>