

Contents

	3	Notes from the FMM Pope Francis' aim for Church Renewal.
	4	Health & Wellbeing High Blood Pressure.
	5	Wellbeing Mental Fitness.
	6	Celebrating the Diversity of our Staff Getting To Know the OLOC Staff.
	8	Basics Effective Communication; Oral Health Facts and Impacts.
HOME CARE NEWS	10	Recap Education Recap.
RESIDENTIAL NEWS	12	Spotlight On Understanding Skin Integrity; OLOC Work Health Safety (WHS) Staff Consultative Committee Update.
	14	Education & Training Hazards to be reported under Organisation Incident; Code of Conduct; Education Calendar.
	16	Notice Board Support FMM Sisters' Projects in Indonesia and Ethiopia; Charter of Aged Care Rights; Employee Assistance Program (EAP); Public Holidays NSW 2023/2024.



Notes from the FMM

Pope Francis' aim for Church Renewal

Back in 2021 Pope Francis informed the Catholic Church that he was calling a Synod in October 2023 and 2024 that would have as its basis the involvement of the whole Catholic Church.

The headings for the discussions would be **Communion, Participation, Mission**. It would be a call to all Catholics to have a say in consultations and meetings in all areas of the Catholic Church, and the results of these meetings would be forwarded to Rome from which further points of discussion would be drawn for the delegates to ponder, discuss and hopefully come to conclusions for a new way forward for the Church.

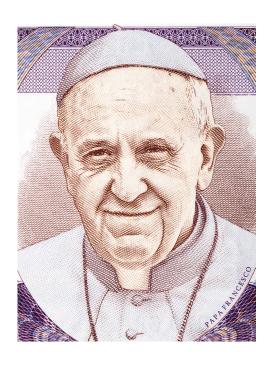
Pope Francis, from the beginning of his Pontificate, has been working towards greater unity and participation by all members. In the past, when a Synod was called, the members were all the Bishops of the Church. Francis was looking for greater diversification and ideas. The Church was no longer relevant to many of its members and Francis wanted change.

"How does this 'journeying together,' which takes place today on different levels (from the local level to the universal one), allow the Church to proclaim the Gospel in accordance with the mission entrusted to Her; and what steps does the Spirit invite us to take in order to grow as a synodal Church?"

It began with every member being invited to write what they saw was good/bad/needed change – nothing was off limits. Each Diocese of the Church would form a committee to draw together all the answers/suggestions to form further points for discussion. As you might imagine the spectrum of answers ranged from 'very happy with the way things were' to 'there needed to be huge changes made'. Participation in this inaugural request was somewhat limited from the lay people, possibly because they had never really been consulted before and if they had, often they felt that they had not been heard or acknowledged.



- Sr Janice



With the papers that did come in, further discussions/meetings took place the results of which were forwarded to Rome and now will be the basis for more detailed discussion by the chosen Delegates. In next month's article I will cover some of the many questions posed, and the Delegates chosen to participate at the October 2023 Synod. In the meantime we need to pray for openness to this aim of Pope Francis in order for the Church to rediscover it's Gospel path.

Health & Wellbeing

High Blood Pressure

The National Stroke Foundation celebrates National Stroke Week every August, in order to encourage the community to share knowledge, support and resources to help prevent strokes. In this issue we are looking at high blood pressure, as one of the most important known risk factors for strokes.

Blood pressure is a measure of the force with which blood presses on the walls of your arteries as it is pumped around your body. The pumping action is driven by your heart.

Blood pressure can vary throughout the day, especially during periods of exercise or stress.

Despite this our bodies aim to keep our blood pressure within a tight range.

Normal blood pressure is around 120/80. If your blood pressure is regularly over 140/90, you have high blood pressure.

Sustained high blood pressure puts a strain on blood vessels over time and is a risk factor for a stroke. It is also the most preventable cause of strokes.

Causes of high blood pressure

- Family history
- Eating patterns (including salty food)
- Alcohol intake
- Smoking
- Weight
- Physical activity and exercise levels.

Blood pressure can also go up temporarily due to stress, your emotional state, recent physical activity, caffeine consumption or even talking.

4.7 million Australians are currently living with high blood pressure. There are no obvious signs or symptoms of high blood pressure and medication does not cure high blood pressure; it can only help control it. Most people who are treated for high blood pressure will need to keep taking medication throughout their lifetime.



There are a number of things you can do to help reduce your blood pressure and chances of having a stroke.

- Know your blood pressure. The lower your blood pressure, the lower your risk of a stroke. Get your blood pressure checked by a GP or pharmacist.
- Eat Healthy. Replace unhealthy fats with healthy fats, eat less salt and enjoy a variety of foods including fresh fruit and vegetables, legumes and wholegrains.
- Maintain a healthy weight. Maintaining a healthy weight can reduce the risk of heart disease and other heart problems.
- Look after your mental health. People who have depression, are socially isolated or don't have a good support network can be at a greater risk of heart disease. Having a good social life with family and friends can help.
- Get active. Try to engage in at least 30 minutes of moderate physical activity on most days of the week. While every move counts, being active at a high intensity will result in greater health benefits.
- Avoid alcohol and quit smoking.

For more information and resources on blood pressure go to:

https://www.heartfoundation.org.au/bundles/your-heart/blood-pressure-and-your-heart

Wellbeing





Mental Fitness

Keeping your brain in shape.

When we hear the term 'fitness' we tend to associate it with weights, cardio and anything related to physical activity because of the strong health and wellbeing benefits associated with it. But if we applied the same fitness logic to the mind, we would be rewarded with benefits of a sharper mind and a healthy union between mind and body.

Mental fitness is about keeping your brain and emotional health in good shape. It does not mean training your brain for an IQ test but rather thought patterns and daily habits that help you to experience more positive emotions on a regular basis. For example, a busy day at work is aided by good mental fitness when you have the ability to pause, stay calm and be mindful of your actions instead of letting stress and negativity lead the way.

Mental fitness is important as it establishes habits that condition your mind to find ways to focus, keep things in perspective and slow down. Activities associated with mental fitness may help lower stress and give you a sense of control throughout the day.

There are many ways you can work on your mental fitness and reap the benefits associated with it.

Here are some of the simple ways to give your brain that inspiring workout.

- Practice gratitude
- Keep a journal
- Get enough good sleep
- Be mindful
- Practice deep breathing
- Make time for hobbies
- Read and fire up your imagination
- Play games that require logic, reasoning or trivia
- Stop multitasking and complete a single task at a time

By combining a mixture of these activities throughout the day, you are contributing to your mental fitness and starting your journey to complete wellbeing.

Celebrating the Diversity of our Staff

We'll be getting to know you in each edition of the OLOC Staff News. It would be great if you would keep the conversation going and get to know one another a little better.

THE QUESTIONS

- **1.** What three words would you use to describe yourself?
- **2.** Where did you grow up?
- **3.** What does your average weekend look like?
- **4.** Where is the best place you've ever travelled to?
- **5.** What is your favourite family tradition?
- **6.** What's on your bucket list?

Narra Alverna CSE



- **1.** Friendly, hardworking and honest.
- **2.** I grew up in the Philippines with my sisters before I moved to Australia 19 years ago.
- **3.** I spend time with my family. My kids love the water so we go swimming or bushwalking.
- **4.** Australia! It's such a beautiful country.
- **5.** We are a Catholic family, so Christmas is always a big celebration. In the Philippines we went to night church but in Australia we go to mass on Christmas Eve instead.
- **6.** Visit my family back home, reunite with my sisters (one lives in Denmark and the other in the Philippines) and renew our parents marriage vows; they'll be married for 50 years next year.

Sandy Laundry Supervisor



- **1**. Hardworking, passionate and punctual. I'm always on time!
- **2**. I grew up in Punjab in India and moved to Australia in 2017.
- **3.** I spend time with my son; he's only one and half. We go to parks and the zoo; we spend as much time outside as we can
- **4.** Bondi Beach, the weather was good, it's beautiful.
- **5.** Diwali, we get together, go to our Sikh temple and light up the house.
- **6**. I'd love to do a world tour, starting with Greece!

Krisma St Francis CSE



- **1.** Jolly, bubbly and hardworking.
- **2.** I was born in the Pangasinan province in the Philippines. It's lovely, surrounded by good beaches.
- **3.** I cook alot of Filipino delicacies
- **4.** Israel. I worked there for 4 years; it's a beautiful place. I visited Jerusaleum, Bethlehem and Nazareth.
- **5.** Christmas and New Years are always special; we cook, eat and celebrate.
- **6.** I can't wait to bring my children to Australia.

Samoa St Francis CSE



- **1.** Cheerful, hardworking, social.
- **2.** I grew up in maintown, Apia in Samoa. I moved to New Zealand before coming to Australia in 2013.
- **3.** I always spend time with my family.
- **4.** When I go back to the island, meeting family and relatives.
- **5.** We always respect our elders. It's such a blessing to look after our elders and they say you live a long life if you're respectful.
- **6.** I love my job, I just want to continue doing this for as long as I can. I love what I do.

Faye Servery



- **1.** Easy going, friendly and hardworking.
- **2.** I grew up in a province not far from Manilla in the Philippines.
- **3.** I stay at home mostly. I'm a student so I'm saving!
- **4.** Japan; I lived there before I moved here, and it's where my parents live.
- **5.** Family gatherings on special occasions. We get together, cook and eat.
- **6.** I can't wait to finish my studies, get a working visa and stay in Australia. I really like it here!

FUTURE EDITIONS

If you'd like to nominate somebody to be in the magazine, talk to your manager or coordinator.

Basics

Tips for Effective Communication

Residents or clients who receive a diagnosis of dementia are more likely to have difficulty communicating with other people. We have people in our care who struggle

to communicate so we have to be flexible when interacting and try different

strategies to reach out.

VERBAL COMMUNICATION STRATEGIES

Here are some verbal and non-verbal communication strategies to help us improve communication with our residents or clients who have dementia or any other issues with communication including visual or hearing deficits. *

Verbal Communication

- **1.** Use the Person's name first and tell the person who you are. 'Molly, hello. I'm Rachael, your carer.'
- **2.** Identify key words in a care activity and repeat these. 'Molly, I have your blue shirt, it's time to put on your shirt'
- 3. Identify key emotive words and repeat these.
 'Molly, It's time to put on a warm shirt and keep warm. Molly its cold today so here is a warm shirt. Molly this will make you warm.'
- **4.** Use non-word sounds to convey ideas. 'Molly, it's cold today, **bbbrrrrrr**' and pretend to shiver, hug yourself, rub hands together

Pleased or happy tone, normal pitch and volume.

Normal conversational tone, normal pitch and volume but emphasise key words.

Normal conversational tone, normal pitch and volume.

Emphasise key emotive words.

(In the context the word 'warm' conveys a sense of comfort.)

Non-Verbal Communication

To be effective our verbal and non-verbal communication must be aligned. What this means, for example, is that if you are smiling while telling someone a sad story then this is confusing to the listener.

DO

- > Be aware of your own emotional state. Are you upset tired, hurried or hungry?
- > Establish what the person has been doing and respond appropriately.
- > Physically face the person when speaking.
- > Establish eye contact and smile.
- > Give the person an appropriate amount of personal space, then approach.
- > Establish contact by use of touch prior to physical care activity

DON'T

- > Project negative emotion onto your resident/client as your negative emotion may be interpreted as your feeling about them.
- Assume your resident/client can rapidly understand you, a sudden new request or intervention if they have been woken only moments before the event.
- > Keep talking when facing away or walking away.
- > Assume that because you have spoken your resident/client knows you are there.
- > Expect your resident/client to immediately allow you to be physically very close.
- > Start care, e.g. transferring your resident/client, as the first form of touch.

^{*}NOTE This could be as a result of not only dementia/Alzheimer's Disease but also cerebrovascular accident (stroke), other neurological diseases or direct head injury.

Oral Health Facts and Impacts

Poor oral health can lead to discomfort and pain, can make social interaction difficult and contribute to negative self image. Good oral health is vital.

The Facts

- More aged care residents/ clients have their natural teeth
- Many residents/clients take medications that contribute to dry mouth.
- The onset of major oral health problems takes place well before an older person moves into residential aged care.
- As residents/clients become frailer and more dependent they are at high risk of their oral health worsening in a relatively short time if their daily oral hygiene is not maintained adequately.
- A simple protective oral health care regimen will maintain good oral health.

Quality of life

Poor oral health will significantly affect a resident's/client's quality of life in many ways:

- Bad breath
- Bleeding gums, tooth decay and tooth loss
- Appearance, self-esteem and social interactions
- Speech and swallowing
- Ability to eat, nutritional status and weight loss
- Pain and discomfort
- Change in behavior

Impact on general health

Oral integrity is as important as skin integrity in protecting the body against infection. When this defense barrier is broken because of poor oral health the bacteria in dental plaque can enter airways and the bloodstream. This can cause infection of tissues far away from the mouth and may contribute to:

- aspirational pneumonia
- heart attack
- stroke
- lowered immunity
- poor diabetic control

Taking care of Teeth

dental plaque.

Teeth are mainly made up of minerals including calcium. Bacteria in dental plaque convert sugars into acid, which can dissolve the minerals out of teeth. If the teeth are not cleaned, this can lead to decay (caries) in the teeth and lead to tooth infections and pain. Good oral hygiene is extremely important to help avoid tooth decay. High fluoride toothpaste helps strengthen teeth as well as reverse the GOOD ORAL effects of the acid HYGIENE IS produced by the <u>EXTREMELY</u> bacteria in

COMMON ORAL HEALTH CONDITIONS

What follows are some of the more common oral health conditions experienced by our residents/clients.

> Lips:

 Sore corners of mouth (angular chelitits)

> Tongue:

- Sore tongue (glossitis)
- Thrush (candidiasis)

> Gums and Tissues:

- Gum disease (gingivitis)
- Severe gum disease (periodontitis)
- Oral cancers
- Ulcers and sore spots
- Sore mouth (stomatitis)

> Saliva:

dry mouth (xerosomia)

> Natural teeth:

- Tooth decay (caries)
- Root decay (root caries)
- Retained tooth roots





Recap

Education Recap

Can you believe we're already 8 months into the year and heading into Spring? What a busy year we've all had! Here is a catch up on the year so far!

In May, we had our first block training with all the staff under one roof since the introduction of Covid-19. It was fantastic to see all of the community care staff and the STRC team together. The training went extremely well and here is a recap of the things we learnt on the day.

The Introduction of the Serious Incident Response Scheme (SIRS).

There are 8 SIRS and they are:

- 1. Unreasonable use of force
- 2. Unlawful or inappropriate sexual conduct
- 3. Psychological or emotional abuse
- 4. Unexpected death
- 5. Stealing or Financial Coercion by a staff member
- 6. Neglect
- 7. Inappropriate use of RP
- 8. Unexplained absence from care

What are SIRS?

- > The Serious Incident Response Scheme (SIRS) is an initiative to help prevent and reduce the risk and occurrence of incidents of abuse and neglect of older Australians receiving Commonwealth-funded aged care services.
- > The SIRS was introduced in residential care in April 2021 and extended to home services in December 2022.
- > SIRS supports consumers, their families and representatives to feel safe and confident about the quality of care and services.

It is also intended to ensure providers act to continuously improve the care and services provided to older Australians, and to prevent, manage and resolve incidents affecting consumers.

We all have a responsibility to help prevent the abuse and neglect of older people.

A refresh on infection control, Covid-19 protocols and staff completing their capabilities.

Personal Protective Equipment (PPE)

Donning is the term used for putting on PPE equipment, while doffing is taking off.

As we have been working with Covid-19 for so long, care staff were easily and confidently able to demonstrate these procedures without any difficulty.

Recapped the care procedures with a focus on Standard 3. We also added the following new competencies:

- Home Oxygen Management
- Medication Administration Insulin
- Medication Administration Patches

All three have been added into Standard 3 in relation to care.

We introduced Til, our new Assistant Coordinator. Til has created new forms in regards to our clients' care needs, which include:

- Insulin Administration Records
- Pack Medications Record Chart (for Webster Packs)
- Medication Record Chart (for items such as eye drops, puffers, topical creams etc.)

We discussed the Code of Conduct for Aged Care under the Aged Care Quality and Safety Commission. Great information was shared between care staff.

As a reminder, there are 8 elements to the code:

- 1. Act with respect for people's rights.
- 2. Act in a way that treats people with dignity and respect.
- 3. Act with respect for people's privacy.
- 4. Provide care, supports and services in a safe and competent manner.
- 5. Act with integrity, honesty and transparency.
- 6. Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of care provided.
- 7. Provide care, supports and services free from all forms of violence, discrimination, exploitation, neglect, abuse and sexual misconduct.
- 8. Take all reasonable steps to prevent and respond to all forms of violence, discrimination, exploitation, neglect, abuse and sexual misconduct.

An overview of Dementia including dementia as an umbrella term for a collection of symptoms that are severe enough to interfere with normal daily activities.

Some of the types of dementia include Alzheimer's Disease, Vascular Dementia, Dementia with Lewy bodies, Frontotemporal Dementia and Hunting's Disease.

Some of the symptoms of dementia include:

- Frequent memory loss or forgetfulness
- Difficulty performing familiar tasks
- Problems with language, time and place
- Misplacing items

The more we know about the client's life, the better we are able to understand and know the person.



Serious Incident Response Scheme (SIRS)

https://www.agedcarequality.gov.au/sirs

Code of Conduct for Aged Care Workers

https://www.agedcarequality.gov.au/ providers/code-conduct-aged-careinformation-workers

Dementia Australia

www.dementia.org.au

Fire Training in a Community Care Setting

Attendees were able to discuss with the instructor, explaining all community care settings and clients have:

- Fire plan and exit plans
- Smoke alarm audits twice a year
- All staff have fire blankets and a safety switch to be used at every visit.

So that concludes the update for now. During the month we will be going through all the evaluations to see any improvements or ways to better move forward.

Until next time!

Deborah - Care and Services Coordinator



Spotlight On

Understanding Skin Integrity

The skin provides several important functions, namely protection from external environmental influences, thermoregulation, electrolyte balance and sensation – pain, touch, heat and cold.

As we age, the skin, like every other organ in our body, begins to decline. The layers of the skin and the junction between the epidermis and dermis become thin, flatter and circulation is reduced. Older skin is also subject to drying thanks to co-morbidities, drinking less and reduced mobility generally.

This renders the skin vulnerable to infection or wounding resulting from trauma, such as a knock or bump, or from sustained unrelieved pressure over bony prominences, shear and friction. Acute illness and high temperatures consequent to fevers and moisture from incontinence can add to the vulnerability of aging skin. While we don't have any way to reverse this aging process there are things that we can do to boost it's functioning and help prevent skin integrity issues, a major complication in many seniors. Therefore it is vitally important to know the condition of our skin and to monitor for skin changes.

Maintaining good skin integrity requires a holistic approach.

Mobility is important for circulation and in reducing prolonged exposure to external forces such as pressure, shear and friction (the forces implicated in pressure injury formation). It is important to ensure interventions are in place to limit our resident's exposure to such forces. Particularly if they have reduced mobility or protective sensation, are at nutritional risk or malnourished, acutely unwell or have any condition which decreases their tissue tolerance to pressure.

Wherever possible, residents should independently move their arms and legs and reposition themselves in bed. If someone can't reposition themselves, they are at greater risk of skin failure and pressure injuries. In a case like this, pressure relieving surfaces such as active pressure relieving mattresses and pressure redistributing seating cushions may be required.

Always use proper transfer equipment to reduce shear

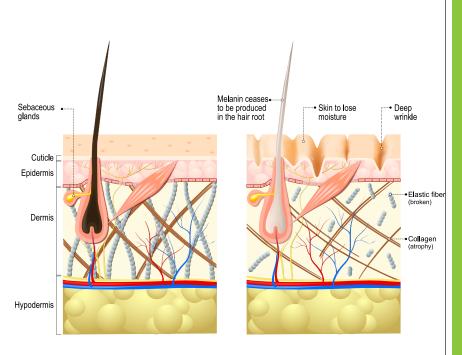
and friction e.g. a slide sheet and lifter. If sitting out of bed, it is better to reposition a resident regularly to relieve pressure to the buttocks.

Ensuring skin is cleansed, dried thoroughly and moisturised daily will reduce the risk of excoriation and help to keep the skin in peak condition. Ensure residents continence aid is checked and changed regularly and the exposed skin cleansed, dried and moisturised at each change to reduce the risk of moisture lesions and painful excoriation.

In addition to the normal daily nutritional requirements extra calories and protein can assist in recovery and healing from surgery or our wounds.

Monitor the oral intake of a resident with poor skin integrity and if in doubt, discuss concerns with the doctor who will potentially place a referral to a dietician for a proper nutritional assessment and (if required) a recommendation for oral nutritional supplement.





Younger skin

Older skin

Extra fluids might be required as high wound exudate can lead to dehydration and loss of albumin and other electrolytes. Similarly, high output stomas, and prolonged nausea, vomiting and diarrhoea, if excessive, will lead to dehydration, placing the person at risk for compromised skin integrity and reduce their tissue tolerance to pressure.



It is often said, "an ounce of prevention is better than a pound of cure". This means that if we can prevent it, it is much better and easier than trying to cure it. For those of us who have the honour and the responsibility of taking care of our seniors let us be diligent about managing and maintaining those who have been placed in our trust. Skin care and skin integrity is important to the livelihood of our residents so to that end let us continue to work to prevent the breakdown of the skin, protect the skin and provide the tools that are necessary to maintain good skin care.

OLOC Work Health Safety (WHS) Staff Consultative Committee Update

2 Expressions of Interest were received from Careworker Staff (Ruby Caluag, Diane Napier) for the vacant Nursing Home Representative positions were notified in the June 2023 Staff Newsletter, with a date of 22 June 2023 for any further expressions of interest to be received, and notification that if not further Expressions of Interest were received for the Nursing Home representative positions, then the 2 Expressions of Interest would be tabled at the next OLOC WHS. Staff Consultative Committee for acceptance. No further Expressions of Interest were received by 22 June 2023 and therefore the 2 Nominations were accepted at the 25 July 2023 OLOC WHS Staff Consultative Committee meeting and Ruby Caluag and Diane Napier now represent the Nursing Home on this committee.

The June 2023 Newsletter also notified a Vacancy for the Laundry/ Maintenance Representative. The June Newsletter called for Expressions of Interest to be received by 22 June 2023. 1 Expression of Interest received from Sandeep Kaur by 22 June 2023 – tabled at 25 July 2023 meeting – If no further Expression of Interest is received by Friday 18th August 2023, then Sandeep Kaur's nomination will be tabled for acceptance at the next meeting.

Peter Squire, Administration and Compliance Manager (Management Representative on the OLOC WHS Staff Consultative Committee)



Education & Training

Hazards to be reported under Organisation Incident

Hazards are things that puts residents, visitors, staff or anyone at risk and can lead to an incident.

It is essential that hazards are reported in the Organisation Incident, separate from the usual Maintenance log.

There are three options available in the Organisation Incident to report on.

Fire, Hazard or Security.

Smoke Alarms

Fire risks include: Security risks include: Hazard risks include:

False Alarm Alarms Chemicals Fire Board Assault Drainage/Flood Fire Extinguisher Intrusion Electrical (dangerous)

Fire/Smoke Sep Locks Gas Leak

Security Camera Manual Handling

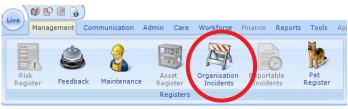
Theft Medications

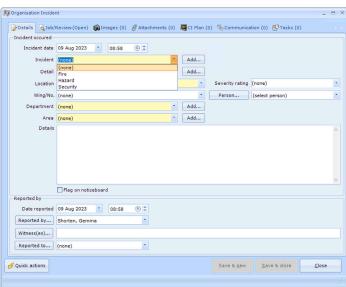
Wilful Damage Sewage

To report a hazard:

- 1. Open Organisation Incident
- 2. Select incident type (fire, hazard, security)
- 3. Select the detail (ie. Chemicals or Smoke Alarms)
- 4. Fill out all of the relevant details including description.
- 5. Click Save & Close.

If you are unsure where to report something that you have seen, ask your RN Supervisor or the Unit Manager.







CODE OF CONDUCT FOR AGED CARE

- **A.** Act with respect for people's rights to freedom of expression, self-determination and decision making in accordance with applicable laws and conventions.
- **B.** Act in a way that treats people with dignity and respect and values their diversity.
- **C.** Act with respect for the privacy of people.
- **D.** Provide care, supports and services in a safe and competent manner with care and skill.
- **E.** Act with integrity, honesty and transparency.
- **F.** Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of care, supports and services.
- **G.** Provide care, supports and services free from:
 - i. all forms of violence, discrimination, exploitation, neglect and abuse and ii. sexual misconduct.
- **H.** Take all reasonable steps to prevent and respond to:
 - i. all forms of violence, discrimination, exploitation, neglect and abuse and ii. sexual misconduct.



SEPTEMBER 2023

FRIDAY 1ST	Fire Safety - St Helens
TUESDAY 5TH	WMG Meeting
WEDNESDAY 13TH	St Josephs Staff Meeting St Helens Staff Meeting
TUESDAY 19TH	WMG Meeting Alverna Staff Meeting
WEDNESDAY 20TH	St Francis Staff Meeting
WEDNESDAY 27TH	St Anthony Staff Meeting
THURSDAY 28TH	Nursing Home RN Meeting

OCTOBER 2023

TUESDAY 3RD	WMG Meeting
WEDNESDAY 11TH	St Joseph Staff Meeting St Helens Staff Meeting
TUESDAY 17TH	WMG Meeting Alverna Staff Meeting
WEDNESDAY 18TH	St Francis Staff Meeting
WEDNESDAY 25TH	St Anthony Staff Meeting
THURSDAY 26TH	Nursing Home RN Meeting
TUESDAY 31ST	WMG Meeting

Notice Board

SUPPORT FMM SISTERS' PROJECTS IN INDONESIA AND ETHIOPIA

Please speak to your manager or payroll officer to complete a Fortnightly Payroll Deduction Form to assist the FMM Sisters in providing HIV/AIDS Education in Ethiopia.





CHARTER OF AGED CARE RIGHTS

I have the right to:

- 1. safe and high quality care and services
- 2. be treated with dignity and respect
- **3.** have my identity, culture and diversity valued and supported
- 4. live without abuse and neglect
- **5.** be informed about my care and services in a way I understand
- **6.** access all information about myself, including information about my rights, care and services
- **7.** have control over and make choices about my care, and personal and social life, including where the choices involve personal risk
- **8.** have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions
- 9. my independence
- 10. be listened to and understood
- **11.** have a person of my choice, including an aged care advocate, support me or speak on my behalf
- **12.** complain free from reprisal, and to have my complaints dealt with fairly and promptly
- **13.** personal privacy and to have my personal information protected
- **14.** exercise my rights without it adversely affecting the way I am treated

CHARTER OF AGED CARE RIGHTS 1ST JULY 2019

EMPLOYEE ASSISTANCE PROGRAM (EAP)

ACCESS Programs have been engaged by OLOC to provide an Employee Assistance Program for staff members. They provide confidential, professional and free counselling for work related, family and personal problems. Through access to qualified counsellors, our staff have the opportunity to identify problems and find the best way to resolve them. You can contact ACCESS to make a confidential appointment on: **1800 818 728.**

PUBLIC HOLIDAYS NSW 2023/2024

Labour Day

Monday 2nd October 2023

Christmas Day

Monday 25th December 2023

Boxing Day

Tuesday 26th December 2023

New Years Day

Monday 1st January 2024

Australia Day

Friday 26th January 2024

Good Friday

Friday 29th March 2024

Easter Sunday

Sunday 31st March 2024

Easter Monday

Monday 1st April 2024

Anzac Day

Thursday 25th April 2024