

OLOC STAFF NEWS

Our Lady of Consolation
Aged Care & Services

ISSUE 1

FEBRUARY 2024



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APPRECIATING DIFFERENCES + RESPECTING INDIVIDUALITY
you are welcome here

Acknowledging Sister Janice – after an outstanding contribution to OLOC

Sister Janice has recently retired from work roles at OLOC, 50 years after she first worked here. Sister worked in at least five different roles in her time at OLOC, in senior management, in community care, in finance and administration. For several years in the early 1970's she was the Sister in charge, a role that was more or less a combination of the CEO and Operations Manager roles combined into one. She then went to Pakistan, where she ran a hospital. In the 1990's, Sister came back to OLOC as the manager of community care services, and was in that role when we started our first home care packages in 2002. In 2004 she moved to working in finance and administration, and since then she has worked in three different roles until just before last Christmas, when she retired from working with us.

In her time with OLOC, in many different work roles, Sister had a big impact. She always had a commitment to residents and clients, and as a Board member, she was a driving force in OLOC's move to provide affordable rental housing at Toongabbie from January 2020. Sister is continuing to work with the FMM Sisters and in her role as an OLOC Board member and she will continue to contribute to our newsletters. On behalf of all the staff who have had a chance to work with you, thank you Sister.



- Sr Janice

- Barry Wiggins, CEO

Pope Francis' New Year's Message

As we move into February, we begin the journey of Lent to Easter.

This year Ash Wednesday is the 14th February. As an end to Christmas and a move towards Easter I thought you might take some time to read and contemplate on the thoughts/suggestions you will find in Pope Francis' New Year Message. I hope you enjoy it.

"You can have flaws, be anxious, and even be angry, but do not forget that your life is the greatest enterprise in the world. Only you can stop it from going bust. Many appreciate you, admire you and love you. Remember that to be happy is not to have a sky without a storm, a road without accidents, work without fatigue, relationships without disappointments.

To be happy is to find strength in forgiveness, hope in battles, security in the stage of fear, love in discord. It is not only to enjoy the smile, but also to reflect on the sadness. It is not only to celebrate the successes, but to learn lessons from the failures. It is not only to feel happy with the applause, but to be happy in anonymity. Being happy is not a fatality of destiny, but an achievement for those who can travel within themselves.

To be happy is to stop feeling like a victim and become your destiny's author. It is to cross deserts, yet to be able to find an oasis in the depths of our soul.

It is to thank God for every morning, for the miracle of life. Being happy is not being afraid of your own feelings. It's to be able to talk about you. It is having the courage to hear a "no". It is confidence in the face of criticism, even when unjustified. It is to kiss your children, pamper your parents, to live poetic moments with friends, even when they hurt us.

To be happy is to let live the creature that lives in each of us, free, joyful and simple. It is to have maturity to be able to say: "I made mistakes". It is to have the courage to say "I am sorry". It is to have the sensitivity to say, "I need you". It is to have the ability to say "I love you".

May your life become a garden of opportunities for happiness ... That in spring may it be a lover of joy. In winter a lover of wisdom. And when you make a mistake, start all over again. For only then will you be in love with life. You will find that to be happy is not to have a perfect life. But use the tears to irrigate tolerance. Use your losses to train patience. Use your mistakes to sculptor serenity. Use pain to plaster pleasure. Use obstacles to windows of intelligence. Never give up Never give up on people who love you. Never give up on happiness, for life is an incredible show."

Wellbeing

Creating a Self-Care Plan

Self-care is any activity you do to boost your physical, mental or emotional wellbeing.

Things like creating time to relax, getting a good night sleep or spending some time exercising are all examples of self-care.

Self-care plays a vital role in looking after yourself and subsequently improving your relationships. It's an inward investment which something we all deserve to do. Self-care is not selfish.

Benefits of self-care include:

Clearer thought process, less tension in the body, improved mood, reduced anxiety, increased self-awareness and better productivity.

The core to self-care is that it focuses on activities that boost you mentally, physically and emotionally. It is not about buying new moisturisers or comfier bedding, even if they are nice things to have. Setting up a self-care plan allows us to easily support and keep our mental health and wellbeing at their best.



Creating a Self-Care Plan

There are a few things to consider when making your self-care plan

- Which activities bring you the best results,
- How frequently you wish to practice self-care,
- What to do when you need a moment to restore balance.

The first step of a self-care plan is to identify what self-care activities work for you and make you feel good. It could be a combination of things whether they are activities with others or something you enjoy alone.

Examples include: meals, booking an appointment with specialists, spending time with your loved ones, practicing meditation, pampering yourself, trying a new creative activity or even setting yourself for a good night's sleep.

Plan when you are going to practice self-care

To make your plan as easy to follow as possible, put it in your calendar, or if you like routine, make each activity a recurring event that happens at the same time every month or week.

Create a self-care backup

Things happen unexpectedly in life and during those time you may need a moment to look inward. Having a few self-care activities planned for when this happens will make it a lot easier to manage your emotional, mental and physical health when you're feeling stressed. Have the items you need on hand to complete the activities and allow yourself the time to actually do them.

Self-care is a proactive activity, meaning you will experience the best results when you plan your self-care activity and give yourself the time to enjoy it.

You deserve to make time for yourself and by investing in self-care, you will improve your productivity at work, your quality of life and your care for others.

Health & Wellbeing

Seeing Results

Whether building muscle or trying to run 10km, everyone is looking for results.

By now many of us have given up on our New Year's resolutions as we fail to see any progress. As we focus on results, we forget to enjoy and understand the process, and this is the reason why our goals fail.

To get results you need to do regularly physical activity. This means sticking to working at your goals for at least 30 minutes on most days of the week and keeping in mind that any activity is good activity and something is better than nothing.



But how long does it take to see results?

Heart Rate

Changes within a couple of weeks

The heart is a muscle and as you get fitter, it will get stronger. This leads to an increased stroke volume, which means your heart will pump more blood per beat than before, and in turn could decrease your resting heart rate.

Blood Pressure

Changes in a few weeks

Exercise causes modest reductions in blood pressure in those who have borderline or moderate levels of high blood pressure. One study showed that simply increasing your step count can lead to a reduction in systolic blood pressure of ~4 mmHg. This may seem small, but a 5 mmHg drop can reduce the chance of death by stroke by 14%.

Muscle Fitness

Small changes in the first few weeks

Within 3 to 6 months, an individual can see a 25 to 100% improvement in their muscular fitness – provided a regular resistance program is followed.

Note: Changes in muscle size from resistance training are highly variable, from no change at all to roughly 60% increases with a long-term resistance program.

Weight Loss

Results within weeks

People wanting to lose weight should aim to be physically active for 60+ minutes a day at a moderate intensity to notice any significant changes.

Mental Health

Changes in as little as 10 minutes

While there are numerous physical benefits from regular physical activity, it also benefits our psychological health too. Even brief walks at a low intensity can improve our mood and energy levels. You can start to notice positive effects after as little as 10 minutes of aerobic training.

Remember:

- It's important to focus on enjoying the activity you do. It's not just about losing weight or reducing high blood pressure.
- Try to look at physical activity as a lifelong journey rather than a short-term project.

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. How would your friends describe you?
2. Where did you grow up?
3. What do you do on your days off?
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?

Sudarat

Cafe/Servery



1. Friendly and smiley!
2. I grew up in Bangkok. I moved to Australia in 2008.
3. I love gardening!
4. I've been back to Thailand for family, but it wasn't for very long.
5. Mother's Day and Father's Day are very important to me. The Water Festival in April is special also. We pour water on our elders and receive blessings.
6. I would love to travel to Europe!

Ariane

Nursing Home RN



1. Loud and spontaneous.
2. I grew up in the Pampanga in the Philippines, in a very laidback small community.
3. I like to go out with my husband and cousins. We go fishing, to the beach and find places to eat.
4. Palawan, one of the islands in the Philippines; it's been named as one of the best in the world. It's just naturally beautiful.
5. We have a party on Christmas Eve. Everyone comes together, and there's always lots of food and games.
6. Travel the world. I want to see as much of it as I can.

FUTURE EDITIONS

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

Kate

Allied Health



1. Adventurous. A ball of energy. People who don't know me would call me reserved, but my friends know the truth.
2. In Sefton.
3. I love a hike or a bushwalk; but also, the beach. I love being outdoors. So let's hike to the beach. Have lunch out. Then go shopping and finish the day cooking dinner, to relax.
4. Hawaii – years ago my mum won a family holiday there, from a competition in the White Pages.
5. Going up to my Nan's on the central coast. She's a 5min walk from the beach. We take lunch up to her, and spend the day there.
6. This is so random. I only have one thing on my bucket list. I love otters, always have. At the end of this year, I'm going on a trip to Japan. I found an otter café there, where you can spend the whole day with them.

Melinda

St Josephs CSE



1. Kind and generous.
2. Davao in the Philippines.
3. Housework, gardening and going out with friends.
4. Singapore; it's very clean and safe.
5. Christmas and New Year. For Christmas we go to church, then we get together and eat from midnight till morning.
6. I would like to travel to Europe, especially Paris.

Arishma

St Anthons Care Staff



1. Smiley face, a nice person and they'd say I am gorgeous!
2. I grew up in Fiji.
3. I stay at home and rest, go on family outings, watch movies with my family and go shopping.
4. I went to Auckland for a wedding recently and it was just a beautiful place.
5. Diwali; we make lots of sweets, visit family and friends and light diya (candles).
6. I want to travel and adventure around, starting interstate.

Important Information

Voluntary Assisted Dying

Overview

OLOC's clinicians are trained to provide effective pain management and strive to ensure that our residents who are on a palliative care pathway die in comfort and with dignity.

OLOC recognises that the law allows residents who meet the eligibility criteria to choose Voluntary Assisted Dying (VAD) as an end of life option.

OLOC will provide and promote healthcare that is consistent with our ethics of care and resident choice, but OLOC staff will not assist residents to end their own lives or provide euthanasia. Nevertheless, if requested by a resident, OLOC will endeavour to provide basic information about Voluntary Assisted Dying (VAD) and a point of contact outside of OLOC, so that the resident can explore the options open to them in regard to accessing Voluntary Assisted Dying (VAD) as an end of life option. OLOC staff will not facilitate any further action or engage in any conversation or discussion about VAD.

Eligibility for Voluntary Assisted Dying, a person must be:

- An adult with decision-making capacity
- Have a condition that is advanced, progressive and will cause death within six months (or 12 months for a neurodegenerative disease)
- Be acting voluntarily and not because of pressure or duress.
- Be experiencing intolerable suffering
- Must have lived in NSW for 12 months before their first request for voluntary assisted dying
- Must be an Australian citizen, permanent resident or a resident of Australia for three years or more

OLOC's obligations enabling residents to access VAD services

- Residents are to receive information about VAD if they request it - this includes allowing a medical practitioner to visit OLOC to provide the information.
- If the medical practitioner cannot attend OLOC, we are obliged to provide the resident with assistance to transfer to another place for the medical practitioner VAD consultation to happen.
- If the resident decides to proceed, OLOC must allow a medical practitioner, witness and an interpreter or speech pathologist if required, to access the facility. If the medical practitioner cannot attend OLOC, then OLOC will provide assistance to the resident to transfer to another place for consultation to occur.
- For the purposes of VAD assessment, decision and administration: OLOC will allow a medical practitioner to access the facility for consultation and allow the VAD medication to come into the facility and also allow access to the facility by health professionals and a witness participating in the administration of the VAD medication, but OLOC will not permit any OLOC staff to assist or witness the administration of the VAD medication.

Procedures:

All Staff responsibilities and protocols:

Any staff member, including care workers or registered nurses, might have a resident express an interest in VAD or they might be asked for information about VAD.

How they are to respond:

1. All staff, including care workers or registered nurses, are to treat the resident with dignity and escalate the matter to their facility manager tell the resident or that they will have that person come and see them about VAD.

How they are not to respond:

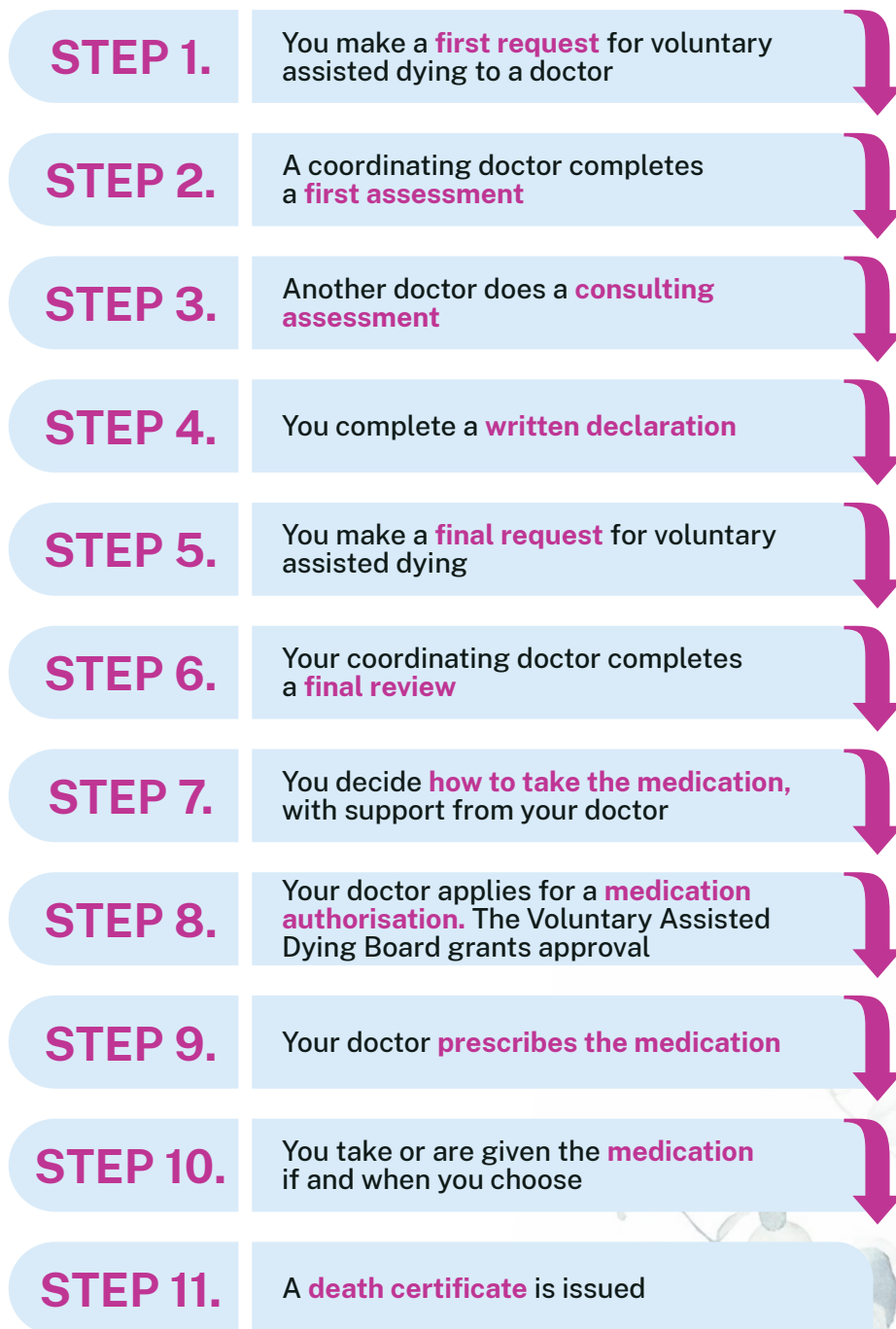
1. All staff, including care workers or registered nurses, are not to initiate discussions about VAD.
2. All staff, including care workers or registered nurses, are not to enter into any discussions initiated by residents about VAD, including any discussion about the eligibility, availability, merits or ethics of VAD.
3. All staff, care workers or RNs are not to provide information to residents or their relatives about VAD.

Facility Manager responsibilities

1. Any staff member, including care workers or RN staff, will inform them that a resident has asked about VAD or expressed an interest in it.
2. Staff in these managerial roles are authorised to provide an Information Pack to the resident.
3. The information provided will be limited to the Information Pack issued by NSW State Health or their authorised representative agency. Currently, this consists NSW Health's 'VAD dying in NSW' document 'Summary of Key Steps' (Attachment 1) and a point of contact outside of OLOC (telephone number and email contact for the NSW Voluntary Assisted Dying Navigator Service (Attachment 2).
4. They are to explain that there are strict criteria for eligibility and that only medical practitioners can receive a person's request for VAD and assess their eligibility.
5. They are to notify the person's GP and arrange for the GP to meet with the resident.
6. They are to treat the resident or client with dignity, but they are not to enter into any discussion about the merits or the ethics of VAD.
7. They are to document the conversation they had with the resident and what they did.
8. After the resident has met with their GP, the facility manager may be informed by the resident that they want to proceed with VAD but their GP will not participate in any VAD process.
9. The Facility Manager is to provide the resident with an appropriate contact number within State Health so that they can explore their options.
10. The Facility Manager or may be informed that the resident or client wishes to further explore VAD and they have identified a medical practitioner who is willing to participate in the VAD process and has other staff who can assist as required.
11. A Facility manager is to allow this process to proceed whereby a resident further explores VAD, either in our residential facility or at another venue, but on the basis that no OLOC staff will play any role in any discussions with the resident and/or the medical practitioner, either at that time or later, or in the administration of medications that are related to VAD.
12. A Facility Manager is to do whatever is required to allow this process to proceed, whereby a resident further explores VAD at OLOC or at another venue, but is to play no role and ensure that OLOC staff play no role in discussions, at that time or later, with any person about VAD, or in the administration of medications related to VAD.

Voluntary assisted dying in NSW

There are **11 steps** in the voluntary assisted dying process in NSW. You can pause or stop the process at any time.



The NSW Voluntary Assisted Dying Care Navigator Service

is a phone line to answer questions about voluntary assisted dying.

The Service will support everyone including patients and families.

Call **1300 802 133**
Monday to Friday
8:30am to 4:30pm.

This is a summary of the key steps of the voluntary assisted dying process under the Voluntary Assisted Dying Act 2022. This summary is indicative only and does not cover all the scenarios that might arise during a patient's individual voluntary assisted dying process.

23.1 NSW Voluntary Assisted Dying Care Navigator Service

The NSW Voluntary Assisted Dying Care Navigator Service (VAD-CNS) provides the NSW community with a state-wide point of contact in relation to voluntary assisted dying. This service:

- Provides consistent and accurate information about voluntary assisted dying and how to access voluntary assisted dying in NSW
- Liaises with patients, families, carers, authorised practitioners, healthcare workers or others involved with those seeking information about or access to voluntary assisted dying
- Supports individuals throughout the voluntary assisted dying process
- Includes an outreach medical support capability to support equity of access to voluntary assisted dying across NSW
- Supports implementation, development, and evaluation of voluntary assisted dying services in NSW.

The VAD-CNS is staffed by trained, experienced nurses and allied health professionals, such as social workers and counsellors, taking calls from:

- Patients and their families
- Doctors and other health practitioners
- Local health district teams, hospitals, and health and aged care facilities
- community organisations and interested members of the public who want more information about voluntary assisted dying.

23.1.1 Contacting the NSW Voluntary Assisted Dying Care Navigator Service

The VAD-CNS is open from Monday to Friday (excluding public holidays).

To speak to Care Navigator support staff or the Access Service, please contact the Call Service between Monday to Friday, 8:30am to 4:30pm on 1300 802 133 or email at

NSLHD-VADCareNavigator@health.nsw.gov.au

Spotlight On

Parkinson's Disease

In Australia, 38 people are diagnosed with Parkinson's every day and it affects 10 million people world-wide. Parkinson's disease is a progressive, degenerative neurological condition that affects a person's control of their body movements.

What is Parkinson's?

Parkinson's disease is a neurodegenerative disorder that breaks down brain cells at a faster rate than what usual ageing does. As nerve cells (neurons) in parts of the brain weaken, are damaged, or die, people begin to notice problems with movement, tremor, stiffness in the limbs or body or impaired balance. As symptoms progress, people may have difficulty walking, talking or completing other simple tasks.

What causes Parkinson's?

There's no definitive answer, some cases are hereditary, others are believed to be caused by environmental factors such as toxins, pesticides and even head trauma.

Symptoms

Parkinson's disease does not affect everyone the same way. The rate of progression and some symptoms differ among individuals. Symptoms typically begin on one side of the body but eventually affects both.

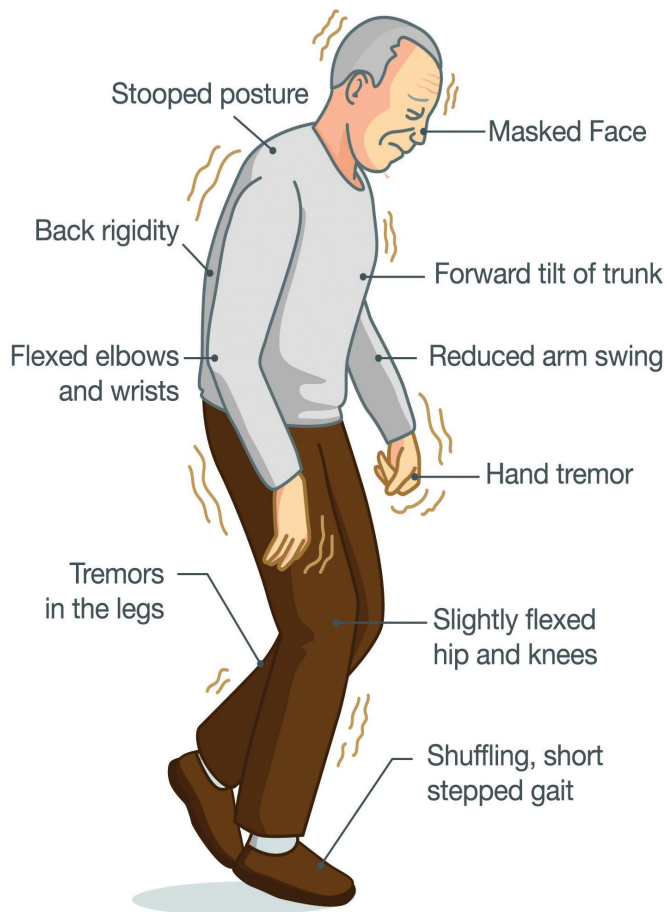
Many people think of Parkinson's as frequent shaking because this is the most apparent symptom. There are other symptoms which vary from person to person and can change over time.

Motor Symptoms

- Bradykinesia or the slowdown of movements
- Muscle stiffness and a decrease in range of motion
- Tremors in fingers, hands or limbs when you're at rest
- Stooping and losing balance
- Shuffling and gait issues
- Stiffness in the arms or drooping shoulders

Non-Motor Symptoms

- Loss of smell
- Decrease in facial expressions; this is called 'masking' and gives the person a sad or serious look
- Memory issues, inability to think quickly or multitask
- Restless Sleep
- Speech becomes quieter, or voice becomes breathy or hoarse
- Trouble with chewing, biting or swallowing
- Excess saliva in the mouth
- Temperature sensitivity increases, causing more sweating
- Increased urination, constipation and incontinence.



Treatment

Although there is no cure, treatment options vary and include medications, lifestyle adjustments and surgery. While Parkinson's itself is not fatal, disease complications can be serious.

Risk factors

- The average age of onset is about 70 years, and the incidence rises significantly with older age. However, a small percent of people have 'early onset' that begins before the age of 50.
- PD affects more men than women.
- People with one or more close relatives who have PD have an increased risk of developing the disease themselves. An estimated 15 – 25% of people with PD have a known relative with the disease.
- Studies show an increased risk of PD in people who live in rural areas with increased pesticide use.

5 Stages of Parkinson's Disease

Clinicians use the following stages to describe how motor symptoms progress in Parkinson's. On this scale, Stages 1 & 2 represent early-stage, 2 & 3 mid stage and 4 & 5 advanced stage.

Stage One

The person has mild symptoms such as tremors and movement symptoms on one side of the body only. There may be changes in posture, walking and facial expressions, but symptoms generally do not interfere with daily activities.

Stage Two

Symptoms progress; tremor, rigidity and other movement symptoms affect both sides of the body. Walking problems and poor posture may become more apparent. Daily tasks may become more difficult and lengthier.

Stage Three

Considered a mid-stage, where loss of balance is a hallmark. Falls are common, symptoms worse and the person becomes somewhat more restricted in their daily activities.

Stage Four

At this point symptoms are fully developed and severely disabling. The person may still be able to walk and stand without assistance but may need to use an aid for ambulating. The person will need significant help with daily activities.

Stage Five

The most advanced and debilitating stage, stiffness in the legs make it impossible to walk or stand and care is required for all activities.

Manual Handling at a Glance

At OLOC we strive to keep on improving the way we conduct ourselves in all things; especially, manual handling. Our manual handling policy is about keeping you safe.

Manual Handling has many faces it can be as simple as picking up an item off the floor, using a piece of equipment, or changing sheets.

From the staff handbook:

“OLOC is committed to the prevention of injury from manual handling. Lifting is to be avoided at all times. In Consumer Direct Care we have a **NO lifting Policy.**”

What this means for you:

All staff employed in Packaged Home Care must adhere to our: **NO Lifting Policy.** This is implemented for your safety and the safety of your clients. Do not lift a client under any circumstances.



A No Lift Policy Example

You have arrived at a client’s home and find them on the floor. Do not lift or move them. You should:

- Check the client to see whether they are Ok
- Press their vital call to obtain an ambulance
- DO NOT MOVE YOUR CLIENT but do reassure them
- Call your coordinator, if they do not pick up, leave a clear message
- Do not ring family members, this is to be done by a coordinator
- While waiting for the ambulance, stay with the client and reassure them
- Once the ambulance has attended, they are in charge, stay out of the way, but offer information about your client
- If possible find out what hospital the ambulance is headed to
- Leave the home when your client goes to hospital
- Return to OLOC and fill in an incident form with your coordinator.

By following these guidelines you will ensure that your client gets the right care.

RISK ASSESSMENT/ WORK HEALTH AND SAFETY CHECKLIST

All clients have a Risk Assessment form in their folder which was done when the consumer became a Packaged Care Client. The purpose of the form is to outline any potential hazards that may relate to you at your consumer’s home. As your coordinator we fill in the form as to what we consider a risk but it is the care workers responsibility to report to the coordinator any risks they face so it can be added to the form.

Part of our role at OLOC is to identify what risk may hinder your role as a care worker

SUCH RISK COULD BE:

- > Awning on veranda too low which you could bump your head when walking into client’s home
- > Slippy tiles after mopping
- > Parking away from the client’s home when they may live in a complex
- > Client shares a common driveway with others
- > Client lives on a busy road parking can be hard
- > Bringing in grocery items from your car
- > Clutter in a client’s home
- > Access to a property via walking, parking or a key
- > Small working environment
- > Uneven pathways
- > Equipment not working
- > Spider webs

Completing Leave Events

To ensure that we receive the correct funding for our residents on time, it is essential that leave events are created and completed correctly.

Creating a Leave Event

Go to the 'Leave' tab
Add > Add New

1. Select the client and service
2. Select a start date
3. Select 'All day event'

Note: Do not enter an end date until the resident has returned from their leave.

4. Select leave type; either Hospital or Social Leave (claimable)
 5. Enter details about the leave in the 'Notes'
- Click 'Save & Close'

Completing a Leave Event

Only complete the event when the resident has returned to the facility.

- Go to the 'Leave' tab
Select the entry > 'Edit'
6. Add the end date
- Click Save & Close

Skin Care and Incontinence

Skin care is important for your client's comfort, for your health and ultimately for their ability to maintain their independence.

People who have incontinence (problems controlling their urine or bowels) are at greater risk of developing skin problems.



Sores caused by Incontinence

Excess moisture in these areas makes skin prone to problems like redness, peeling, irritation and an increased chance of infection.

Pressure sores may also develop if the person:

- Has not been eating well
- Spends most or all of the day in a wheelchair, regular chair, or bed without changing position.

Taking Care of a Person's Skin

Where a resident needs continence pads or other similar products, you need to take extra care.

Although these products keep bedding and clothing clean, they can make skin problems worse. The skin areas most infected are near the buttocks, hips, genitals and the perineal area.

Special care must be taken to keep the skin clean and dry.



KEEPING THE SKIN CLEAN AND DRY:

> Cleaning and drying the area right away after urinating or having a bowel movement.

> Moisturising creams can help keep the skin moist. Avoid products that contain alcohol, which may irritate the skin.

> Even if these products are used, the skin must still be cleaned each time after passing urine or stool. Reapply the cream or ointment after cleaning and drying the skin.

If the Person is Bed-Ridden or using a Wheelchair

Make sure to check the skin for pressure sores when attending to their care. Look for reddened areas, blisters or any broken areas. Inform your RN if you notice any changes in a resident's skin.



For people who are bedbound:

- Change position often, at least every 2 hours.
- Change sheets and clothing right away after they are soiled.
- Items that can help reduce pressure, such as an air mattress.
- Ensure they are well hydrated, and eating a well-balanced diet full of protein to help keep them healthy





For people in a wheelchair:

- Make sure the chair is suitable for the person
- Encourage them to shift their weight every 15 to 20 minutes
- Use items that help reduce pressure, such as pressure relieving cushions
- Ensure they are well hydrated, and eating a well-balanced diet full of protein to help keep them healthy

Please remember that residents with cognitive impairments may not be recognized when there is an issue with incontinence or their skin condition. Please ensure you report any issues to your RN.

See the following page for further information on the difference between Incontinence Associated Dermatitis and Pressure Injuries.

Incontinence Associated Dermatitis vs. Pressure Injury Guide

	<i>Incontinence Associated Dermatitis (IAD)</i>	<i>Pressure Injury (PI)</i>
		
Definition:	The skin damage associated with exposure to urine, stool or a combination of both.	A pressure injury is a 'localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction.'
Clinical	<p>Bright red to subtle red in personas with darker skin tones</p> <p>Intact skin with erythema (blanchable or non-blanchable)</p> <p>Diffused with poorly defined edges. May be blotchy or superficial spots</p> <p>No necrotic tissue</p> <p>Minimal to no exudate. However, exudate can be excessive if infection present</p> <p>Superficial in depth</p>	<p>Deep red/maroon to dark red/purple in suspected deep tissue injury (Can be more difficult to detect in darker skin tones)</p> <p>Non blanchable erythema</p> <p>Partial thickness to full thickness</p> <p>Distinct edges</p> <p>Necrotic or sloughy tissue often present</p> <p>Exudate present if skin is broken</p>
Location	IAD affects perineum, perigenital, peristomal area; buttocks; gluteal fold; medial and posterior aspects of upper thighs; lower back; may extend over bony prominence.	Usually over bony prominence, as a result of pressure, or pressure in combination with shear and/or friction, or associated with location of a medical device
Clinical Indicators	<p>Incontinence</p> <p>Burning, itchy, painful skin in the perianal region</p>	<p>May or may not be associated with incontinence</p> <p>Reduced mobility</p>
Treatment Options	<p>Protect the skin with MoliCare Skin Barrier Cream or Protection Foam</p> <p>Change continence pad as indicated. If faecally incontinent change pad immediately</p> <p>If break in skin address the needs of the wound</p>	<p>Relieve the pressure</p> <p>Protect from further injury</p> <p>If a break in skin address the needs of the wound</p>

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.



**EDUCATION
CALENDAR**

MARCH 2024

TUESDAY 5TH	WMG Meeting
TUESDAY 12TH	Fire Safety Wellness Centre
WEDNESDAY 13TH	St Joseph Staff Meeting
FRIDAY 15TH	St Anthony Fire Safety
MONDAY 18TH	Abbott - Dysfagia & Aspiration
TUESDAY 19TH	WMG Meeting Alverna Staff Meeting
WEDNESDAY 20TH	Block Training St Francis Staff Meeting St Helens Staff Meeting
TUESDAY 26TH	Orientation Day 1
WEDNESDAY 27TH	Orientation Day 2 St Anthony Staff Meeting
THURSDAY 28TH	Orientation Day 3 St Anthony Staff Meeting

APRIL 2024

TUESDAY 2ND	WMG Meeting
FRIDAY 5TH	Alverna Fire Safety
WEDNESDAY 10TH	St Joseph Staff Meeting
TUESDAY 16TH	WMG Meeting Alverna Staff Meeting
WEDNESDAY 17TH	St Francis Staff Meeting St Helens Staff Meeting
FRIDAY 19TH	Block Training
MONDAY 22ND	Abbott - Diabetese
WEDNESDAY 24TH	St Anthony Staff Meeting
THURSDAY 25TH	Nursinghome RN Meeting
TUESDAY 30TH	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 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

King's Birthday

Monday 10th June 2024

Labour Day

Monday 7th October 2024

Christmas Day

Wednesday 25th December 2024

Boxing Day

Thursday 26th December 2024

New Year's Day

Wednesday 1st January 2025
