

Wednesday 22nd April 2020

Dear friends,

This letter follows my letter dated 9th April, 2020 and is intended to provide you with an update on our COVID-19 response. It is being distributed to our workforce, residents and their families and representatives, our self-care residents, company members, local general practices and the wider community. Copies of earlier letters are available at Harbison.org.au.

Current restrictions on visitors

Harbison has been closed to the public since 23 March 2020. No visitors are allowed at Harbison except for end-of-life and other exceptional circumstances approved by our Directors of Nursing.

The decision to restrict visits was not taken lightly and we are aware of the hardship many of you are experiencing as a result. We believe the decision is in the best interests of our residents, and we are continuously reviewing our policy with a view to relaxing restrictions as soon as it is safe to do so.

The Prime Minister and Chief Medical Officer commented publicly about aged care visits after the National Cabinet meeting on 21 April 2020. I believe the National Cabinet is very effective, but in my view these comments were unhelpful and misrepresent the restrictions in place for residential aged care.

It is appalling that the frontline defence for the most vulnerable group in the global pandemic has received no emergency funding or resourcing from our Government. The silence on this issue is deafening. Yesterday's expression of concern was hypocritical.

The COVID-19 directives in place in relation to aged care are minimum not maximum requirements. We have conducted our own risk assessments specific to Harbison and our current restrictions reflect the severity of the assessed risk.

In a declared public health emergency safety is the top priority. I summarise below the circumstances behind our visitor restrictions in order to explain the strong action we have taken to date.

The decision to close Harbison followed advice from the Australian Health Protection Principal Committee on 17 March 2020 that residents of aged care facilities should not be permitted to leave their homes, and the biosecurity emergency declaration on 19 March 2020.

At that time, guidelines and directives were still being developed by the authorities and the situation was very fluid. There was a high risk that the information we needed to protect our residents would be incorrect, out-of-date, or too late. We decided to act rather than wait for the uncertainty to be resolved.

On 29 March 2020, the National Cabinet advised that everyone over the age of 70 (or over 60 for those with existing health conditions or co-morbidities, or over 50 for Aboriginal and Torres Strait Islanders) should self-isolate at home to the maximum extent possible. For our residents, Harbison is their home.

Put simply, permitting visitors undermines the principle that older people should shelter in place until we have the capacity to manage or eradicate the virus.

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Experience in Australian and overseas proves how deadly the virus is for vulnerable populations like aged care residents. There are no second chances. Residents are highly likely to become seriously ill and die once infected.

We do not have access to the physicians, respirators, protective equipment, and oxygen that seriously ill residents would require. Our facilities are not specifically designed to isolate an infection as contagious as COVID-19. We cannot easily replace infected staff with trained, experienced people. We simply cannot afford to take any unnecessary risks.

The government requires visits to be conducted in a resident's room and prohibits visitors from accessing common areas. Due to the layout of our homes, the only way we could comply with this requirement would be to confine most of our residents to their rooms, so they would not risk contact with other resident's visitors. We do not believe that would be in the best interests of residents. We prefer to prioritise maximum freedom of movement for residents within the home.

On 24 March 2020, a series of restrictions were legislated in NSW including making a current influenza vaccination a condition of entry to an aged care facility, and requiring us to monitor the temperature of everyone entering our premises, and refuse entry to anyone with a temperature of 37.5 degrees or higher or acute respiratory symptoms.

We have been working to put in place the equipment and procedures necessary to meet these requirements, and I have already encouraged people to have their evidence of vaccination ready for when visitor restrictions can be eased. However, we do not have the resources to manage large numbers of visitors because of the time it takes to screen, document, and supervise each visitor.

The government currently limits the number of visitors to 2 per visit. Based on 1 visit per resident per day at Harbison this equates to more than 500 visitors per day. Even if we have the capacity to manage that number of visitors, it would represent at least a tripling of the infection transmission risk, which is completely unacceptable.

We note that personal protective equipment (PPE) is in short supply. We must prioritise it for use by our staff to maintain safety in our workplace, to the benefit of our residents. We do not have enough for large numbers of visitors.

We will update our visitor policy from time to time and publish it on our website. To the extent that visits are possible we are prioritising end-of-life visits and support for residents who are experiencing severe hardship. We encourage you to consider video, telephone, and social apps as alternatives to visits in-person. We have had great success with these options in recent weeks.

We have appointed a part-time psychologist and diversional therapist to our Wellbeing Group, bolstering the existing clinical psychologist and pastoral carers. We take very seriously the impacts of isolation on wellbeing and quality of life and recognise the need to balance infection prevention with these needs.

We are working closely with local health authorities, Bowral & District Hospital, other aged care providers and local doctors. There is a broad consensus that the restrictions in place are necessary and appropriate.

It is important to keep this issue in perspective. Residents of aged care services are comfortable and receiving the care and services they need – meals, laundry, medical etc. They have the benefit of each other's company and the company of our workforce. They are at less risk of social isolation and more supported than older people isolating alone in the community.

Aged care should not be singled out on this issue. In my view the sector is doing a very good job and setting a world class example for managing risk in very difficult circumstances.

We welcome constructive feedback and suggestions about this issue, and I am available to you if you would like to discuss specific issues that cannot be resolved by our Directors of Nursing. I assure you will continue to exercise compassion as we search for the right balance between safety and quality of life.

Restructure of our care teams

We have recently introduced Personal Care Managers (PCM) to our Care Teams. The PCMs are accountable to the Directors of Nursing for day-to-day personal care, including lifestyle and activities.

The PCMs work closely with the Deputy Directors of Nursing (DDoN) who are accountable to the Directors of Nursing for day-to-day clinical care.

If you have any concerns about day-to-day non-clinical care, please contact your PCM in the first instance:

Moss Vale PCM	Bec Glover	rebecca.glover@harbisoncare.org.au 02 4868 6215
Burradoo PCM	Rabin Joshi	rabin.joshi@harbisoncare.org.au 02 4868 6259

If you have any concerns about day-to-day clinical care, please contact your DDoN in the first instance:

Moss Vale DDoN	Edsalyn Soon	edsalyn.soon@harbisoncare.org.au 02 4868 6349
Burradoo DDoN	Leah O'Regan	leah.o'regan@harbisoncare.org.au 02 4868 6295

This new structure allows our nurses to focus on pursuing clinical excellence while ensuring we care for the whole person.

The Care Teams are supported by our Residential Services Team (catering, laundry, cleaning, maintenance) led by Danny Turner and our Wellbeing Group (mental & spiritual health, pastoral care, diversional therapy) led by Jodie Hill and Peter Davis.

To provide you with a single point of contact wherever possible the PCMs and DDoNs will liaise with the support teams on your behalf, as required.

Thank you for reading this letter. I am sorry for the heavy burden imposed by this pandemic. We are grateful to everyone in the community who is playing their part in slowing the spread of the virus and saving lives.

I note that there is emerging evidence of local community transmission at the time of writing, and the Goulburn Mulwaree Local Government Area has been listed as an area for increased testing and surveillance.

While there is cause for cautious optimism, we still do not have a vaccine or treatment or the capacity for sentinel testing and large-scale case tracing. We must hold firm for some time to come.

If you have any questions, please feel free to contact me. We are here to help. I will write to you again soon to keep you up to date.

Yours sincerely



David Cochran
Chief Executive Officer