



Monday 3rd January 2022

Dear friends,

Happy New Year! This letter follows my letter of 31st December 2021 and provides important information about the COVID-19 outbreaks at Harbison Burradoo and Harbison Moss Vale. At this stage, our outbreak response is running smoothly.

As usual, this information is being shared with our residents and their representatives and families, our entire workforce including our volunteers and contractors, local GP practices, company members, and the wider community.

Recap

On Tuesday 28th December 2021 we activated our outbreak management plan at Burradoo because we suspected a COVID-19 outbreak. Our suspicion was based on signs that staff and residents had been exposed to community transmission on or around Christmas. The outbreak was formally declared on Friday 31st December 2021 when tests confirmed at least two staff cases at Burradoo.

On Wednesday 29th December 2021 we activated our outbreak management plan at Moss Vale for the same reasons. This outbreak was formally declared on Sunday 2nd January 2022 when tests confirmed at least three staff cases at Moss Vale.

The early detection of both outbreaks was made possible by the deployment of daily rapid antigen testing for all staff prior to their shift from 20th December 2021.

Harbison made a significant investment in rapid antigen tests earlier last year in anticipation that surveillance testing on a large scale may become necessary at some point. Staff have each been issued with 20 test kits and are required to take a test on the day of and prior to their shift. They are required to keep a record of their tests and submit the record after the 20th test, at which point they will be resupplied (subject to availability).

As you know, the supply chain for rapid antigen tests is under pressure, so it might be necessary at some point to reduce testing frequency to conserve our supplies, but at this time daily testing remains the correct protocol.

Our outbreak management team has worked constantly since the outbreaks were suspected. We have met twice with the public health authorities.

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Because the PCR testing system has been overwhelmed by travel-related testing and exponential growth in cases, PCR testing is being rationalised in residential aged care to people who are symptomatic or return a positive rapid antigen result.

We are working with the public health authorities to obtain priority testing for Harbison samples, but to date the experience has been frustratingly difficult.

Update

In addition to five confirmed cases in our workforce, we have our first confirmed case of an infected resident at Burradoo. We are not surprised by this development, because it fits our current understanding of how the outbreak is progressing. The infected resident is well, and we are closely monitoring two other residents who are suspected cases.

What is an outbreak?

In the context of COVID-19, an outbreak is defined as at least one confirmed resident case or at least two confirmed cases of workers and/or visitors who were at Harbison within 72-hours of their infectious period. Confirmed cases indicate that the virus is spreading or at high risk of spreading within our vulnerable population of residents.

In response to an outbreak, we take steps to break the chain of transmission, including escalating the use of PPE, isolating residents to their rooms where possible, closing communal spaces, prohibiting visitors, compartmentalising buildings, cancelling group activities, increasing clinical observations, prohibiting outings other than essential medical appointments, increasing testing, and standing down staff who are unwell or high risk.

Declaring that an outbreak is over is a decision for public health authorities. Generally, an outbreak is declared over at least 28-days after the date of isolation of the last case. Given the incidence of community transmission, this means our outbreaks could run for extended periods if staff continue to be exposed in the community. Below I explain how we intend to mitigate this issue in the short term.

We do not have up-to-date data on the number of outbreaks in residential aged care, but anecdotally we are among a large and growing number of services which are declared outbreak sites. However, it appears that the Omicron strain of the virus is less harmful to fully vaccinated people.

What is our biggest current challenge?

We have plenty of PPE and enough rapid antigen tests for the short term. The biggest challenge now is a workforce shortage caused by any need to isolate staff who are close contacts or infected. It is not simply a numbers game, because some roles are more critical than others. We have been advised that the Australian Government's surge workforce is already exhausted, so we are assuming that we need to solve this problem ourselves.

Many staff have agreed to work 12-hour shifts. Others have cancelled or changed their holiday plans. Together, these are our outbreak heroes. 12-hour shifts reduce the number of shifts we need to fill by up to one-third. However, fatigue is a serious issue so this is not a sustainable system in the longer term. The problem is exacerbated by the need to compartmentalise staff, which reduces the options for teamwork, and the need to work in full PPE which dramatically slows the pace of work and makes it more difficult.

We expect the Government to modify current guidelines to minimise the impact of COVID-19 on workforce availability. In short, I believe the time has come to accept that the risk cannot be eliminated, and exposure will occur. We will keep our teams informed about the rules to manage exposure risk and infection as they evolve.

Partners in Care

Unless the *CDNA National Guidelines* change, we predict the duration of these outbreaks will be long because our workforce will continue to be exposed to widespread community transmission which prevents us from meeting the condition for the public health unit to declare outbreak over.

We are mindful of the detrimental impact of isolation on our residents. Therefore, in accordance with the *Industry Code for Visiting in Aged Care (v.6.0)* we are activating a *Partnerships in Care* program from Thursday 6th January 2022.

Partnerships in Care is endorsed by the Aged Care Quality and Safety Commission and is like the *Approved Visitor Program* we ran earlier in the pandemic. Each resident is entitled to nominate a single Partner in Care to support them for the duration of the outbreak. Usually, this will be someone with a close and continuing relationship with the resident.

A Partner in Care is not simply a visitor. Partners in Care need to accept the risks of infection including chronic illness and death. Partners in Care must be fully vaccinated against COVID-19, including a third dose if eligible. To mitigate the risk, we will provide full PPE to each Partner in Care and train them how to use it.

Partners in Care will be confined with their resident in the resident's room or adjacent outdoor area. They are expected to frequently and regularly visit their resident. They will work with the resident under the direction of our staff to support a range of activities, like:

- Personal care
- Physical activity and exercise
- Grooming
- Massage
- Assistance with meals
- Leisure activities e.g., reading, music
- Access to and supervision in outdoor areas
- Companionship, conversation, and social engagement, including e.g., Facetime with family and friends
- Meaningful support at end-of-life
- Culturally specific and individually appropriate support
- Other activities that the resident and Partner in Care would normally undertake during a visit, subject to lockdown restrictions.

Each Partner in Care needs to be inducted, so initially the rollout will depend on the level of interest and availability of staff. Onboarding will include training about workplace health and safety, privacy, infection prevention and control, and how to do a handover with staff at the end of the visit. Approved Visitors will be given priority because they have already completed some training.

We will survey residents and Partners in Care during and at the end of the program to identify improvements for future outbreaks. If a Partner in Care becomes unwell, they will not be permitted to visit, so we strongly recommend that Partners in Care minimise their social and household risks during the outbreak.

We will ask residents whether they wish to nominate a Partner in Care and work with them to ensure the arrangements are individualised to their needs and preferences. A Partner in Care is required to provide support in accordance with their resident's wishes and will be subject to current COVID-19 screening requirements each time they visit.

If you are interested in acting as a Partner in Care, please register your interest by emailing Mark Jeffery at mark.jeffery@harbisoncare.org.au with the name of the resident you wish to support, explaining your relationship to the resident, providing your preferred phone and email contact details, and outlining your availability.

Mark's team will assess your expression of interest, discuss it with the resident appropriately, and respond to you within a reasonable timeframe. Please do not worry if it takes up to a week for a reply.

OPAN

A reminder that the Older Persons Advocacy Network can support residents and their families during the outbreaks. For more information contact OPAN on ph. 1800 700 600 or visit their website using this link <https://opan.org.au/> or request an OPAN brochure from a member of staff. If you prefer to communicate with us through an advocate like OPAN please let us know so we can record your preference in your care plan.

Visitor restrictions - reminder

We are closed to visitors except at end-of-life or as Partners in Care until further notice. End-of-life visits are limited to four people at any one time, and full PPE and screening is required. Any visitor who cannot or will not use full PPE competently will not be permitted.

Emergency leave – reminder

Please refer to my earlier letter about emergency leave for residents during the pandemic. If you wish to activate emergency leave, we will need to consult with the public health unit first.

Zoom Q&A - Wednesday 5th January 2022

I will be hosting a 1-hour Zoom meeting for families of residents at 11am on Wednesday 5th January 2022. To register your interest in attending the meeting please email Sue Golightly at sue.golightly@harbisoncare.org.au (the amazing Sue retired last Friday but has agreed to help me until our new EA commences, so please be extra nice to her).

The meeting will provide you with an opportunity to ask questions and provide feedback about our management of the outbreak.

Media

Anyone who is practicing self-care will probably be minimising their COVID-19 media exposure. But for the rest of us, please be wary of the media as a source of information.

For example, yesterday I read several reports which incorrectly stated that hospital workers need a negative test result before they return to work after infection. Once you are infected you will usually return a positive test result for months after you recover. Therefore, there is no need to test before a recovered case returns to work.

This is just an example of how the media (and in some cases politicians) can get it wrong. It is important to consider the source of information before making decisions or forming opinions.

Conclusion

Outbreaks by their nature are dynamic situations. All plans are subject to fast change if we need to respond to new circumstances. As you know, I am committed to keeping everyone as up to date as possible, but some changes may overtake my ability to inform.

Please continue to be patient as our team works carefully to stop these outbreaks as quickly as possible. Do not call the switchboard outside routine office hours unless there is genuine urgency.

We will immediately contact the families of any unwell residents, and we are providing other updates directly to families as often as possible. Our residents are in safe hands, and I am hopeful that none of them will become infected.

Thank you for reading this letter. Please feel free to contact me with any feedback or suggestions. Thank you to our teams who are working long and difficult hours with good humour and genuine camaraderie. We would not be Harbison without you.

Your sincerely,

A handwritten signature in black ink, appearing to read 'D. Cochran', with a long horizontal flourish extending to the right.

David Cochran
Chief Executive Officer

Monday 3rd January 2022

MESSAGE FROM THE CHAIR, BOARD OF DIRECTORS

Dear Harbison community,

I had hoped that my first message of the new year would not be about COVID-19 and outbreaks at our two villages, particularly after the challenges of the last couple of years.

Unfortunately, the “let it rip” mentality of our governments towards COVID-19 and the Omicron variant, particularly at this time of year, have, unsurprisingly, seen significant impacts across the Wingecarribee and broader NSW population. And it is no longer a matter of being “too close to home” – COVID-19 has reached our Harbison community.

However, I want to assure you that Harbison’s outbreak management plan is well-considered, evidence-based, developed and tested over time, with the input of relevant experts. In addition, Harbison has acted quickly and decisively – from the procurement of necessary PPE and test supplies and increased infection control training through to early vaccination and booster clinics for residents and staff and the activation of the outbreak management plan. Harbison is in a strong position to contain the spread of COVID-19.

I wish our affected staff and residents a speedy recovery. To those staff who are currently working extended hours - on behalf of the Board, I express our gratitude for your dedication and commitment to the ongoing safe and quality care of Harbison’s residents. You embody Harbison’s values each and every day.

To our residents and families – I acknowledge that this is a difficult and emotional time; please know that the decisions being taken now are to minimise the impact of this outbreak in the longer term. There are ways that you can be involved and/or assist at this time. For example, if you are in a position to participate in the *Partnerships in Care* program, I strongly encourage you to do so; of course, I understand that other commitments may prevent many of you from participating. I also encourage you all to continue reading the CEO’s messages as he updates you as regularly as possible so that you understand the latest developments directly from the CEO. Please do not rely on third party comments and social media posts for your source of information as to what is happening at Harbison. It is not helpful and can be upsetting to families, residents, and staff.

And, finally, please be assured that the CEO is in regular contact with me and the Board, as Harbison’s governing body, is being kept up to date with this evolving situation. If any additional support is required, the Board will act as necessary.

Take care,



Katie Constantinou

Chair

Harbison Board of Directors

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