



Wednesday 5th January, 2022

Dear friends,

This letter follows my letter of 3rd January 2022. As usual, it is being widely shared to ensure we all have the same information. This letter is a little different because it addresses some of the issues raised at a well-attended Zoom meeting with families earlier today.

Thank you to everyone who participated in today's meeting. The next meeting is scheduled for 11am on Wednesday 12th January 2022. You can register for the meeting using this link

<https://us06web.zoom.us/join/zoom/register/tZYkdeGhrT4tGNeJm7DaxXfhxObfKxrQMLus>

Subject to any significant changes we plan to run this meeting each week for six weeks from next week, then review. For convenience, if you register for next week's meeting you will automatically be registered for the following meetings. Unfortunately, if you registered for today's meeting you will need to register again (but only once).

I am encouraged by the strong response to the Partnerships in Care program and believe it will provide vital support to our residents during the outbreaks.

As discussed, so far residents who are infected are displaying mild to moderate symptoms and are clinically stable.

During the outbreak, what are the rules about external medical appointments?

Essential medical appointments that cannot be attended by telehealth should proceed. Our staff will coordinate these appointments with the external provider, who may have their own rules about appointments with people who live at an outbreak site. We will work with you to solve any problems.

Are residents permitted outdoors?

Yes.

We encourage residents to participate in outdoor activity as much as possible during the outbreak. These activities will usually be restricted to outdoor areas immediately adjacent to the resident's wing, but in some cases, we will make special arrangements if that is not reasonably practical.

We will consult with the public health unit and release residents from isolation as early as safety permits, even if they are still confined to their wings.

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Have residents been informed about the outbreak?

Yes.

Residents receive the same information as their representatives, and our staff talk to residents about what is happening and why e.g., visits or group activities are not happening.

We acknowledge that some residents have less cognitive ability than others, and our staff are trained to minimise any anxiety about the outbreak.

Can a close family friend be a Partner in Care?

Yes.

Generally, a Partner in Care will be a family member or someone with a close ongoing relationship with a resident, like a close family friend.

Anyone with an interest in being a Partner in Care should email Mark Jeffery on mark.jeffery@harbisoncare.org.au with details of their resident and best contact details.

Can Partners in Care bring goods and personal belongings with them, including pets?

Yes.

Subject to our pet policy, pets are encouraged to visit. They must be vaccinated, wormed, and treated for fleas and always controlled.

Are Partners in Care required to self-rapid antigen test?

Yes.

RAT will be part of the screening process for the foreseeable future. We do not have trained staff available to conduct the tests, but the self-tests will be observed by our screening team.

We acknowledge that the accuracy of RAT can be impaired by incorrect testing procedure, but all Partners in Care will be provided with RAT training and any positive tests will be confirmed by further testing.

How often are Partners in Care required to visit?

The program is flexible, to ensure it matches the needs and preferences of the resident with the availability of the Partner in Care as closely as possible.

We required a commitment to a routine and will record the agreed frequency and pattern of visits in the care plan, so the resident, Partner in Care, and staff know what to expect. If circumstances change, we can update the plan.

Most residents value routine, especially if they are living with dementia, and now more than ever. A goal is to ensure that the resident can rely on the agreed routine.

Can family members share the Partnership in Care?

Yes, but initially we are limiting one Partner in Care for each resident.

All interested family members are encouraged to complete the online training as soon as possible. As our capacity permits, we will include other family members in the practical competency to complete the training so family members can all play a part in supporting their resident. This will also ensure that there is a substitute available if the first Partner in Care becomes unavailable for any reason.

Can people help by volunteering at Harbison?

Yes.

While Partners in Care are dedicated to a single resident, volunteers will be working to support residents who do not have someone to support them. During the outbreak the usual volunteer program is suspended to allow volunteers to be redeployed where needed.

If you are interested in volunteering, are fully vaccinated against COVID-19 (including the third dose if eligible), accept the risks of working in a high-risk workplace (including chronic illness and death), and are willing to complete the basic training then please contact our Volunteer Coordinator, Jill Wall, by email jill.wall@harbisoncare.org.au

What is the status of emergency leave?

At this time residents can still activate emergency leave. As noted in earlier letters, this may change at any time if the public health unit deems it necessary.

To activate or discuss emergency leave, please contact Mark Jeffery in the first instance by email mark.jeffery@harbisoncare.org.au or phone 02 4868 6301 during office hours.

Is the café open?

No.



How are third dose COVID-19 vaccinations being managed?

If a resident did not receive their third dose at the recent in-reach clinic, their third dose will be organised in consultation with their GP and pharmacy as soon as possible after they become eligible. Usually, there will be no need for the resident to leave Harbison for this purpose.

Are the hearing assessment clinics going ahead during outbreak?

No.

The assessment teams visit multiple services so there is too high a risk of transmission if they visit an outbreak site. We will provide an update about this and any other suspended programs when it is safe to resume them.

Next steps

Outbreaks are unpredictable and dynamic, so it is important to be prepared for anything. Our focus now is organising as many Partners in Care for as many residents as possible. In general, we are prioritising high-risk residents in Alexandria and Harbison Dementia Living (Burradoo) and Alpine, Avoca, and Mandemar (Moss Vale), but any resident who is at higher risk from isolation will be prioritised.

We anticipate that the next seven days will be very tight for staff availability because almost 10% of our workforce is currently furloughed, and many of those hold responsible roles. We are working carefully to return those staff to work as early as possible, mindful of their wellbeing not just our operational requirements.

We are working to create a broader email list so that anyone who wants information during the outbreak can access it, but for the time being people who are not named representatives can access these updates on our website using this link <https://harbison.org.au/2022/01/03/ceo-covid-19-updates/> or following our Facebook page.

We are mindful of the fatigue of staff and invite you to support them by sending messages of support or encouragement through our feedback system, which can be accessed using this link <https://harbison.org.au/contact-harbisoncare/complaints/>

I spoke with some staff and residents at Burradoo this morning and almost burst with pride with the way everyone is coping. Our residents are in the safest possible hands, and I thank everyone on our team for pulling together to overcome the endless difficulties.

These outbreaks were inevitable, given the scale of community transmission and rapid de-escalation of community restrictions.

Early in the pandemic, I said that we were simply playing for time to ensure that we would be as well prepared as possible when the day finally arrived. Thanks to our staff, who have worked so hard for almost two years to buy us that time, our outbreak response has been effective. And this is despite the Government's surge workforce being instantly exhausted, the delays and mistakes in the PCR testing system, and the belated realisation that rapid antigen testing would be critical in the face of the Omicron variant. Everyone who works at Harbison deserves a round of applause.

That said, we are in for the long haul. It is likely that it will take months not weeks to resolve these outbreaks unless there is a significant change to the national guidelines. It is important that everyone practices self-care and paces themselves to ensure we all cross the line together.

Employees have access to the free Access EAP scheme if they need confidential help with (almost) anything, and residents and families have access to OPAN if they would like support from an advocate. The details of both are in my last letter or can be found at <https://www.accesseap.com.au/> and <https://opan.org.au/> respectively.

Thank you to the 40+ families who engaged at today's meeting. I encourage everyone to attend the weekly meetings and hope that you find comfort and support from being able to ask questions and share experiences and suggestions. I am grateful for your time and feedback. I note that the whole organisation is engaged in managing this situation, and that more than half our Board including the Chair and Deputy Chair attended the meeting.

Yours 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