



Friday 14th January 2022

Dear friends,

This letter follows my letter dated 10th January 2022 and provides a general update about the COVID-19 outbreaks at Moss Vale and Burradoo. As usual, this information is widely shared to ensure our residents and their families and representatives, our workforce including our volunteers and contractors, local GP practices, our company members, and the wider community all have the same information.

Thank you to everyone who have sent messages of support to our teams using the feedback links at <https://harbison.org.au/contact-harbisoncare/complaints/> - our staff appreciate the acknowledgement of their efforts in these extraordinary circumstances.

Burradoo outbreak – update day-18

I am sad to report that a resident of Alexandria has died with COVID-19 on day-9 of infection. The resident and their family chose to remain at Harbison instead of transfer to hospital for treatment, knowing the limitations the outbreak has placed on end-of-life care. Our thoughts are with the family at this difficult time.

The first COVID-19 death at Harbison has been an emotional experience for the team, and especially the teams who have been working so tirelessly in Alexandria. As I have said before, the Harbison outbreak team has been effective from hour-one, day-one and have given more than anyone has a right to expect. I am proud of them, and they should hold their heads high at this turning point in the outbreak.

We now have six cases, one of who has transferred to hospital for treatment, leaving five cases in Alexandria. Containment of the virus appears to be effective at this stage due to careful use of PPE and surveillance testing for early detection. We are in direct contact with the families of the current cases.

Our furlough numbers have reduced as staff return to work after infection or exposure, but 17 staff are currently furloughed and the ongoing risk from community transmission remains high.

Moss Vale outbreak – update day-17

I am pleased to report that Moss Vale still only has a single case in Mandemar. This resident is stable and now halfway through the isolation period. If they remain well, we are hopeful that we can remove this case from our line listing sometime next week.

Like Burradoo, our furlough numbers have improved but we currently have nine staff on furlough.

Since the start of the outbreaks 64 staff have been furloughed at some point, representing about 15% of the workforce. We expect this number to continue to increase until the incidence of community transmission reduces. Although we have not received any external staffing support, we are currently satisfied with our ability to manage this issue.

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PPE and RAT

Every successful outfit needs a scrounger, and our Procurement Officer, Philip Soon, continues to conjure PPE and RAT kits to keep our teams well supplied. Our only risk at this stage is N95/P2 masks, which are probably the most important item in the PPE war chest.

Unfortunately, we received defective stock from the national stockpile, but we remain hopeful that replacement stock will arrive soon. If we do temporarily run short of these masks, we have plenty of surgical masks and face shield on hand.

Communication with families

In addition to direct communication with families of unwell residents, we are hosting weekly Zoom meetings at 11am on Wednesdays to provide you with an opportunity to ask questions and share concerns or suggestions. We recommend that every family have at least one representative attend these meetings if possible. To register for the meetings simply use this link

<https://us06web.zoom.us/meeting/register/tZYkdeGhrT4tGNeJm7DaxXfhxObfKxrQMIus>

Once you have registered you can access each weekly meeting without registering again.

Here are some questions and answers from this week's meeting.

If I am an Approved Visitor, do I need to do all the Partners in Care training?

No, although we recommend it as a refresher and think you will find the new content interesting and useful. We will credit Approved Visitors for their earlier training so they can fast-track their Partnership in Care training.

What type of care is expected from Partners in Care?

The focus is assisting with activities of daily living (feeding, dressing, grooming, hygiene etc) and emotional and social wellbeing through companionship, meaningful activity, virtual contact with others etc. Partners in Care work with staff and their resident and will be supported as much as possible. We encourage Partners to bring in care packages for their residents.

What commitment is required from a Partner in Care?

The program is flexible. The focus is on routine, so residents know what to expect and are not disappointed. We will work with you and your resident to agree on a routine that best meets their needs and preferences and your availability.

Do Partners in Care need to provide their own PPE?

No.

We will provide you with appropriate PPE, which currently includes mask, eye protection, gown, and gloves. We will also provide the RAT kit for entry screening, at no cost to you.

Will Partnerships in Care continue after the outbreak?

Yes.

We anticipate future COVID-19 outbreaks and will re-activate the Partnerships in Care program for each outbreak. In future, Partners in Care will not need to repeat their training before they are permitted on site. Normal visits will not be permitted during an outbreak.

Can more than one family-member be a Partner in Care?

Yes.

Initially we are restricting induction to one person for each resident, but anyone can complete the online training now and once we have given at least one representative from each family a fair chance to complete their competency assessment, we will expand the program to as many family members who wish to participate. We expect this will be possible soon.

Can a Partner in Care help other residents?

Sometimes.

Partners in Care must minimise their interaction with other residents and staff, including other Partners in Care. This is a strict rule if you are in a red zone, but in other zones if residents are free to move and participate in group activity then Partners in Care may work as a group if so directed by the staff.

Can an outbreak be declared over in unaffected parts of a service?

Yes, in theory.

This is a decision for the public health unit, but in theory parts of a service might be designated outbreak-free. This will usually depend on factors like layout of the floorplan and staff availability. We do not expect this will be the case for our current outbreaks.

What is the status of virtual visits?

Due to staff shortages the virtual visit program is temporarily suspended, but in cases where there is no other option for contact, please notify Mark Jeffery of the circumstances so his team can make alternative arrangements (mark.jeffery@harbisoncare.org.au).

Can residents move about their own wing?

Some residents can, but others are confined to their rooms. This is decided based on risk assessment and the national CDNA guidelines, to assign each area a red, amber, green, or blue status to control movement. Currently, hostel and dementia wings are free to move within their wings and the adjacent outdoor areas, but residents in other wings are confined to their rooms.

Staff minimise their movement and follow strict protocols if their role requires them to move between zones. Most staff are confined to a single area during their shift and use different entry and exit to minimise staff interaction between zones.

Do staff wear PPE in dementia wings?

Yes.

It is unavoidable, but we recognise it is not ideal. The PPE protects residents from infection by staff who may not know they are infected until too late. Most residents living with dementia are not suitable for isolation, so the PPE is a necessary precaution.

Do end-of-life visitors need to be vaccinated?

No.

Like everyone, they will need to pass screening and wear full PPE. A positive RAT will prevent an end-of-life visit.

How long will the outbreak last?

We don't know.

Under current guidelines an outbreak is normally declared over at least 28 days after the date of isolation of the final case. Rolling staff cases complicate this. Our current expectation is that Moss Vale will be declared over before Burradoo.

EAP for staff

All staff and their families can use the free Access EAP employee assistance program. The program is completely confidential. Harbison never knows the identity of anyone who uses the service. We only know how many hours of counselling or support are provided.

Many of our families have been impacted by e.g., 12-hour shifts, so please feel free to refer family members to Access EAP if they need help. We sincerely appreciate the sacrifices being made by hundreds of Harbison families at this time, and they are very much part of the huge effort underway to protect our residents.

<https://www.accesseap.com.au/> or ph. 1800 818 728

Third dose vaccinations

It is vital that you have your third dose as soon as you are eligible. Eligibility criteria have changed and may change again, so consult your doctor or pharmacist to check your eligibility.

Staff must notify our People & Culture Team (hr@harbisoncare.org.au) with proof of vaccination because we are required to report depersonalised vaccination information to the Government each week.

We remind GPs when residents are eligible for their third dose so GPs can review their patients for clinical suitability. Because of the outbreaks, the next in-reach clinic is not likely to proceed as planned in February 2022. Instead, we are working with a local practice and our pharmacy to arrange outbreak clinics in the coming weeks. Families should be reassured that we will coordinate third doses for residents as opportunities permit. My sincere thanks to the GPs and pharmacists who are supporting us in this effort.

We expect that third dose will become mandatory soon, and strongly recommend that Partners in Care obtain their third dose as soon as they are eligible to ensure they meet the likely revised definition of fully vaccinated.

Conclusion

The public health unit has commended Harbison for an outstanding response to these outbreaks. For almost two years I have been (dad) joking that our first outbreak would happen at Christmas and would hit both homes simultaneously. Our plans assumed a single outbreak and significant public sector support, so it is a great credit to our staff that they have smoothly responded to the worst-case scenario of concurrent outbreaks, rampant community transmission, and scarce public resources.

Early detection, high vaccination rates, effective planning, workforce flexibility, and adaptive problem solving have worked for us. The risk is still high, but Harbison is a relatively low risk outbreak. Thank you to everyone in the community who has been supporting us. Together we will resolve this situation and prevent it from developing into a crisis.

If you have any concerns, please use our feedback system, or contact us during office hours (unless it is an emergency). I look forward to seeing our families at our next meeting on Wednesday and remind staff that the weekly Zoom staff meeting is at 11am each Friday.

Be kind to each other. Stay safe.

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