

Monday 24th January, 2022

Dear friends,

This letter follows my letter dated 17th January 2022 and provides a general update about the COVID-19 outbreaks at Burradoo and Moss Vale. As usual, we share this information with residents and their families and representatives, our workforce, local GPs, our company members, and the wider community to ensure that everyone has access to the same information at the same time.

Harbison Burradoo – day 27 update

It has been 13 days since our last resident case was detected, and there have been no further deaths. If no new cases are detected today, we expect the public health unit will soon consider closing this outbreak which means we will begin a 14-day enhanced surveillance period before the outbreak is declared over.

I commend our teams, especially in Alexandria, for containing this outbreak so effectively. Burradoo is operating as a green zone, which means that P2 or N95 masks and eye protection are required in combination with enhanced hand hygiene. The staff lounges remain closed and separate entrances and exits for each compartment are in use.

We are planning to reopen the café after the outbreak is closed.

Harbison Moss Vale – day 26 update

Our initial Mandemara case is now resolved, and the resident is well. Yesterday, we detected a new case in Penrose, which means the hostel has joined Avoca as an amber zone requiring full tier-3 PPE (P2 or N95 mask, eye protection, gloves, gown).

Residents of Joadja and Penrose are confined to their wings and the new case is isolating in their room. Berrima residents may use the dining room and communal areas because they do not have a lounge in their wing. Outdoor activity in the gardens adjacent to the wings is encouraged.

It is day 7 for our Avoca case, which means they are probably not infectious and will soon be permitted to leave isolation. This resident is doing well and has been quite well and in good spirits during quarantine. Our Penrose case is day 1 and, so far, shows no symptoms, the infection being detected during a routine RAT sweep. We will monitor all residents in the hostel closely for any signs of transmission.

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We are seeking a PCR test to confirm the new case. We will probably never know, but if confirmed it is most likely that this case is due to transmission from an undetected staff case. Staff must perform a RAT prior to each shift and may not work if the result is positive. Contact precautions mean that there is low risk of transmission even from an infected person. But nothing is perfect for such a contagious disease.

Partnerships in Care – update

Our first Partners in Care have completed their training and are now helping to support their residents. If you are interested in joining this program, contact Mark Jeffery by email (mark.jeffery@harbisoncare.org.au) or phone 02 4868 6300 during office hours.

An important feature of the program is a commitment by the Partner to a routine which has been agreed with the resident, Partner, and Harbison. This is to ensure the resident knows what to expect, and to allow us to consider the amount of support available when we plan our outbreak rosters.

Being a Partner is not a right to visit whenever you like. It is more like working a volunteer shift because Partners are part of a team. The schedule is flexible, but each change must be agreed and documented in the care plan to meet the requirements of the Aged Care Quality and Safety Commission.

This responsibility is not for everyone, but we appreciate the large number of people who have agreed to support their residents through the outbreak in this way and we expect that this system will be an important part of future outbreak management.

Workforce furloughs – update

In total, 78 staff have been required to isolate due to COVID-19 since the start of the outbreaks. This represents approximately 1-in-5 of our workforce, which is relatively low compared to some other workforces where infection prevention and control knowledge and vaccination rates may be lower. But it has still had a significant impact, especially among skilled clinical and medication workers.

Without the staff who volunteered to switch to 12-hour shifts we would have faced a very serious situation. However, most staff have now returned from furlough which means that our current workforce availability is as close to normal as possible. This does not mean that service is normal, because movement restrictions and the need for donning and doffing PPE create their own challenges for our teams, but it is as normal as possible in the circumstances.

Third dose COVID-19 vaccinations

We strongly encourage everyone to have their third dose as soon as they are eligible. An information sheet about booster vaccination for residents is enclosed. Residents may request their dose from their GP, or they can wait until the next in-reach clinics in February 2022. Approximately 78% of Burradoo residents and 60% of Moss Vale residents have already had their booster dose.

A reminder that staff must report their third dose to the People and Culture team when they receive it, because we are required to report de-personalised workforce vaccination data to the Department of Health.

In conclusion, we are hopeful that the Burradoo outbreak will be over by mid-February, but the Moss Vale outbreak is expected to run for at least a month longer. The next few days are important as we monitor for any spread at Moss Vale. Because of Australia Day this week, the next family Zoom meeting is next week, on Wednesday 2nd February 2022 at 11am, and the next Teams staff meeting is on Friday 4th February 2022 at 11am.

My thanks to the Outbreak Management Team who in most cases have had only one day off since the outbreaks began, to the Partners who have stepped up to help relieve our residents of the impacts of the outbreaks, to the doctors and pharmacists who are helping with vaccinations, and for the kind and encouraging messages which continue to arrive through our feedback portal (<https://harbison.org.au/contact-harbisoncare/complaints/>).

Thank you for reading this letter. I will provide further updates as circumstances change.

Yours sincerely,

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

David Cochran
Chief Executive Officer



Australian Government



COVID-19 booster vaccination information for residents of aged care facilities

Information current as at 4 January 2021

The Australian Government's national COVID-19 vaccine booster program for people in residential aged care is now well underway.

The COVID-19 vaccine booster program is recommended by Australia's Therapeutic Goods Administration (TGA) and the Australian Technical Advisory Group on Immunisation (ATAGI).

You are eligible to receive a booster if you had your second dose of your primary course of COVID-19 vaccination at least four months ago.

On 24 December 2021, the Government announced the interval between a second dose of a COVID-19 vaccine and a booster dose will be reduced from five months to four months, from 4 January 2021.

Given the likelihood of ongoing transmission of both Omicron and Delta variants, COVID-19 booster vaccinations are recommended for anyone aged 18 and older who completed their primary course of COVID-19 vaccination four or more months ago.

Timely receipt of a booster dose is particularly important for people with increased exposure risk (e.g. occupational risk or outbreak areas) or who have risk factors for severe disease. This includes people living and working in residential aged care.

People are eligible for a booster vaccination if they completed their second dose of a COVID-19 vaccine four or more months ago.

Every resident living in an aged care facility who has received two doses of a COVID-19 vaccine will be offered a Pfizer vaccine booster dose.

Your facility staff will discuss with you, or your substitute decision maker, whether you consent to receive a COVID-19 vaccine booster and they will assist you to complete a consent form.

Consenting residents who received their second dose vaccination at least four months ago, can receive a booster vaccine at an in-reach clinic at your facility.

If you are eligible for your booster dose ahead of your facility's booster clinic, you can ask your facility to organise for a visiting GP or pharmacist to give you your booster now.

You do not need to wait for your facility's scheduled booster clinic to get your booster dose if you are already eligible – that is, it is four months since you received your second dose of a COVID-19 vaccine.

Added protection for people who are fully vaccinated

Aged care residents who have had two doses of a COVID-19 vaccine can be reassured that they are very well protected.

People who have received two doses of a COVID-19 vaccine are very well protected against serious illness, hospitalisation or death from COVID-19.

However, a booster dose will boost your immune response and provide an additional layer to further reduce the risk of breakthrough infection (when a fully vaccinated person gets COVID-19 and is at risk of transmitting the virus to others).

When you are eligible to receive your booster vaccination

Residents in aged care facilities who received two doses of a COVID-19 vaccine at least four months ago are now eligible for a booster dose.

These residents will be offered a COVID-19 booster dose through Commonwealth in-reach clinics, like those that delivered the initial first and second dose clinics at your facility in early 2021.

Workers who received their second dose at least four months ago will also be offered a booster dose at the in-reach clinics if at least four months have passed since they received their second dose.

Your facility will notify you when the COVID-19 vaccine booster clinic is scheduled.

Every residential aged care facility across Australia will be allocated a Commonwealth vaccine provider. Booster clinics can also be delivered by primary care providers or approved aged care providers. Booster clinics will offer a booster clinic for all residents and workers who completed their primary course (two doses) at least four months earlier.

Your facility will discuss the booster program and scheduled date of the booster clinic with you.

If you received your second dose of a COVID-19 vaccination less than four months ago, you will not be due for your booster yet. However, your facility will ensure you can receive a booster vaccination from a visiting GP or pharmacist when at least four months has passed since you had your second dose.

If you have only received your first dose of a COVID-19 vaccine, you can receive your second dose of a Pfizer COVID-19 vaccine at the facility's booster clinic. Your facility will arrange for you to receive your booster dose within the recommended interval from a visiting GP or pharmacist.

If you have not yet been vaccinated, you can receive your first dose of a Pfizer COVID-19 vaccine at the facility's booster clinic. Your facility will arrange for you to receive your second dose and booster dose within the recommended intervals from a visiting GP or pharmacist.

Providing consent

All residents in aged care must provide valid consent before receiving a COVID-19 vaccine, including for a booster vaccine.

Your facility is responsible for obtaining your consent to vaccination.

Facilities will support residents to consent to a booster vaccination and they will make residents' consent forms available to the Commonwealth vaccine provider on the day of clinic.

Aged care providers keep a record of resident's consent to share with those who administer the vaccine for recording on the Australian Immunisation Register.

Consent by a guardian or substitute decision-maker

In some cases, a guardian or substitute decision maker will be responsible for consenting to vaccination on behalf of a resident in aged care.

Some jurisdictions have specific requirements relevant to guardians or substitute decision makers who are consenting on behalf of another person.

If consenting to COVID-19 vaccination on behalf of a resident living in an aged care facility, please refer to the enduring guardianship legislation in your state or territory.

Is a booster dose the same as a third dose, and should I get a booster if I've already had a third dose?

A booster vaccination is different to a third dose. ATAGI has recommended only people who are [severely immunocompromised](#) should receive a third dose as part of their primary course.

A booster dose is not recommended for those who receive a third dose.

Safety of COVID-19 booster dose

Common, mild side effects following a booster dose may be like those some people may have experienced after their previous COVID-19 vaccinations. These include a headache or mild fever and generally do not last more than 24 hours.

If you have any concerns, please speak with your GP or other allied health professional.

Type of vaccine to be used for booster doses

The Pfizer (Corminaty) and Moderna (Spikevax) COVID-19 vaccines are approved by the Therapeutic Goods Administration (TGA) and recommended by the Australian Technical Advisory Group on Immunisation (ATAGI) for the COVID-19 booster program in Australia.

You can have the Pfizer or Moderna vaccine as a booster no matter which vaccine brand you had for your first two doses. The Commonwealth in-reach booster clinics in residential aged care will be administering the Pfizer vaccine.

You can also receive the AstraZeneca (Vaxzevria) vaccine as your booster if you:

- can't have the Pfizer vaccine for medical reasons
- had two doses of the AstraZeneca vaccine previously and prefer to receive this vaccine as your booster.

Where can I get information to help me decide about getting a COVID-19 booster vaccination?

For more information visit the Department of Health website page for [residents in aged care](#).