



11 April 2022

Dear friends

This email includes an update regarding COVID-19 vaccination, and important news about the Burradoo hostel. As usual, we are sharing this information with our residents, their representatives and relatives, our workforce, local GPs, our company members, and the wider community.

COVID-19 Winter booster dose

Enclosed in this email is a letter from the Chief Medical Officer, Professor Paul Kelly, regarding the COVID-19 Winter booster dose which has been recommended for all eligible residents in aged care.

We are planning to administer this forth (4th) dose of COVID-19 vaccine with the help of GPs and pharmacists. It is likely that we will administer the annual influenza vaccine at the same time if it is deemed safe to do so by your doctor. We will provide a clinic schedule as soon as possible.

Both the COVID-19 Winter dose and influenza vaccination are free of charge. If you have any questions or concerns about vaccination, please consult your doctor or a Registered Nurse.

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Third (3rd) dose for employees

From Tuesday, 12 April 2022, employees must be “appropriately vaccinated” to legally enter a residential aged care facility in NSW.

That means they must have a third (3rd) COVID-19 vaccine dose 13-19 weeks after their mandatory second (2nd) dose (or by Tuesday, 12 April 2022, whichever is later) and provide us with evidence of vaccination. In rare cases of medical contraindication, there is a new form to obtain from your GP and previous contraindication certificates are no longer valid.

Managers have been working with staff to ensure they understand their obligation and are supported to access their third (3rd) dose, but if anyone needs further help to comply with the Public Health Order then they should speak to their manager or supervisor immediately.

Harbison has a proud track record with staff vaccination. Anyone who chooses to work with vulnerable people understands that vaccination is part of the job. We will soon be announcing a schedule for the annual free staff influenza vaccination clinics.

Closure of the Burradoo hostel

Last week, I met with residents from our Burradoo hostel to tell them that we have made the difficult decision to close the hostel within the next 12-months.

Cullen House opened at Burradoo in 1959, providing a home for five (5) people before expanding gradually with the construction of five (5) additional courts to accommodate up to 93 people. Almost 63 years later, the building has reached the end of its service life and is no longer fit for purpose. Currently, only 38 rooms are occupied, and some rooms have already been demolished due to low demand and dilapidation.

Each resident of the hostel will be offered alternate accommodation at Burradoo or Moss Vale at an appropriate time. There will be no cost involved with the relocation. For some residents, the timing of their move will be driven by changing needs, not the decision to close.

As a first step, we invite current residents to visit Moss Vale for a meal and a tour of the recently refurbished home, so they understand all the choices which are available. If necessary, more than one tour can be organised. We will make all the necessary arrangements for any resident who is interested.

There is no fixed timeline for this process, and I am available to speak to anyone throughout this time. Mark Jeffery, our Residential Care Manager, is overseeing the allocation of new rooms, and Danny Turner, our Residential Services Manager, is responsible for the actual relocation. I am confident that they will provide each resident with all the support they need, and in most cases I believe that residents will be pleasantly surprised by their new homes.

However, we understand that change is difficult, and more difficult as we grow older. For that reason, we have worked to ensure that our hostel residents were the first to know (followed by the staff who care for them) and there is a long time to accept and adjust to the change and make the necessary decisions.

As the decommissioning proceeds, services and activities will gradually be consolidated in the main building. We will provide information to residents prior to any change. Eventually, the building will be demolished to make way for new development.

Overseen by the Board's Built Environment & Development Committee, we regularly review the suitability of our buildings to ensure they are safe, comfortable, easy to navigate, and supportive.

Last year, our Burradoo dementia service won the UDIA NSW *Excellence in Aged Care* design award. This year, we will soon complete our significant refurbishment of Moss Vale and a light refurbishment of the main building at Burradoo.

The hostel no longer meets the standards which our residents deserve and should expect. I am confident that this decision is in the best interests of our residents and workforce.

Enduring Guardians and Restrictive Practices

Each resident should have an Enduring Guardian, which is a document appointing a person (or persons) to make personal or healthcare decisions on their behalf if they lose the capacity to decide for themselves.

An Enduring Guardian is a legal document which is subject to limits set out in the document. A guardian may be appointed by a resident while they have capacity, or by the Guardianship Division of the NSW Civil and Administrative Tribunal if they lack capacity.

So, what do I mean by capacity? At Harbison, we presume that every resident has the capacity to make decisions about their life. Capacity means understanding the nature and effect of a decision, freely and voluntarily making the decision, and being able to communicate the decision in some way.

If we assess that a resident lacks the capacity to decide, then, as a last resort, we will ask a substitute decision maker to make the decision on their behalf. Capacity is decision-specific, which means that the complexity of a decision determines how much capacity is needed. Capacity is also time-specific, which means that capacity can change from one moment to the next. Registered Nurses will usually assess decision making capacity and may refer the assessment to a medical practitioner if necessary. It is common at Harbison for residents to have variable capacity.

So, who is a substitute decision maker for medical, dental, and lifestyle decisions? It is not next-of-kin, an informal decision maker, a Representative under the Aged Care Act, a doctor or health professional, or member of the family except in limited circumstances and then only in relation to healthcare decisions.

In most cases, a substitute decision maker needs to be an **Enduring Guardian**, or a **Legal Guardian** appointed by the tribunal or a court.

Last year, new regulations were introduced to limit the use of restrictive practices. Consent is required for the use of a restrictive practice, and in typical circumstances where a restrictive practice is necessary, a substitute decision maker will usually be required to provide the consent.

Only an Enduring Guardian or Legal Guardian with specific authority to consent to restrictive practices can provide the necessary consent. Unfortunately, most Enduring Guardian documents will not reflect the new regulations, which puts us in a difficult situation because often consent to the use of restrictive practices is extremely time sensitive.

Substitute decision maker appointment is required to be reviewed on admission and at each case conference. We are reviewing each resident's current arrangements to identify which residents may need to amend the powers granted to their guardian to ensure they can provide consent to restrictive practices if needed.

Following this review, we may need to obtain new consents because the current consents are no longer valid.

Meanwhile, we strongly suggest you review your guardianship arrangements, to check that restrictive practices are covered in the appointing document. If a resident no longer has capacity, then an application to the tribunal may be required to obtain the necessary authority. If you would like to discuss your substitute decision maker

arrangements, please contact your case manager to make an appointment, or consult your solicitor or an advocate like Seniors Rights Service.

This is a complex legal area with high risk to wellbeing if it is not properly managed. It is a requirement under standard 1 of the Aged Care Quality Standards that we support each resident to maintain choice and independence. The Enduring or Legal Guardian plays a key role in meeting that requirement.

If you are not an Enduring or Legal Guardian, please respect the fact that you may not be authorised to receive information about the health or life of a resident and may not be authorised to instruct us about their care. If this is a gap in your advance care planning, you may wish to seek independent advice about the best way to confirm who has the legal power to make these decisions on behalf of a resident with impaired capacity.

Thank you for reading this letter. We always welcome your feedback and hope you find this information useful.

I wish everyone a safe, happy, and sunny Easter, but suspect that safe and happy will need to suffice.

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



Australian Government

Department of Health

Chief Medical Officer

Dear Aged Care Resident

I am greatly encouraged that 94 per cent of residents in aged care facilities have received their recommended booster dose of a COVID-19 vaccine. This has offered the best protection against the current wave of the more contagious Omicron variant.

Staying up to date with the recommended COVID-19 vaccinations will continue to protect you from the risks of serious illness, hospitalisation or death from COVID-19.

This is particularly important as we approach the winter season, and with the potential for new variants of COVID-19 to be introduced into the community.

The expert Australian Technical Advisory Group on Immunisation (ATAGI) recommends an additional COVID-19 booster before winter for residents in aged care facilities, along with other vulnerable groups considered at most risk from the impacts of COVID-19.

This includes people aged 65 years and older, people who are severely immunocompromised, people living in disability accommodation and Aboriginal and Torres Strait Islander people aged 50 years and older.

Noting that vaccination efficacy can reduce over time, the recommended COVID-19 Winter vaccine dose will bolster your immunity for optimal protection over the winter season.

From 4 April 2022, you can receive your COVID-19 Winter vaccine dose from 4 months after your initial booster dose. If required, ATAGI advise it is safe to receive your winter dose at a shorter interval, but no less than 3 months after your initial booster.

Your facility will now be planning its COVID-19 Winter Dose vaccination clinic for residents. This will include discussing the benefits of the winter dose with you, advising you on the timing of the clinic and seeking your consent to be vaccinated.

COVID-19 vaccinations are free, safe and effective.

Your facility's COVID-19 Winter Dose vaccination clinic will be delivered by:

- A primary care provider such as a visiting GP or pharmacist,
- An aged care provider approved to administer COVID-19 vaccines, or
- A Commonwealth in-reach clinic.

It is important to know that you can ask your facility to arrange for a visiting GP or pharmacist to administer your COVID-19 Winter dose as soon as you are eligible – you do not need to wait for a scheduled clinic at your facility.

It is anticipated this winter Australia will see an increase in respiratory viruses such as influenza, as well as COVID-19 cases.

In addition to the COVID-19 Winter vaccine dose, it is recommended that you receive your annual flu vaccination. Under the National Immunisation Program, people aged over 65 can receive the flu vaccination for free.

In some cases, you may also be able to receive your annual flu vaccination on the same day as your COVID-19 Winter vaccine dose. ATAGI advises that it is safe to receive both vaccines at the same time. Ask your facility if this can be arranged for you.

If you have any concerns, please talk to your doctor or other health professional about the benefits and risks of vaccination. You can also call the COVID-19 Helpline on 1800 020 080 (select option 3) for any questions about vaccination.

I thank you for your continued participation in the national vaccination program.

Yours sincerely



Professor Paul Kelly
Chief Medical Officer

4 April 2022