



10 November 2021

Dear Resident family members

We do hope you are enjoying being able to visit your loved ones in our homes. We have enjoyed seeing the familiar faces back. We know our residents are very happy to see you all.

We received further updates from NSW Health which include:

- A new exemption for end of life visits allows up to 4 people (including unvaccinated people) to visit a resident at any one time. Unvaccinated visitors permitted entry under this exemption will be asked to undergo a Rapid Antigen Test before entering the facility;
- Visitors and staff returning from overseas who are fully vaccinated must not work or visit if they have returned from overseas in the last seven (7) days. They must have evidence of a negative COVID-19 PCR test taken on or after day 7 prior to entry;
- Fully vaccinated international flight crew members are permitted to visit if they can show evidence of a negative COVID-19 PCR test result within 24 hours of arrival into NSW or a rapid antigen test taken on the same day prior to entry; and
- Screening requirements related to local, interstate and overseas case locations have been removed.

Our number one priority is the safety and wellbeing of our residents and staff and your support is appreciated.

We are starting to receive information regarding COVID-19 booster shots for our residents and staff. Initial booster dose clinics will be delivered by external providers, including Sonic Health. The home will contact families when a booster clinic date is confirmed. Please use the link [<here>](#) for information regarding the COVID-19 booster, the consent form is attached to this letter. All residents will require a new consent form to receive a booster dose. Please complete and return to the home at your earliest convenience.

Once again thank you for your continued support. It is pleasing to see our families again.

Yours truly

A handwritten signature in black ink that reads "Graeme R." with a stylized flourish at the end.

GRAEME PRIOR
Chief Executive Officer



COVID-19 VACCINATION

Consent form for COVID-19 vaccination

Before you fill out this form, make sure you read the information sheet on the vaccine you will be getting: Vaxzevria (AstraZeneca), Comirnaty (Pfizer) or Spikevax (Moderna).

Last updated: 28 October 2021

About COVID-19 vaccination

People who have a COVID-19 vaccination have a much lower chance of getting sick from COVID-19.

There are three brands of vaccine in use in Australia. All are effective and safe.

You can have:

- AstraZeneca if you are 18 years or over
- Pfizer or Moderna if you are 12 years or over.

Pfizer or Moderna are preferred over AstraZeneca for adults under 60 years of age.

Most people require two doses initially. This is called the primary course.

People with severe immunocompromise may require a third primary dose to bring their immune response up to optimal levels

People aged 18 years or over can have a booster dose of Pfizer or AstraZeneca six months or more after their primary course, to prolong their protection against COVID-19.

See [ATAGI recommendations on use of a 3rd primary dose of COVID-19 vaccine in individuals who are severely immunocompromised](#) and [ATAGI recommendations on the use of a booster dose of COVID-19 vaccine](#).

Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild. They may start on the day of vaccination and last for one or two days. As with any vaccine or medicine, there may be rare or unknown side effects.

A very rare side effect after AstraZeneca is called thrombosis with thrombocytopenia syndrome, or TTS. This means blood clotting (thrombosis) with low blood platelet levels (thrombocytopenia). TTS does not happen after Pfizer or Moderna.

Name:														
Medicare number:														

Myocarditis and pericarditis (heart inflammation) have been reported following Pfizer and Moderna. Most cases have been mild and people have recovered quickly.

Tell your health care provider if you have any side effects after vaccination that you are worried about.

You may be contacted by SMS or email in the week after you have the vaccine to see how you are feeling.

Some people may get COVID-19 after vaccination. You must still follow all public health advice in your state or territory to stop the spread of COVID-19, including:

- keep your distance – stay at least 1.5 metres away from other people
- wash your hands often with soap and water, or use hand sanitiser
- wear a mask
- stay home if you are unwell with cold or flu-like symptoms and arrange to get a COVID-19 test.

By law, the person giving your vaccination must record it on the Australian Immunisation Register. You can view your vaccination record online through your:

- Medicare account
- MyGov account
- My Health Record account (you can register for this with a Medicare number or an Individual Healthcare Identifier).

How your information is used

For information on how your personal details are collected, stored and used, visit www.health.gov.au/using-our-websites/privacy/privacy-notice-for-covid-19-vaccinations.

If you are getting your vaccination in a pharmacy, the pharmacy must share some of your personal information with the Pharmacy Programs Administrator. This is so the pharmacy can claim payment from the Australian Government. More information about why this is needed and what information is shared is provided at the link above.

On the day you have your vaccine

Before you get vaccinated, tell the person giving you the vaccination if you:

- have had an allergic reaction, particularly a severe allergic reaction (anaphylaxis), to:
 - a previous dose of a COVID-19 vaccine
 - an ingredient of a COVID-19 vaccine
 - other vaccines or medications
- are immunocompromised. This means that you have a weakened immune system that makes it harder for you to fight diseases. You can still have a COVID-19 vaccine, but talk to your doctor about when is the best time to get your vaccine. This will depend on your condition and your treatment.

Name:												
Medicare number:												

Consent Checklist

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had an allergic reaction to a previous dose of a COVID-19 vaccine? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had anaphylaxis to another vaccine or medication? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a serious adverse event, that following expert review by an experienced immunisation provider or medical specialist was attributed to a previous dose of a COVID-19 vaccine (and did not have another cause identified)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had mastocytosis (a mast cell disorder) which has caused recurrent anaphylaxis? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had COVID-19 before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bleeding disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take any medicine to thin your blood (an anticoagulant therapy)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a weakened immune system (immunocompromised)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? * |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been sick with a cough, sore throat, fever or are feeling sick in another way? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a COVID-19 vaccination before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you received any other vaccination in the last 7 days? |

Relevant only for those receiving AstraZeneca:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been diagnosed with capillary leak syndrome? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have had thrombosis (clotting) together with thrombocytopenia (low platelets) within 42 days after having a previous dose of AstraZeneca? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had cerebral venous sinus thrombosis? * |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heparin-induced thrombocytopenia? * |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had blood clots in the abdominal veins (splanchnic veins)? * |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had antiphospholipid syndrome associated with blood clots? * |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you under 60 years of age? * |

* Pfizer or Moderna are the preferred vaccines for people in these groups. If these vaccines are not available, AstraZeneca can be considered if the benefits of vaccination outweigh the risks.

For more information, see www.health.gov.au/resources/publications/patient-information-sheet-on-astrazeneca-covid-19-vaccine-and-thrombosis-with-thrombocytopenia-syndrome-tts.

If you are pregnant, see www.health.gov.au/resources/publications/covid-19-vaccination-shared-decision-making-guide-for-women-who-are-pregnant-breastfeeding-or-planning-pregnancy.

Name:												
Medicare number:												

Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination.
- I confirm that I have none of the above conditions apply to me, or I have discussed these conditions and any other special circumstances with my regular health care provider and/or vaccination provider.
- I agree to receive a course of COVID-19 vaccine / I agree to receive a booster of COVID-19 vaccine

Patient's name:	
Patient's signature:	
Date:	

- I am the patient's parent, guardian or substitute decision-maker, and agree to COVID-19 vaccination of the patient named above.

Parent/guardian/substitute decision-maker's name:	
Parent/guardian/substitute decision maker's signature:	
Date:	

Name:													
Medicare number:													

For provider use:

Dose 1:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	

Dose 2:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	

Dose 3 or booster*:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	

*See [ATAGI recommendations on use of a 3rd primary dose of COVID-19 vaccine in individuals who are severely immunocompromised](#) and [ATAGI recommendations on the use of a booster dose of COVID-19 vaccine](#).

Last updated: 28 October 2021

Name:	
Medicare number:	