

The COVID response of the West Australian Government in regards to Residential Aged Care as experienced while working for [REDACTED]

I was a highly qualified and professional working as a registered Occupational Therapist in one of the larger Aged Care providers (Residential Care homes) when I confronted to deal and implement sudden and harmful lifestyle changes. I was working for this company for 5 years and building up new needed programs and was working to benchmark specific quality enhancements. With my previous experience in the aged care sector and specifically in Dementia care I was eager to use all evidence based and person centred intervention to the benefit and improvement of each elder that was placed under my care.

Personally I was also forced to take the flu vaccine (which for years I avoided as I used to have a severe reaction 25 years ago). I developed shingles a month after (which still this day affects the nerve endings above my right eye) in 2020. I was not granted an exemption in the next year, I only agreed for the sake of the residents as I did not want to leave them high and dry. I made a decision not to take whatever Covid vaccine was offered to me, as I knew that not enough research had gone into its distribution and my immunity was very strong for the last 30 years, I did not need any help.

I was suddenly asked to stop vital programs of intergenerational and pet therapy in March 2020. I immediately studied the impact this had on the elderly and tried to find other ways and mediums (virtual and sensory wise) to fill or replace this gap. I thought it would only be momentarily. The elderly residents cooperated as they were told over the main stream media that social distancing would be strongly advised and that children are "spreaders". I observed a new fear arising in them: a fear of the unknown, a fear of hospitals, and a fear even of the outdoors and mistrust of new and or replacement staff.

The flue jab rule cause replacement staff to be unavailable as they were unable to receive flue jabs in the community due to unavailability. So permanent staff had to carry the double load.

The other problem that emerged was that all volunteers were stopped. Which meant that countless programs had to be ceased. In a desperation not to lose volunteers altogether I organised letter writing in the form of email contact. But unfortunately the elderly volunteers resigned out of fear thinking that they themselves would put frailer people at risks. According to our management, the main reason for the cancellation of volunteer programs was that volunteers expose themselves more during the week to the outside world. Student programs were ceased which was a loss for both parties the students needed practical experience.

When the lock downs started to happen all external performers where stopped. They were asked to have the latest flue jab which was not available anymore at that time. So healthy talented and experienced individuals where cancelled and all the elderly were deprived of their highlight for the week. Of course we tried to cater for entertainment in other ways but this takes manpower.

Trying to stay in the rules in regulations I organised letter writing and virtual contact with children and family members. All these extra programs where done on top of my regular work.

When masks where introduced for all staff my colleagues became unwell and tired, they sweated more and by the end of the day most including me had a headache. The mood became very sombre and I was trying to think of ways how to lighten their mood. I also researched the effects of the mask wearing on the clients. Most said they felt protected but even this word was drilled from the main stream media. There were others that said they were feeling sorry for the staff and others said it

reminded them in a negative way of hospitals. The biggest barrier was communication as staff members were misunderstood and elders did not want to bother them with questions.

Clients that were still allowed out for a while had to wear a mask which was never worn in the correct way as clients would pull them off and then would be refused entry in hospital.

All bus outings were cancelled for a year and when they were allowed they carried a minimal amount of elders. They did not enjoy them anymore as there was no awareness of others on the bus. Their sense of time was getting vague and residents did not observe the outside world at all. The facility has a wall around it with gardens in its enclosure.

I dealt with private adjusted equipment. Equipment Companies were not allowed to come during lock downs and were reluctant to give their services due to all the rules. Some ended up dying before their equipment arrives and others had to endure sitting in broken chairs for the whole day.

The biggest crime happened when people where in palliative care. Family members were not allowed entry if they did not have the correct inoculation. We did everything to allow them meeting at distance of in the garden, but even then draconian measures where enforced. People with the Dementia where the ones that suffered most.

I am bringing to your attention the frailest most vulnerable and most isolated Western Australian citizens. I would like to elaborate as there are some clients that are imbedded in my memory and conscience. I will never ever like to be part of such a senseless regime ever:

1. One elderly gentleman was visiting his wife once a week and if his frail health allowed sometimes twice. After a total Lock down he realised that his wife had no recognition of him anymore, it broke his heart. (At that stage there were a couple of positive cases in the multimillion greater Perth Metropolitan area). When we opened up (with restrictions at a later stage he too scared to break the rules and told us that he would never forgive himself if he would make her sicker. The wife developed challenging behaviour and often screamed to have him close. She passed away without him by her side.
2. We received an unplanned admission due to financial pressure of the company during lock down. The man was totally unsuitable for the sudden locked in facility and only a few of his possessions where allowed in. When the rules became less ridged in the period of Dec 2020 and April 2021 some students where allowed back in and under strict supervision he was able to visit the community with his gopher. He never recovered from his turbulent entry and being forced into residential living he remained depressed and suicidal.
3. One lady was dying, her family was not inoculated. The company was not able to cater for the family to be by her bedside. They were told to get the Covid jab. In a desperate attempt to assist with palliative care the manager and myself wanted to make a way so that they could be in the garden rolling her bed outside as it was summer. The family however thought that was too much for their mother.
4. Another lady was admitted from hospital and all staff was asked to treat her as "positive case" as we were awaiting results. Therefore her admission lacked the usual support. This happened thrice while I worked there.
5. One lady was close to a hundred years old when the Covid jabs were offered, my own staff where asked to persuade her to cooperate. I was horrified as that decision to be involved in inoculation was never discussed as it if not part of the therapy assistant's job description. [REDACTED] She said in a clear voice that she would not like to have it. They injected her anyway, she cried immediately afterwards she

became palliative and died a week after inoculation. Her family acknowledged that she possibly died because of the inoculation.

6. One elderly male was not inoculated with the Covid jab neither was his family flu jabbed. They were asked to meet outside at the entrance. I personally tried to find another less weather exposed, private meeting place. The family knew of my efforts as I took it to the resident and relative meetings. However in the end he was the only one that saw his grandkids in the two years.

In September 2021 I was no longer permitted to work in my beloved profession. I was literally refused entry. My company hid themselves behind the government's rules and regulations. No replacement Occupational Therapist were hired or employed. All my programs were ceased and unqualified staff completed assessments that the company needed for their funding system.

My company never discussed any other virtual or telehealth options with me. I was treated like a diseased unwanted entity that would cause the vulnerable elders harm. I had an email communication from only one HR manager that became vindictive. My own mental health and wellbeing was never assessed. I had to seek help from a compassionate GP that diagnosed me with moderate symptoms of anxiety. I ended up treating myself as I knew the symptoms.

I am not the only one. I know of at least 200 nurses that lost their jobs suddenly in WA. I personally know 13 OTs that were no longer able to practise. Thank goodness for online help which I received from a group of psychologist over east.

The measures were damaging and draconian as we as professionals in health care give all our interventions a tremendous amount of thought and study. We always assess our decision making. It seems the government and my company in particular think they have acted in everyone's best interest as they never apologized not to the clients and not to me.

This was written with great concern of the future of elder care by Dorothee Gevers.