

**PRIVATE AND CONFIDENTIAL**

Hello everyone and thank you for the opportunity to provide feedback on our experience of a covid outbreak in a nursing home in these extraordinary times

We run [REDACTED] nursing homes and in [REDACTED] of those in the [REDACTED] we have [REDACTED]

[REDACTED]. We have a very experienced management team [REDACTED]. We had a good stock of PPEs. Most nursing homes would not have this setup.

The home is divided into [REDACTED]

On Thursday last week, 12<sup>th</sup> March, [REDACTED] reported covid-19 symptoms.

On Friday, 13 March, [REDACTED]

In all cases SWABs were immediately requested and necessary precautions in line with public health guidance were immediately implemented.

On Monday night last March 16<sup>th</sup>, at 10pm [REDACTED]

On Tuesday morning, March 17<sup>th</sup>, we checked the status of the swabs of the residents taken the previous Friday and they had not been processed.

On Tuesday afternoon, four days after the swabs were taken, we received confirmation that [REDACTED]

At that point, we had a further number of residents and staff who were symptomatic.

Today, March 20<sup>th</sup>, 9 days after initial symptoms presented and 4 days after the confirmation of the result, we have [REDACTED]

We have 31 staff assigned to that unit. [REDACTED] are not available to work as they have symptoms and are in self-isolation.

Of our kitchen and catering team, [REDACTED] are not available.

Thankfully and with huge credit to the team on the ground, the outbreak is so far restricted to one unit.

Our focus is on restricting the outbreak to that one unit. Of the other three units containing [REDACTED] very vulnerable residents, we have [REDACTED] over the past number of days. [REDACTED] We still await the results of others.

Like many healthcare facilities, our team consist of married couples, staff members who share accommodation and they work across different units. As you know, all it takes is one. We have multiple staff awaiting swabs or swab results.

We have managed to get by the last couple of day with skeleton staffing but we are facing the following challenges:

- First, We are communicating with multiple people in public health, all doing their absolute best, but we are getting conflicting messages. For a nursing home with an outbreak there needs to be one senior point of contact in public health with decision making authority.
- Because our staff numbers are depleted due to sickness and isolation, we do not have enough cleaning, catering, carers and nursing staff to keep the infection from spreading to the other units. We need more staff immediately otherwise the infection will spread to the other units and [REDACTED]
- On Tuesday we were promised a delivery of PPE by Public Health. We order 1000 gowns etc to keep us going for a week. Yesterday we received 100. We will run out of gowns within 2-3 days.
- We need access to oxygen. We cannot get this. Most of our residents will not be transferred to an acute hospital.
- We have residents on other units who need to be swabbed today. We have no swabs. Our GP has no swabs.
- Those swabs already taken for residents and staff and for which we await results need to be prioritised and returned within 12 hours.

In summary, we are facing significant mortality in a very high risk group of [REDACTED]

We are doing our best, largely on our own, to contain it to one unit. We will not succeed without your support. Our residents desperately need your help. Today, we need:

- One senior point of contact in Public health
- Enough PPE that meets the HSE and WHO guidelines
- 8 Carers, 4 nurses, 4 cleaners and 4 kitchen staff to be deployed immediately
- 20 swabs on site this afternoon

Things will get worse before they get better. Where we cannot meet the minimum requirements of care for our residents. What do we do? For example as we run out of PPE, we cannot ask staff to work and not meet the minimum national guidelines, we will need clear written instruction from public health/HSE permitting us to continue providing care in the circumstances.

Our risk assessment highlights the following:

- The spread of infection from unit to unit is very high
- The infection rate of our staff due to the lack of PPE is very high and will shortly not be in compliance with the HSE and WHO organization guidelines and the risk assessment we are following as per the HPSC.
- The burnout of staff is very high

We fully appreciate the extraordinary circumstances we are facing and the pressures on each of you. Where one has a cluster of infection amongst a very high risk group in our community like we have now for the past 9 days, all the stops must be pulled out to look after them.

Thank you.