

May 1st, 2020

Ms. Susan Cliffe
Deputy Chief Inspector of Social Services, Registration Office,
Health Information and Quality Authority,
Unit 1301,
City Gate,
Mahon,
Co. Cork.

Re: [REDACTED]

Dear Ms. Cliffe,

I refer to your correspondence dated April 17th and your follow up letter to [REDACTED] dated Monday April 27th.

I sincerely regret the time taken to respond. However, you will appreciate that a lot of information required to address your query in detail is held at Residential Unit level. I know you are aware from regular contact through your Inspectors of the level of demands on [REDACTED] at present, arising from the significant number of residents who contracted Covid along with the large number of staff who are in insolation.

Your correspondence raises concern that the [REDACTED] as the registered provider, “*is not implementing the interim Public Health Infection Prevention & Control Guidelines on the Prevention and Management of Covid 19 cases and outbreaks in residential care facilities, V3.1 14/04/2020*” specifically that residents who are not yet tested as positive remain in the same multi-occupancy room as residents who have tested positive.

The outbreak in [REDACTED] continues to be managed by an Outbreak Control Team, (OCT), [REDACTED] with the first meeting on Sunday 5th April. From last week, Occupational Health also participate in the meetings by teleconference, of the OCT.

I confirm that the “Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of Covid-19 cases and outbreaks in Residential Care facilities, and similar units” have been implemented in [REDACTED] as follows:

- Version 1.1 30/03/20 from 05/04/20
- Version 2 07/04/20
- Version 3 10/04/20
- Version 3.2 17/04/20
- Version 4 22/04/20

As you are aware, the guidance has been changed and amended several times following advice from NPHET and the Expert Advisory Group as more is learned about this virus.

The information contained in your letter does not accurately reflect the confirmed cases or suspected cases on the site on the date in question ie (see below)

Unit	Bay/Ward	Number of residents C19+	Number of residents with suspected C19	Number of residents in C19 contact isolation with no symptoms
[REDACTED]	[REDACTED]	█ residents	█ resident	█ residents
			█ resident	█ residents
		█ * residents		
		█ residents	█ resident **	
		█ residents		
		█ residents		
		█ residents	█ resident ***	

*Post OCT meeting on 16th April 2020 - plan to move resident suspect case from Room 1 – resident returned positive on day of planned move

** Resident with end stage terminal diagnosis receiving End of Life Care

*** Resident returned positive within days

Up to the 17th April 2020 the OCT managed the site are per Version 3.0 as follows:

- *Pg. 11 3.5 Laboratory confirmation should be sought for initial cases, in particular those who have a link to each other either directly or through shared staff. Once there are laboratory confirmed cases in 2 -3 cases including staff and residents it may be appropriate to make further diagnosis based on clinical features particularly if there are significant delays in accessing testing.*
- *Pg 24 5.4 Placement of residents with suspected or confirmed Covid 19 in a dedicated area with dedicated staffing (where staffing level permit) to facilitate care and to minimise further spread is known as cohorting. Cohorting includes patients who are placed in single rooms close together or in multi occupancy areas within the building or section of a ward unit. Where possible, residents with suspected or confirmed Covid 19 should be isolated in single rooms with ensuite facilities. Where residents are cohorted in multi occupancy rooms every effort should be made to minimise cross transmission risk.*
- *Pg 25 5.5*
 - *Identify residents and staff who are in close contact with symptomatic resident in the 48hrs before symptom onset and transmission precautions implemented.*
 - *Residents who are contacts of a confirmed or probable case should be accommodated in a single room with their own bathing and toilet facilities. If this is not possible cohorting in small groups (2- 4) with other contacts is acceptable. (Note Testing of contacts for COVID 19 is not appropriate unless they develop symptoms of infection).*
- *Pg 29 5.6.5 Transmission based precautions may need to be modified to take into account that the setting is also the resident’s home. A pragmatic compassionate and proportionate approach may be necessary when considering the care needs of the resident balanced against the risk to others.*

Members of the OCT have visited and risk assessed each ward / unit and made decisions based on the actual confirmed / suspected cases as the situation unfolded. They have consulted with the staff, GPs, Occupational Health Service and Consultant Geriatrician for the facility on an on-going basis.

The OCT reviewed room occupancy and decided based on the evidence available on each call the optimum use of the rooms available. Every opportunity to cohort patients in line with the guidelines was followed, along with reducing beds and maximising use of limited number of single rooms.

This continues to be the case as the results are returned. You must appreciate that managing an outbreak is a fluid situation with results becoming available at different times. The issue of patients testing 'not detected' and remaining symptomatic also forms part of the on-going risk assessment.

You will note the only locations where residents with no symptoms are in the same room as residents who are positive or suspected positive is in the [REDACTED]. The residents in the [REDACTED] have dementia and it has not been possible to appropriately accommodate them elsewhere while maintaining infection control. Assigning residents of different gender with dementia into the same room has not been considered as a safe option. In fact, your local inspector's views were sought on this earlier this week.

I consulted with both the [REDACTED] in preparing this response. [REDACTED] confirmed that the service had made optimal use of the option of cohorting cases within the limitations of available rooms.

You may also be aware that [REDACTED] Consultant Geriatrician, [REDACTED] visited the unit on two occasions April 17th and April 24th. [REDACTED] reviewed all arrangements for the management of patients including the options considered to move residents. He confirmed in writing that the management of residents with Covid in [REDACTED] was in line with best practice and that no different action was recommended.

Consideration and assessment by the OCT of the presenting risks from day to day will continue to inform the management of residents in accordance with interim Public Health Infection Prevention & Control Guidelines on the Prevention and Management of Covid 19 cases and outbreaks in residential care facilities V4 22/4/2020

I trust this provides the assurance you require.

Yours sincerely,

[REDACTED]

C.C.

[REDACTED]

ISA/0/4/2/1/2020.04.30