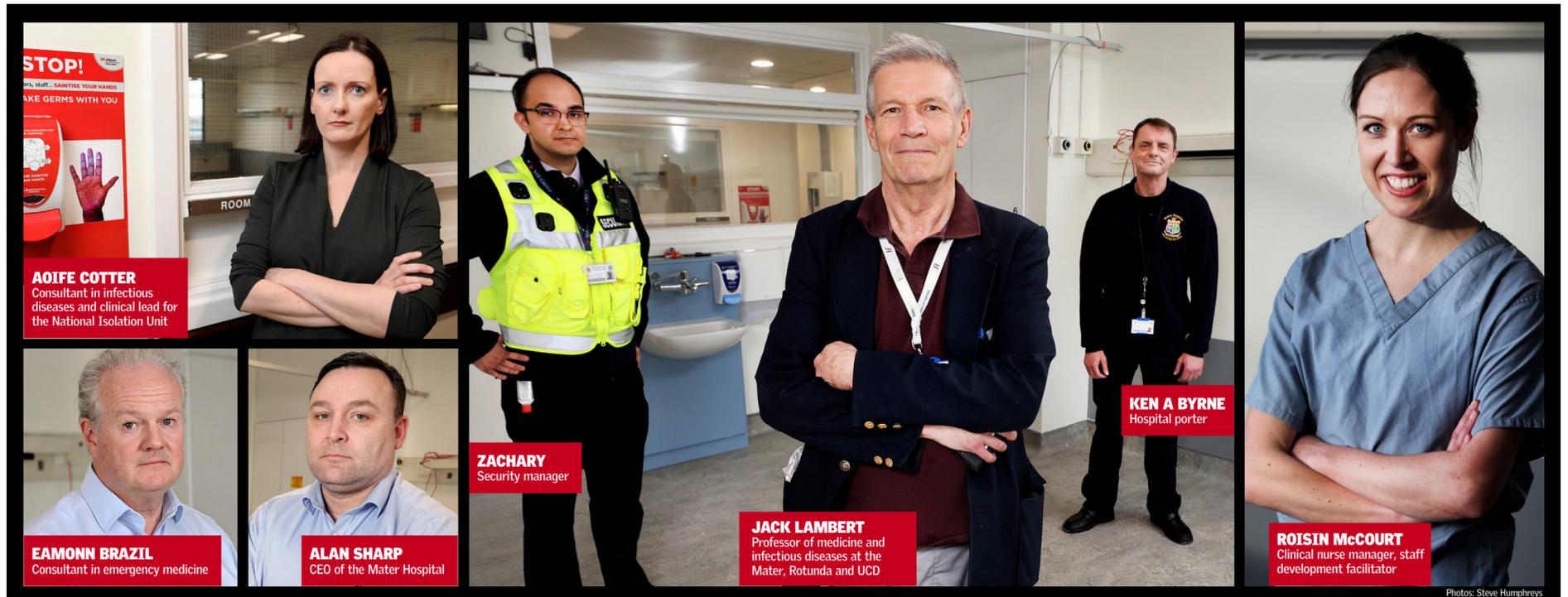


# Inside the Mater's war on Covid-19



**AOIFE COTTER**  
Consultant in infectious diseases and clinical lead for the National Isolation Unit

**EAMONN BRAZIL**  
Consultant in emergency medicine

**ALAN SHARP**  
CEO of the Mater Hospital

**ZACHARY**  
Security manager

**JACK LAMBERT**  
Professor of medicine and infectious diseases at the Mater, Rotunda and UCD

**KEN A BYRNE**  
Hospital porter

**ROISIN MCCOURT**  
Clinical nurse manager, staff development facilitator

Photos: Steve Humphreys

If the beds run out, we'll drop special medical pods in the car park, hospital chief executive Alan Sharp tells **Maeve Sheehan**



ON Friday evening, a red sky stretches over Dublin city but there are still hours to work at the Mater Misericordiae University Hospital. A white board taking up much of a wall in the office of chief executive Alan Sharp is filled with lists of wards and bed numbers and mathematical equations. "It's my mind board," he says.

That night, there were 126 new cases of coronavirus, bringing the total in the Republic to 683, where three weeks ago there was one. Three people have died, 12 are receiving critical care in intensive-care units and some of them are in the Mater. A surge is coming, but Mr Sharp cannot say when or what shape it will take.

He is known as a numbers man and a lot of fighting coronavirus comes down to numbers; how many will get the virus, how many will need admission, is there enough life-saving ventilation equipment to go around?

The number of Covid-19 patients in the Mater is in the "double digits", Mr Sharp says, but the hospital is preparing for "hundreds" more.

The 72 beds available for those catching the disease are gradually filling up. As numbers rise in one ward, patients are decanted from another. Eighty four additional empty beds are available to switch on, with just hours of notice. In all, around 200 beds will be available in the coming weeks and others are expected to come on stream.

"We are mapping what we need, and we are trying to put enough beds ahead of the curve, [so] that we've got a lot of comfort," says Mr Sharp. "We will continue to do that until we run out of options."

If the options run out, the hospital will take the unprecedented step of treating patients in the car park.

The HSE has been sourcing 12- and 20-bed medical pods, he says, which are being "designed and through manufacturing for the State". The Mater is expecting delivery of its first 20-bed pod in 10 to 12 weeks. A mobile Covid-19 testing unit will "drop on the car park in about a week", says Mr Sharp, to test the anticipated surge of people with symptoms.

"Will we end up in the hundreds in this hospital? It's more than likely that we will at some point, but we are hoping that will be the height of it. This hospital will be as prepared as a hospital can be," he says.

The Mater is a microcosm of what's happening in other hospitals across the country. The extraordinary effort under way across the entire health system has united consultants, nurses, medical teams, HSE managers and the hospital chiefs they are more used to fighting with over resources. Patients on trolleys have disappeared, home help and step-down beds have mate-

rialised to get older patients out of hospital. Tomorrow, Mr Sharp will view the 48-bed St Bricin's military hospital in nearby Stoneybatter, which the Defence Forces has offered to the Mater.

The hospital's Emergency Department is planning for between 30 and 60 cases of coronavirus presenting every day.

Dr Eamonn Brazil, an emergency medical consultant and clinical director for acute and specialty medicine, says most of those cases will require hospital admission.

"If it's less than 30 we will be delighted, if it's more than 80 we will be very unhappy. So somewhere in the middle. It will vary from day to day."

The department has been dramatically reconfigured into two parts — one, a secure pathway for Covid-19 patients, and the other for the regular

emergencies, car accidents, strokes, heart attacks, that will not stop because of the virus.

Patients are screened at the door, into those who may have the virus and those who don't. Dr Brazil is anxious, of course, about passing the virus to family. "The speciality I am in, emergency medicine, tends to thrive on anxiety. It's what we do, we like dealing with situations that are hard to figure out," he says. His biggest fear is "getting it wrong". "If things get rough, we'll struggle through it but we just don't want to get it wrong."

He estimates that 5pc of the anticipated 30 to 60 daily Covid-19 cases are likely to require intensive care.

"By the time they come to the intensive-care unit, most likely the patient will have a tube in their mouth, they will be on a machine that's helping them to breathe. They will require lots of lines that we can

deliver medications into their systems to manage their conditions," says Roisin McCourt. A clinical nurse manager, her title is "acting CNM2 staff development facilitator" and she is training nurses and doctors used to working in other disciplines on treating Covid-19 patients.

"My own personal concern is that there is a fear amongst some of us that we can contract this from the patients we are looking after. So it does involve not seeing our families," Ms McCourt says. She has been working 13-hour days, leaving her home in Louth at 5.45am and getting back at 9.45pm.

It's not the work she and other staff find overwhelming right now, but the acts of kindness. Croke Park has given over its car park to Mater Hospital staff. Dublin Bus has laid on a shuttle service to ferry staff to and from the hospital, and supplied them with goody bags of chocolate, sandwiches and fruit. "Yesterday there was a delivery of chocolate from a gentleman somewhere in the country, he didn't know how to help so he just sent chocolate," says Ms McCourt. "So we can't thank people enough for that. It really lifts our day when we see it coming in."

If there is a sense of eerie calm among front-line staff, it is probably largely because, across the board, hospital teams have been preparing for this since January.

The Mater has been monitoring the virus since it was first reported to the World Health Organisation on December 31 as a pneumonia of unknown cause detected in Wuhan, China. "I remember over that New Year's weekend, seeing the headlines in the paper and going 'right, this is what I'll be doing over the next couple of weeks,'" says Dr Aoife Cotter.

Dr Cotter, a consultant in infectious diseases, is the clinical lead for the National Isolation Unit, which is centred at the Mater. She is also on the National Public Health Emergency Team.

She describes how she spends her days planning, co-ordinating, supporting, working with three other infectious disease consultants, a team of specialist nurses and other staff.

She is also five months' pregnant and often working 12-hour days. She doesn't currently see patients — a unilateral decision taken by her colleagues, Dr Cotter says.

"I'm prepared to see patients at any stage and it is likely that I will have to anyway because if we do have a higher volume of people coming through, there are four of us and I will have to support my colleagues," she says.

"I know that we have the infrastructure in place, we have planned for it. I'm well informed around personal protection equipment (PPE) and how to use it, so I have no issues with continuing to work for the rest of my pregnancy."

She has a one-and-a-half year-old at home but is lucky to have a childminder. "My husband is making packed lunches for me and putting them in my handbag and doing the dinners," she says. Dr Cotter is not surprised by the numbers and, asked if she is worried, she responds with a swift and resolute: "No, I just

get on with it."

Since the first Covid-19 case was recorded in Ireland on February 29, some of the earliest cases have ended up in the National Isolation Unit.

Prof Jack Lambert, a consultant in infectious diseases, says those first patients were mainly cases that originated in northern Italy and coped well with the virus. His fear is what should follow if the virus spreads among the significant older population who live in the Mater's catchment area.

So far, he says, there have not been many cases in older people. The statistics published by the HSE last week show that only 17pc of cases were over 65, while 22pc were aged between 35 and 44. "So far, we have only had a few individuals in that demographic — frail, elderly immunocompromised who have tested positive. But is that just the tip of the iceberg?" says Prof

Lambert. "We are now just beginning to see a few of the elderly and that is the danger. Have we put the brakes on this epidemic or is this just the beginning? In the next seven to 10 days, we will know."

Those coming to be tested include people who work in hospitality industries, who risk infecting others in the community. "Now if they had interacted with the wrong person — someone who works in a nursing home, some elderly people with underlying immunosuppressive conditions, or just frail, that's the danger," he adds.

The chief executive is not immune either. "Nobody wants to infect a family member. Nobody wants to get sick themselves. But does it give me any pause for thought when I come into work? No. I have a job to do," says Mr Sharp. "I'll be beside the team for as long as this is here, and that's just the way it is."

The PPE is guarded by the head of security, Zachary, a former officer with the Metropolitan Police in London. He started his job in February and heard of Covid-19 for the

worst outcome."

Staff and their families are at risk of infection but as Ken A Byrne, a hospital porter, says: "That's what we signed up for." He dons protective gear every time he transports Covid-19 patients to where they need to go. "People are not as perky as they used to be. You can see the tension there," he adds.

For all the chocolate and food deliveries that make their day, Ms McCourt says what they really need is for people to "stay home and maintain social distancing, keep up the hand hygiene and cough etiquette".

"We undoubtedly have been given time to prepare that people in China, and in countries closer to China and certainly Italy, didn't have the luxury of," says Dr Cotter. "It's the entire country's responsibility to take that information and for everyone to do their bit."

first time a week later.

Awareness of what happened in Italy, where the death toll has soared to more than 4,000 since the contagion emerged, is acute.

Alan Sharp, Dr Aoife Cotter, Dr Eamonn Brazil, Prof Jack Lambert, Roisin McCourt and the support staff all deliver the same heartfelt appeal: heed the public health advice.

For all the chocolate and food deliveries that make their day, Ms McCourt says what they really need is for people to "stay home and maintain social distancing, keep up the hand hygiene and cough etiquette".

"We undoubtedly have been given time to prepare that people in China, and in countries closer to China and certainly Italy, didn't have the luxury of," says Dr Cotter. "It's the entire country's responsibility to take that information and for everyone to do their bit."

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Mother's Day colouring competition P13



**AIDAN GILLEN**  
'PEOPLE THINK  
I'M AWKWARD  
AND MOODY' **LIVING**

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## CORONAVIRUS — THE NEW REALITY



**CIARA KELLY**

Diary of my week  
with the virus



**COLM MCCARTHY**

What crisis means  
for our economy



**SARAH CADEN**

Home-school tears  
and lessons learned



**GENE KERRIGAN**

Remember the heroes  
when this is all over

# Virus extends invisible reach

■ 14 residents test positive in nursing home

■ Hospitals braced after 102 new cases

■ Harris in threat to take pub licences

Maeve Sheehan, Philip Ryan and Wayne O'Connor

AT least 14 residents of a private nursing home in Leinster have tested positive for Covid-19.

The virus is believed to have been transmitted to residents via a health worker in the first case of mass contagion to occur in a nursing home setting.

The Health Protection Surveillance Centre last night announced 102 new confirmed cases of Covid-19 in Ireland.

There are now 785 confirmed cases here.

The outbreak in the nursing home has caused serious concern in the health service as older people are at higher risk of becoming severely ill from Covid-19. It also underscores the urgency of social-distancing and self-isolation to protect the most vulnerable from the virus.

All of the nursing home residents and staff were tested for the virus last week after a health worker was confirmed as Covid-19 positive, sources said. The sources said the figure is likely to increase.

According to medical sources, the residents remain

in isolation in the nursing home where their condition is being closely monitored to ease the burden on the hospital system. They will be hospitalised if they start showing symptoms.

A senior HSE source last night confirmed that more than a dozen residents in one private nursing home in Leinster had been infected.

The source said the outbreak was very serious but measures could be taken to contain it. Some individual cases have been recorded in a number of other nursing homes.

"They [older people] are the most vulnerable group but if the nursing homes take action and isolate those who have contracted the virus there is a chance to limit the spread," the source said.

Hospitals expect a wave of new coronavirus cases to hit emergency departments this week as the Government prepares to unveil new measures to further restrict movements.

There are already 173 people with the virus being treated in hospitals around the country, with 13 in intensive-care units, but health sources expect that figure to double if not treble in the coming days.

The country's leading infectious diseases hospital, the Mater Misericordiae University Hospital in Dublin, is planning for admissions of "hundreds" of new cases over the coming months.

The hospital's emergency department is gearing up for between 30 and 60 patients presenting every day, with most of those expected to require hospitalisation and around 5pc of those in need of critical care.

In an exclusive interview with the *Sunday Independent* as the Mater prepares for the upcoming surge, its chief executive, Alan Sharp, said the hospital plans to make 200 beds available, including 72 that are available immediately, 84 that can be switched on with a few

hours of notice, and more beds are under consideration.

He said the hospital will drop medical pods containing 12 to 20 beds for coronavirus patients into its car park, if it runs out of capacity.

"Will we end up in the hundreds in this hospital? It's more than likely that we will at some point but we are hoping that that will be the height of it. This hospital will be as prepared as a hospital can be. We'll be ready, as far as one can be," Mr Sharp said.

Northern Ireland yesterday experienced its single biggest daily increase of confirmed cases since the first case was confirmed at the end of February.

Stormont's department of health said testing had resulted in 22 new positive cases, bringing the total number of confirmed cases to 108.

As coronavirus cases continue to soar in Ireland, the Deputy Commissioner of An Garda Síochána, John Twomey, said the force has been in contact with hospitals concerned about the disappearance of personal protective equipment for staff.

Continued on page 4

### FACES FROM THE FRONTLINE



READY: Aoiife Cotter, clinical lead for the National Isolation Unit, and Roisin McCourt, clinical nurse manager at the Mater Misericordiae University Hospital, Dublin, speak to Maeve Sheehan about the challenge that lies ahead. See page 3. Photos: Steve Humphreys

### Analysis — Pages 14-22

### BRENDAN O'CONNOR

## Leave us our long walks to freedom

WE are adjusting. But we still wake up every morning and it takes us a few seconds to remember again that everything has changed. And then we aren't allowed to forget it for the rest of the day. It's a grief. A mass, collective grief for the life we had. And the longer this goes on, the more we suspect that even when this is over, that life is never coming back, not the way it was at least.

It hasn't taken our children long to learn fear. Their plastic, elastic little brains adapt fast. It's

becoming second nature to them to fear each other, to fear grown-ups, to fear touch, to fear being near. Stranger danger, play-date danger, granny danger. Granny might not kill you but you could kill her. All their lives we tried to teach them to be less afraid every day, to keep going a little further from us, until that day when eventually they will walk away for good. But now we hardwire fear into them and keep them close.

For all we talk about community, and coming together, and it is there for sure on the streets, there is an element of necessary

suspicion of each other. We turn away from each other, cross the street to avoid each other. We tut-tut at those who walk too close to us, who don't give way or make room for others to pass. We pick carefully who we go on our incessant socially distanced walks with. We grill each other to see how careful others are being, so we can judge if we can trust them to walk with us.

The walks are all we have left now. We walk to stay sane, to see each other and to get away from each other, and we walk because we know we might not be able to walk next week. A take-away coffee, through a hatch, or streaming one at a time into the local coffee place, is our only luxury. If they go the next step and close down the coffee shops, they will shut down the veins and arteries of the country.

But there may be no more

walks and no more coffee because, while lots of people are social-distancing, lots of people aren't. And it's not just the much-maligned gangs of teenagers. Lots of people who should know better, from joggers thundering along footpaths panting and spluttering, to people walking three abreast forcing other people on to the road to avoid them, to people who come up too close behind us in the shop.

And because some people don't get it, because some people don't have the fear, we could all lose our precious walks. And there's something important in every step of those walks, and that is the defiance of hope. You can take away our shopping, our travelling, our pints, even our jobs for a while, but if they don't leave us with a bit of hope, we will stop walking, and just sit down, and shrivel up and die.



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# Inside Ireland's nursing homes —

**SUNDAY INDEPENDENT  
SPECIAL REPORT**

Photography by Gerry Mooney



They are most vulnerable to the virus, but up to now residents inside the country's care homes have not been able to speak publicly about their experiences during Covid-19. We heard some of their stories



**Maeve Sheehan**

**O**n a January day, Maggie Timmons's father swept her up and carried her outside into the cold air. She was four or five years old and hot with a fever caused by measles. "I had a very great temperature. I remember my father taking me out and standing me on a big block to cool down. When I cooled down, he brought me in and put me back into bed. That's all I remember about it," she says.

The child survived her father's desperate efforts to ease the symptoms of a highly contagious disease that killed many children.

At the age of 102, Maggie Timmons — born in the year of the Spanish influenza pandemic — is facing down the second deadly viral infection in her lifetime.

In the Oak View nursing home in Co Cavan, she keeps to her room. Carers and nurses bring her news and chat and she follows the news on the television about the progression of Covid-19, which, as of last week, had spread to 246 nursing homes.

"I wasn't frightened at the start. But I didn't think it was so bad. It was only later I discovered that it was so bad," she says. Since lockdown, she longs for her regular outings to check on her garden in her countryside home outside Belturbet. "I used to get out for a few hours every day to go home ... It was getting out and getting around my garden. That has all stopped," she says.

She spends days "sitting here, wondering when is the day it will all be over?" she says. "I listen to it on television, hoping that something will come soon."

Maggie is one of 25,000 older people living in nursing homes around the country. If health workers are the frontline defence against this disease, then older people are its main target. More than 55pc of the 1,500-plus deaths to date are among residents of nursing homes, according to the Department of Health.

Debate has raged about the failure to anticipate the impact of the coronavirus on nursing homes in Ireland. The health authorities have pointed out that the experience here is no different to most other countries, although the death rate is slightly higher. Dr Tony Holohan, the chief medical officer, has stood by his insistence that it wasn't necessary for nursing homes to close to visitors, when private nursing homes were advised to do just that. He rescinded that advice five days later.

Healthcare staff, nurses, the lobby group Nursing Homes Ireland and the trade unions have had their say. Families have been speaking out for loved ones. The voices we've heard least are of those most directly impacted by the coronavirus and most imperilled by it: the people who live in nursing homes. What is it like to live in confinement, hoping to ward off an encroaching virus that has claimed the lives of 948 residents of long stay care facilities, of which 823 were residents of nursing homes. Sitting in her private room

at Oak View nursing home in Belturbet, Sheila Sheehan has been "terrified" watching the progress of the coronavirus unfold on the television news, which she follows avidly. "I heard about it first in other countries, of course. I couldn't believe when it came to Ireland," says Sheila.

"I was just very scared in the beginning, because I didn't know what was happening. At first, I thought once you got it, that's it. Once it comes in here, we'll all be gone. Then I realised that people have been recovering from it."

She says the nursing home staff have been wonderful in keeping all of the residents informed on the steps they were taking to keep the virus out, including closing to visitors before the public health authorities had advised it.

Staff at Oak View managed to keep the virus at bay until early April, when two of its residents who had been in Cavan General Hospital tested positive after they were discharged back into the nursing home, according to Geraldine Donohoe, director of care. Two residents who died tested positive and a third was a suspected case. More than nine people were cohorted in a separate part of the facility but the outbreak is now under control.

Sheila was shielded from these cases, and does not speak about how they impacted on her.

"We stay in our rooms, a lot of us anyway," says Sheila. "The first week or 10 days I was completely closeted in my bedroom, completely. But then we got face masks and with the face masks on I can walk the corridor here, which is great, just to get a break."

The decision to close the nursing home to visitors has impacted on her quality of life but she believes it was the right thing to do.

"From my point of view, I couldn't go out at weekends to see my daughter. Naturally you miss it, but it has been for our own good, of course," she says.

Now her daughter visits once a week, pulling up in the car park and talking to Sheila on the phone from outside. She leaves a box, usually something to satisfy her sweet tooth, which is quarantined for 24 hours so she has to wait a day before she gets it. "That's the system they have here."

Sheila worries that the restrictions will be eased too soon and, as she puts it, "we will be back at square one".

Her message to the Government is to err on the side of caution: "I am terrified that they will open it all up too soon. I miss going out to my daughter at the weekend. But I think it is worth making the effort," she says. "I know they say you can fight it if you get it, but why should we have to start all over again, you know?"

Down the corridor, Mary Jo O'Flaherty comes on the phone to say she is "not one bit worried" about the virus. "Everything came very quickly, it was a surprise to us. But we've got used to it now and I'm not one bit worried that things will [not] turn out all right," she says.

She personally doesn't feel lonely in lockdown and says she has "plenty" to occupy herself with in the nursing home.

But she would like to see a gradual return to normality so that she can once again see her children and grandchildren.

"You have to go by the rules but I think they should relax it a bit anyway ... Yes, we miss



'If I'm going to get it, I'll get it and if I don't, I don't. There is no use worrying and going mad about it either.' **Maggie Timmins**



'I can't go out at weekends to see my daughter. Naturally you miss it, but it has been for our own good.' **Sheila Sheehan**



**TAKING CARE:** Resident Maisie Sheridan with her carer Amy Ellis



**TOGETHER APART:** Betty Finlay and Eilish Leddy at Oak View nursing home, Belturbet, Co Cavan



'You have to go by the rules but I think they should relax it a bit.' **Mary Jo Flaherty**

the visitors. I suppose we can't do anything about that, but I suppose it will come back to normal," she says. "I am quite calm. I am not one bit worried. I feel safe here, I am quite happy and I will be here until the end of my life," she says.

She knew one of the residents who passed away — a lady who she used to see in the dayroom. "She did pass away, yes," was all that she would say.

"I mean you have to take life as it comes to you. I would not be scared of it. I am not that kind. I have seen death."

The residents of Oak View forged their formative years in the harsh decades of the 1920s, 1930s and 1940s, emerging as a generation of stoics.

Maggie Timmons, at 102 years old, says she is not afraid that she might contract Covid-19. "To be quite honest, I never do think about it. If I'm

going to get it, I'll get it and if I don't, I don't. There is no use worrying and going mad about it either," she says.

She lost two of her children, most recently her son. "He was at home and he looked grand, and he went outside the door, he came back. He told me he'd go up to bed for a wee rest. And then he comes downstairs after about half an hour. I heard him come down the hall and the next, down."

His death put Covid-19 in perspective. "Could anything worse than that happen? I don't think so."

"I have lost two sons the same way," she says. "I think about them all the time."

Maggie and her husband, John, are coming up to 70 years married, a milestone that would ordinarily be celebrated in the nursing home, where she says she has lived happily for four years.

She thinks the Government and Health Minister Simon Harris are "doing their best".

Like Mary Jo, she would like the Government to gradually ease restrictions: "I think they should do it on a regulated basis, not all of a sudden. But to be open to visits would be very, very nice, to come back to some form of normality that seems to be gone."

The day she gets out to see her garden cannot come soon

enough. "To go out and look around it is all I have to do with it. There's nothing done this year so far because the garden centres were all closed down," she says.

"I am just taking it day by day, hoping that this will soon be over so that we can get back to some sort of normality."

This is what we can learn from a centenarian whose life has been bookended by two pandemics.

10 **Coronavirus** ON THE FRONT LINE

# Crisis in our nursing homes: It's

There are calls to give a voice to the unheard stories of those most impacted by Covid-19, writes **Maeve Sheehan**



**N**OW that the spread of the coronavirus has been contained, questions mount about the preparedness of the country for a crisis that has claimed more than 1,400 lives and infected 22,500.

Shock has given way to a questioning of what just happened. Paul Bell, the Louth county councillor and organiser for Siptu, has identified at a "developing anger" amongst frontline workers. The 42,000 health workers represented by the union in care homes, hospitals and other health care settings are "beginning to catch their breath", he says.

"There is a high degree of concern and developing anger about what happened in nursing homes and residential settings, and the fatalities," he said.

"And a lot of our members are asking the question: why 6,700 health workers tested Covid-19 positive and why have five of us died?" Questions are already being asked of nursing homes, where 60pc of deaths occurred. Last week, a care assistant at St Mary's in the Phoenix Park made a protected disclosure to the Health Service Executive alleging shortcomings in the nursing home's response to the crisis and "rationing" of personal protective equipment. Half the residents were infected with Covid-19 and 24 residents died.

Families are asking questions, too. Complaints about Covid-19 issues to the health watchdog, Hiqa, have increased. Residents, families, staff and advocates have raised 284 "concerns" with the regulator about Covid-19, Hiqa said.

In Europe, where nursing home residents account for half of all deaths, several countries have launched investigations amid allegations of malpractice or negligence. Last Friday, Swedish prosecutors launched an investigation into provision of PPE and

protocols at a home where 35 residents died.

Bell believes there will have to be a forum of some sort to examine Ireland's response to the pandemic and to give voice to the unheard stories of thousands of staff, residents and families affected by the virus.

He said the battle stories coming back from the coronavirus trenches are of shortages of PPE, training, accommodation to self-isolate and a fear of speaking out. People, particularly in the private sector, felt there was no channel of communication to report their concerns, he said.

The chief medical officer, Tony Holohan, was questioned on RTE last week on the wisdom of declaring nursing homes safe for visitors, contradicting Nursing Homes Ireland's advice to members to lock down. Visitors to nursing homes shouldn't blame themselves because there was "epidemiological" evidence they did not bring it in.

Asked if staff did, he suggested that the virus moves with people: "People who work in nursing homes will have picked up the infection, and that's the mechanism through which to get into nursing homes."

But the role of hospitals has also been raised. The health regulator, Hiqa, told the *Sunday Independent* that it received information about two hospitals discharging a resident to a nursing home before their Covid-19 test results had come back. It raised the concerns with both hospitals.

TDs such as Stephen Donnelly in Fianna Fail, Alan Kelly, the Labour leader, and Róisín Shortall, of the Social Democrats, have questioned the transparency and accountability of official information and decision making.

An Oireachtas committee to examine the official response to Covid-19 was set up only last week.

These are just three stories worthy of its attention.

## Case 1

### One care home's story of contagion

LIKE many nursing providers, Geraldine Donohoe, director of nursing at Oak View in Belturbet, Co Cavan, is only now coming to terms with the havoc wreaked on residents, staff and on her facility.

Having resisted the virus for more than a month, she believes it was introduced to her facility when Cavan General Hospital discharged two patients into the nursing home.

She had made the preparations, and started sourcing personal protection equipment (PPE) in February, before the first case of the coronavirus in Ireland was confirmed. Even then, it was in short supply.

The nursing home began a regime of taking daily temperatures of staff, closed the facility to visitors and tightened infection control procedures in March. Staff were wearing masks long before the HSE advised health workers to do so. Oak View's measures were successful and initially kept the coronavirus at bay.

On April 3, a resident of Oak View, who had been in Cavan General Hospital, was brought back to the nursing home. The resident had been tested for Covid-19 and found clear earlier during their hospital stay but was not tested immediately before being discharged.

At the nursing home, Geraldine said, they knew the resident was unwell.

"We donned PPE immediately, we introduced it straight away, we had to," she said. The resident died at the nursing home the day after being discharged from Cavan General. A swab taken by the nursing home showed the resident was



positive for the virus. While Geraldine and her team managed to contain the infection from that first case, they were not so fortunate with the next case.

A second resident had also been treated at Cavan General Hospital and was discharged back to Oak View in early April. The nursing home was taking no chances. Cavan General had struggled with its own outbreak of the virus, when more than 70 were sent home to self-isolate.

Geraldine said that when the resident returned to Oak View, he was isolated from other residents on a floor.

Some 17 days after he was discharged from Cavan General, a letter notified the nursing home the resident had been in contact with someone who had tested positive for Covid-19.

By then, said Geraldine, the resident had already developed symptoms associated with Covid-19.

"He began to get ill and then the staff started to go down as well," she said.

"When people are showing symptoms, it is already too late because they are already spreading the virus," she said. "This is the invisible beast."

The resident overcame the virus but the delay in informing the nursing home of his exposure to Covid-19 in the hospital also exposed residents and staff to the virus.

The outbreak at Oak View nursing home is under control but it has taken its toll. Two residents of the nursing home who tested positive have died. A third death was a suspected Covid-19 case. At least 10 residents contracted the virus and recovered.

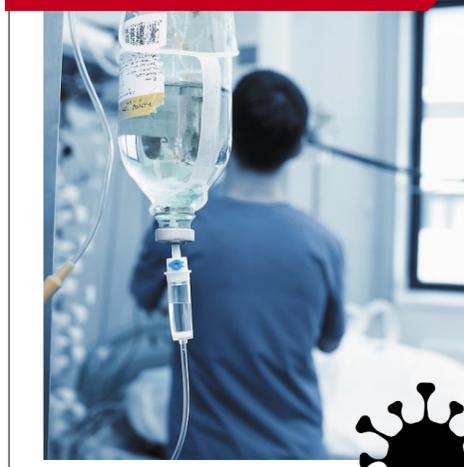
Geraldine has nothing but praise for the public health support she received, once

Covid-19 entered her nursing home. The facility went on to the HSE's list for access to PPE, its infection control specialists and other supports.

The focus now is on protecting residents and staff from any further encroachment of the coronavirus, and there will be time later for considering the lessons of what happened but she is not in the business of casting blame.

"We are out the other side of this now," she said. "But you have to remember there was huge fear back then. There was a fear of the unknown, we didn't know how it

## Case 3



### 'She requested could she wear a facemask — but she

THE Philippine honorary consul to Ireland has disclosed a Filipino nurse contracted the coronavirus in a Dublin hospital after she was refused permission to wear a face mask.

Raymond Garrett said that nurse infected her roommate who worked in a Dublin nursing home and a third nurse who lived with them was put at risk. In her case, the promise of hotel accommodation for health workers unable to self-isolate in their homes did not materialise.

The consul said he wanted to raise his concerns with the hospital but he did not do so because the nurse was fearful of coming forward.

The nurse had been in Ireland three months, working in a large

Dublin hospital, when the first coronavirus outbreak occurred. She became infected with the virus at the end of March.

"She had a patient who was coughing and spewing. She requested could she wear a face mask, she was told no," he said. "She was told at the time this was against national guidelines because the patient wasn't a confirmed case."

The patient tested positive, and the nurse was diagnosed with the virus 10 days later.

Her first thought was fear of transmitting the virus to her Filipino house mates. She lives in rented accommodation with two other nurses, according to Raymond Garrett, as do many people in the community who come to Ireland alone to support families at home.

She shared a bedroom with a nurse working in a care home. A third nurse in a separate room, worked in intensive care.

"She asked the hospital if they could provide alternative accommodation because of this situation. They said they couldn't. She repeatedly asked, and the person she shared a room with repeatedly asked. They were told no, there was no access," he said.

The nurse infected her roommate who worked in a nursing home. The third nurse did not become infected.

At the beginning of April, the Minister for Health announced temporary accommodation measures for healthcare workers, including groups of healthcare workers living together and putting

each other at risk.

The case came to Mr Garrett's attention through the Filipino community. He heads the Philippines consulate in Drimnagh.

The consul discussed raising her experience with the health authorities here and the hospital concerned but she declined. She and her roommate have recovered and are back at work.

"She was very anxious that if she kicked up a fuss, she may not pass her probation period at the hospital," he said. Her family back at home had taken a "fairly substantial loan" to fund her education and she is under "tremendous" financial pressure.

"My job is to protect the interests of Filipino nationals, but I have to respect her wishes. If I did not,

people will stop coming forward to me, and I won't be made aware of the problems when they come up."

He said he found it "absolutely shocking" that promises of support for healthcare workers living in shared accommodation did not materialise when she and her roommate most needed it. And that she was put at such risk in the first place in a prominent Dublin hospital.

The consulate supports 16,000 Filipino workers here, including 6,000 in the healthcare sector.

Raymond Garrett estimates that between 200 and 400 Filipinos in Ireland have contracted the virus. Filipinos account for five to 10pc of all healthcare workers in Ireland and consequently five to 10pc the 3,800-plus health workers who

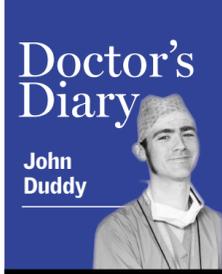
# Springsteen in the air and a deep dive for the duckbill masks

**A**NOTHER week, another piece of the Covid-19 architecture is dismantled at Beaumont Hospital.

I cycled into work last week, turned the corner down by the emergency department where I park my bike: the tent was gone.

It was erected outside the emergency department so that ambulances could decant Covid-19 patients for triage by teams of doctors. It was where patients would be separated into the sick, the very sick and the dying; those with a chance of survival for treatment, and palliative care for those who were not going to make it.

It's the kind of medicine usually reserved for disaster zones and war, not



a suburban north Dublin hospital. Thankfully the tent was never used.

The numbers of seriously ill Covid-19 patients has been falling. The seriously ill patients are all now cohorted into one intensive

care ward, rather than three at the start of the pandemic.

We are back at pre-pandemic levels of activity in the neurosurgery department. We are getting possibly more referrals from all over the country than we did before Covid-19. Our team is short-staffed because restrictions meant that registrars who come to us from the US as part of their training programme were recalled to their home hospital in St Louis, Missouri.

The hospital is getting back to business. And yet ...

Over the past couple of weeks, I have noticed a tension building, a slight tonal shift, like tightening a string on a guitar.

At our morning meetings,

some of us have been getting snappy with each other. I've been ratty. Colleagues have been ratty. There have been a few rows.

We're working harder than ever. But it's not just the workload. In theatre, the anaesthetist and I were positioning a patient on a bed ahead of surgery so that we could secure the head for the operation. She was in full PPE — the anaesthetist places a tube into the patient's throat, a very high-risk procedure in terms of Covid-19.

"I'm sick of it," she said. "What, the PPE?" I asked. "Everything. All of it. Everything is taking so much longer. The intubation time, the downtime for cleaning the theatres..."

Later upstairs, someone in the office said: "I just wish we could return to normal."

We're not returning to normal and we won't be for a very long time. We've lost so many everyday habits and routines, like the simple act of pulling a chair up to a crowded table in the canteen to join a riotous discussion or a bit of gossip.

It makes me wonder if the frustration, the rattiness, the sniping at our morning

**'Goggles that fit snugly are always the first to go'**

meetings, is Covid-19 stress finally breaking out. Maybe we're experiencing a collective dawning realisation that this is the way it's going to be.

Just as well that as neurosurgeons we learn stillness and fine movement during our training.

We have to be calm in theatre.

When we operate to examine the brain, the surgeon will often sit in a specially designed chair with rests for their forearms to minimise their movement. When you are examining the brain under a microscope, the slightest movement becomes magnified.

Music helps. One surgeon in Beaumont likes to play heavy Seventies rock while

he works, like Led Zeppelin and Rory Gallagher. His taste doesn't always go down well, especially with the staff who prefer pop.

Personally, I find Bruce Springsteen is always a popular choice. Who doesn't like a blast of Bruce? Sometimes lyrics can be distracting, and then electronic music gently pulsing in the background works.

At least we haven't lost the music.

And striking evidence has emerged that we are adapting to our new Covid circumstances: we are developing crushes on our PPE.

We have discovered that we each have our favourite bits. Before theatre, we

make a dive for masks and goggles. Cries often ring out — "no, I want the white one" or "oh no, there are no pink masks today".

As for the goggles, the smaller, snug-fitting ones are always the first to go. People who wear glasses like the ones that look like swimming goggles. I find they fog up. I am partial to the yellow duckbill mask though. It's got a nice tight fit around the face.

You know, I think we'll get through this.

John Duddy is a specialist registrar in neurosurgery at Beaumont Hospital, Dublin

In conversation with Maeve Sheehan

# time to ask the hard questions



Geraldine Donohoe, director of care at the Oak View nursing home in Belturbet Co Cavan. Photo: Gerry Mooney

## Case 2

### Health watchdog's early warning to minister

THE health watchdog warned the Minister for Health of factors that contributed to the spread of Covid-19 in nursing homes before the outbreak began, records show.

According to newly released minutes of the Health Information and Quality Authority (Hiqa) board meetings, the chief inspector told the board that many "contributing factors to the current situation" had been "previously" referred to Simon Harris and to the Health Service Executive.

This is understood to refer to the concerns raised repeatedly by the regulator about residents in public nursing homes living in shared wards in physically unsuitable buildings, generating concern about fire safety and infection control.

At one point last year, more than 45 public nursing homes were at risk of closure because the buildings did

not meet standards.

The regulator's chief inspector, Mary Dunion, also noted the State's "over-reliance on private nursing home provision" without having "due regard" for the capacity of the sector to deal with a major outbreak of infection such as Covid-19.

The minutes of five board meetings between January and April show that Covid-19 — which was declared an international public health emergency on January 30 — first featured as a topic on the agenda on March 11. According to minutes for that meeting, the discussion was primarily about Hiqa's preparedness for the pandemic rather than the risks to nursing homes. It was also considering a wider role.

"In addition, consideration is being given to how Hiqa might provide assistance as part of the wider health and social care sys-

tem's response to the outbreak and PQ [Phelim Quinn] is in contact with the HSE in this regard," the minutes said.

However, on April 6, the board was recalled for a special briefing on the spread of Covid-19 in nursing homes.

#### 'More than 45 homes were at risk of closure'

By then the infection in nursing homes was at crisis point, with 99 clusters identified, and financial packages were announced by the Government. Hiqa launched infection and monitoring hubs for nursing homes.

These minutes record Phelim Quinn, the chief executive of Hiqa, assuring directors: "From the outset, Hiqa has been providing information about services for

vulnerable people, including specific inherent risks to ensure that accurate intelligence is provided directly to the relevant forum to assist with the national response."

He also told the board that shortly after the start of the outbreak, Hiqa had identified specific weaknesses in the system where some nursing homes were struggling to maintain safe services in the context of Covid-19.

At that same meeting, Mary Dunion noted that private nursing homes were not aligned to the national management plan: "While HSE services are supported by the HSE, the private sector is at a remove from the HSE and therefore there had been limited initial alignment with the national management plan. MD has acted as a conduit between private nursing home providers and key officials within the HSE."

Hiqa executives also

briefed the board on PPE shortages, issues with rapid testing of staff in nursing homes and the lack of prompt results, and on other issues with staff sharing accommodation. Hiqa had brought these issues to the HSE and the National Public Health Emergency Team (Nphet) and that "prompted the range of measures announced by the Government over the previous weekend", the minutes state.

The board proposed going direct to the Minister for Health, as well as Nphet, to communicate the immediate needs of nursing homes, PPE, testing of staff and getting the results back promptly.

The minutes for January, February and March show that the regulator was still pressing the HSE repeatedly to reduce the numbers of beds in public nursing homes to improve the dignity and quality of life for

residents. Such was the concern that the chairperson of Hiqa, Pat O'Mahony, met the chair of the HSE, Ciaran Devane, to discuss the issue.

Questions have been raised about the speed of Hiqa's own response to the spread of the virus in nursing homes and Chief Medical Officer Tony Holohan said Hiqa represented private nursing homes on the National Public Health Emergency Team.

According to the minutes for the April 5 meeting, the board suggested Hiqa seek a "greater protection role" once the outbreak recedes.



Simon Harris

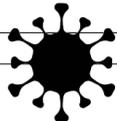
'He began to get ill and then the staff started to go down as well'

was going to impact on people. "We will have to keep a level head and learn how we can prevent this happening going forward."

The virus is not going away, she said, and in future, there will have to be even greater caution about testing, and better communications between all care settings.

"We have to work together we are all in this together and a lot of it comes down to good communication," she said.

The HSE and the RCSI Hospitals Group were contacted for comment.



'She shared a bedroom with a nurse working in a care home'

contracted Covid-19. There have been a small number of fatalities.

"We are providing consular assistance to families here, to bereaved families, to people who are in intensive care or coming out of intensive care," he said.

"There are also undocumented workers here, people who were child-minding, and all of a sudden the schools closed, and they are out of a job."

One of the most urgent problem for Filipino workers is renewing visas during lockdown. Having closed during the lockdown, the consulate reopened last Friday to assist healthcare professionals to update their work permits and papers.

The consulate has introduced a face mask policy for all visitors.



DIFFERENT TIMES: Hospitals are dealing with new procedures around PPE and deep cleaning

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