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## Coronavirus: Report on aged-care clusters reveals how virus got in to facilities

Brittney Deguara Torika Tokalau · 14:50, Jun 11 2020



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Staff members and visitors were responsible for the transmission of coronavirus in aged care facilities, a report has revealed.

The report, released on Thursday, was commissioned by the director-general of Health in April to learn from clusters of Covid-19 in aged residential care (ARC) facilities, so New Zealand can be better placed to manage further occurrences.

The independent review looked at five aged-care facilities – in Christchurch, Auckland and Waikato – which were known to have clusters of the virus, as well as other facilities that were largely unaffected.

The panel report confirmed the infections were introduced to the facilities by staff or visitors.

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By May 24, the five ARC clusters had been associated with 153 cases, out of a total of 1504

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associated with health care workers or their close associates.

The five clusters in the aged-care facilities were identified by April 10.

The onset dates of the outbreak clusters ranged from March 11 until March 28, which coincided with the peak in national notifications.



JOHN KIRK-ANDERSON/STUFF

Rosewood Rest Home and Hospital in Christchurch was one of five aged care facilities looked at for the report.

According to the New Zealand Aged Care Association (NZACA), out of more than 36,000 residents in 650 plus facilities around the country, 39 were affected by coronavirus and 16 residents died.

The report found that all initial infections came from outside the facilities, and two were associated with overseas travel. Data showed that three out of the five facilities had staff cases first before residents got infected.

The report also revealed that staff experienced "considerable stress" because of the extra vigilance, longer working hours, misinformation, isolation, reputation and stigmatisation of the disease.

Staff turnover dropped during the four weeks of lockdown, as did absenteeism and sickness, and communication and resources provided to ASR providers were at times confusing.

Some noted a lack of PPE leading into the pandemic which forced staff to operate without it and ARC facilities that experienced the virus felt there was a "takeover" by public health experts who had little understanding of the work required in an aged-care facility.

The panel noted that before the pandemic, the concept of outbreaks, clusters, probable versus proven cases and other epidemiological terminology were never a part of ARC day-to-day operations.

The health ministry said the key focus of the review was to improve systems to prevent any future experiences and was not putting any blame on staff.

"Addressing faults in our systems reinforces the quality improvement focus used throughout health and disability services. No blame is being attributed to any staff involved."

"As the review acknowledges, a source of stress for staff was uncertainty around knowing who had the virus, and we repeatedly called for testing of all staff and residents to address this, which was denied by the Ministry.

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Director-General of Health, Dr Ashley Bloomfield.

NZACA chief executive Simon Wallace welcomed the findings in the report, particularly the acknowledgement of the substantive work done by their sector in managing the virus.

They had been calling for many of the recommendations in the report, including the development of a nationally co-ordinated outbreak management plan, access to supplies of PPE, support for staff and testing.

"In fact as the review points out, the MoH's initial focus with the pandemic was on hospitals rather than aged residential care.

"In the absence of that early support we had to take a strong leadership role and believe it is important that the MoH continues to work closely with us."

He noted many rest homes may still be erring on the side of caution to protect residents.

"We've been through a pretty difficult and challenging period and there will be rest homes that are being cautious and I think we need to understand their perspective on that."

The ministry is expected to seek feedback on the report from aged care representatives, district health boards and the public health unit over the next three weeks before an agreed action plan for improvement.

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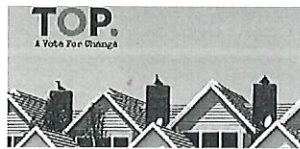
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