

Covid-19 in long-term care

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Introduction COVID-19 information gathering Europe

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Vilans has mapped out the measures taken by the governments of eight countries to limit the spread of the coronavirus and its consequences for long-term care. The aim is to learn from these measures and to take inspiration from them. In this overview, we show how Belgium (especially Flanders), Denmark, Germany (especially North Rhine-Westphalia), France, Norway, the United Kingdom (especially England), Sweden and the Netherlands, have operated since March 2020.

This overview has been produced at the request of the Netherlands Ministry of Health, Welfare and Sport. We show what the policy was for visiting arrangements, testing, personal protective equipment, monitoring of infected and deceased clients, and compensation measures for organisations and employees. We also share good examples.

The overview shows the differences as well as the similarities. It is worth noting that the different countries all took relatively the same steps in the beginning of the pandemic. With the easing of restrictions, we see differences in the policies of the countries arise. In general, there was a clear focus on hospital care. After a few weeks, it became clear that long-term care was also hard hit and more attention was given to this sector. With the easing of restrictions, there was a difference in the pace and the degree of relaxation.

Where one country opted for central easing, other countries opted for a regional approach.

In almost all countries, there was a ban on visitors to care facilities for the elderly. These were generally in force between mid-March and early April. In some countries, the first COVID-19 infection was diagnosed in late January.

In other countries it was the end of February. In Germany, for example, the first case of corona was identified on 27 January. Subsequently, visitor regulations for nursing homes were introduced. Only in the United Kingdom was there no specific ban on visiting nursing homes. An advice was issued by the government to avoid visitors.

In most countries, the testing capacity in long-term care was scaled up in April. From that month onwards, there have been differences between countries in the testing policy in long-term care. In the Netherlands and Germany, the policy was that people with complaints/symptoms could be tested. In countries such as Belgium and the United Kingdom, tests were carried out at entire locations (staff and clients), regardless of coronavirus. In the UK, testing is done on a regular basis and in Belgium, when an infection is detected at the location. In Norway and Sweden, random testing is carried out on a large scale within the society.

All countries have experienced problems with the availability and capacity of personal protective measures, including in long-term care. As a result, the national government has become involved in the purchase of such resources. In a number of countries, the distribution of supplies is carried out by the regional authorities.

The figures relating to infection and people who have died, are recorded differently per country. Not all countries register and report separate figures for infections and deaths in long-term care.

In almost all countries, financial compensation for healthcare providers or healthcare personnel has been introduced. In Germany, there is also a temporary income subsidy for parents who have to care for their child with a disability at home.

Limitations

The overview we present contains a number of limitations. It was not a simple task to find good national and international sources that systematically identified developments relating to corona in long-term care on an ongoing basis. Also, the data on different countries were often not mutually comparable. There are slight variations in the definition of long-term care in each country and the policies are structured differently. For example, the disability sector is reported on separately in only a few national sources. The information in this overview is therefore mainly about care for the elderly. For these reasons, we have approached a number of national experts and employees of governments and embassies in the various countries. They have provided a lot of valuable background information and links to information sources.

In the coming months, we will continue to monitor the corona policy in the eight countries. We invite everyone with knowledge of the developments in one or more of these countries to share that knowledge with us, if necessary to make corrections and join the community we are establishing. We hope to inspire policy makers, scientists, but especially people in the day-to-day healthcare practice, to make the right choices in these complicated times.

TIMELINE

VISITOR GUIDELINES

TESTING POLICIES

This timeline shows, per country runs from March to July 2020 (in some cases, part of August). The timeline can be read both horizontally and vertically. Horizontal shows the developments per month for the eight countries, vertical shows the developments per country per month.



January

GERMANY (North-Rhine Westphalia)	BELGIUM (Flanders)	DENMARK	NETHERLANDS	UNITED KINGDOM (England)	SWEDEN	FRANCE	NORWAY
27th First case COVID-19 in Bavaria.							

February

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
	14th First case COVID-19 in Belgium.	27th First case COVID-19 in Denmark.	27th First case COVID-19 in the Netherlands.	31st First case COVID-19 in England.	31st First case COVID-19 in Sweden.	24th First case COVID-19 in Bordeaux.	24th First case COVID-19 in Norway.

March

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
	12th New residents are allowed in nursing homes, with some exceptions of elderly people who came from hospitals.		12th There is a shortage of test capacity in the long-term care for clients and personnel.				

April

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
2nd Ban on visitors to care and nursing homes was put in place in many federal states.	3rd It was decided to deliver tests to residential care homes. It was the ambition to give every care facility the opportunity to test.		3rd Long-term care received services attention and testing was possible in small amounts.	4th The government advises on visiting care homes, there are no strict guidelines.	1st Visitors were banned in all care homes for elderly people. Homes for disabled people need to inform the residents, their families and friends about the risk of the virus. Testing through social contacts with other people.		3rd Norway had tested more than 100,000 people, putting it behind only Iceland and the United Arab Emirates in the number of tests per bed. For nursing home patients there is also testing low.

May

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
15th The Robert Koch Institute has developed recommendations for visitors in residential care settings.	15th Everybody in nursing homes has been tested.	15th All visitors are allowed again under certain conditions and safety rules.	15th A revised version of the guidelines emphasizing that outdoor areas were not included in the ban for visitors.	11th As a pilot, in 26 nursing homes visitors are allowed under strict conditions. Only one visitor per resident and 1.5m social distance.	15th Whole home testing became available for all remaining adult care homes, residents and asymptomatic staff via a digital portal.	15th The Public Health Authority announced new nationwide testing to assess the level of COVID-19 in the community. The setup will be the same as the random sampling which started April 7th.	15th 948 of the COVID-19 deaths (total of 1773) in the age group occurred among care home residents (52 percent of all 70+ per week in the country).

June

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
16th Corona-Warn-App is launched.	16th Corona-Warn-App has been downloaded 16.8 million times.	16th Home care for people with a disability, no longer based on a visitor's ban, but on the right to visit.	16th All residents and staff should be re-tested after 7 days if there was suspicion of COVID-19 in the institution and no new cases were found.	11th The new guidelines have been criticized for being unclear and too complex to implement and ensure the same practice across nursing homes.	15th The national ban on visits to the elderly in care homes will be extended until August 31.	22nd A new protocol, as much as possible, to 'normal'.	2nd The City of Oslo will allow more visitors to nursing homes.

July

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
15th Every resident can be visited every day. Each care home should develop a protocol for allowing ambulatory health care.	15th The Robert Koch Institute develops some criteria.	15th General visitor restrictions have now been lifted, both indoors and outdoors. With general hygiene recommendations.	15th All citizens in most municipalities with any of the symptoms of COVID-19 can get tested.	15th Whole home testing is extended for all remaining adult care homes, residents and asymptomatic staff via a digital portal.	15th The national ban on visits to the elderly in care homes will be extended until August 31.	22nd A new protocol, as much as possible, to 'normal'.	2nd The City of Oslo will allow more visitors to nursing homes.

August

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
	24th New visitors guidelines, longer based on the right to visit.				20th The government has decided to lift the ban on nursing homes until 30 September.		

PERSONAL PROTECTIVE EQUIPMENT (PPE)



GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
North-Rhine Westphalia: The company Dr Festi Automotive Bielefeld GmbH (DFA Bielefeld) has been commissioned by the state government of North-Rhine Westphalia to produce 29 million mouth-nose protective masks.	This was a big problem. The reason for the shortage of PPE in the municipalities was that only in the outbreak (March 10th), the Danish Medicines Agency approached the providers of PPE and asked them to prioritize delivery to the municipalities for long-term care. The municipalities therefore for hospitals.	So far there are no reports of COVID-19 cases among nursing home staff.	In the beginning there were difficulties with PPE. There was not enough PPE available especially in the long-term care in the municipalities. At this time there is no shortage anymore on PPE.	The dashboard shows the pieces of PPE that are distributed across care since February 25.	There is an analysis on excess mortality at nursing homes.	Decentralised, the Agence Régionale de Santé is responsible for the distribution of PPE in their region.	National distribution of PPE among the hospitals and municipalities, which is based on reported stock of PPE.

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
At this moment (July) there is enough equipment available. Health care organisations are able to acquire equipment from the Flanders government till the end of this year.	26th April: guidelines recommended that staff wear PPE.			There is a cross-government UK-wide plan to ensure that the distribution of PPE is delivered to those on the frontline responding to coronavirus (COVID-19).	Here you find the dashboard of Sweden with the general number of infections and deaths. There is no analysis on excess mortality at nursing homes.		

MONITORING INFECTIONS AND DEATHS



GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
Daily situation report: CLICK HERE	Daily situation report on national level: CLICK HERE	There is no analysis on excess mortality at nursing homes.	Dashboard of de Dutch government, with some specific information on nursing homes. CLICK HERE	Care homes are required to report new COVID-19 cases to Public Health England (PHE), as with all serious infectious diseases. PHE maintains a database of all care homes with a COVID-19 outbreak. Data on the number of care home outbreaks. CLICK HERE	There is an analysis on excess mortality at nursing homes. CLICK HERE	Dashboard of the French government: CLICK HERE	Here you find the information on infections and deaths. CLICK HERE

POLICIES FOR SIDE EFFECTS



GERMANY	UNITED KINGDOM	FRANCE
On 27 March the German Ministry of Health (Bundesministerium) announced a funding and support package to help care institutions during the COVID-19 pandemic. The measures outlined include: <ul style="list-style-type: none"> Suspension of quality assessments for ambulatory and residential care as well as changes to assessment and waiving of obligatory advisory visits to people with care needs. Long-term care insurance will reimburse institutions providing care to COVID-19 additional costs or loss of revenue due to the COVID-19 outbreak. In order to maintain the provision of care, institutional care settings will be allowed to deviate from certain rules and operational frameworks around staffing level. For staff: students and volunteers NRW adds to the corona premium by 50% in addition to the national premiums of Euro 1,000, Euro 687 and Euro 334 (free of taxation per full-time equivalent, depending on the intensity of direct involvement in caring tasks for residents with COVID-19 at least three months) and up to Euro 900 for students and 150 Euro for volunteers.	In February, the first guidance for the sector was published; in March, the government announced £1.6 billion funding for local government and £1.3 billion to go to the NHS and social care for discharge support; and in April it announced a further £1.6 billion for local government and our detailed adult social care action plan. The action plan set out how the government and other parts of the system are supporting people who receive adult social care, both home and in other settings. <p>£400 million to support social care providers through a new Adult Social Care Infection Control Fund. The fund will support providers to reduce the rate of transmission and between care homes and support wider workforce resilience. This funding can be used to support infection control measures and wider workforce resilience. It can be used to take actions to stop the spread of infection.</p>	Much less use of regular health care (still), but: <ul style="list-style-type: none"> The end of the lockdown of the general population from May 11 also means that hospitals and city medical services should therefore be gradually restored. Empty beds: all non-emergency admissions of new residents are still postponed. Only urgent cases will be admitted.

GOOD PRACTICES



GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY	
	Flanders has launched the website: hulpverleners.be . This website brings the healthcare sector and volunteers or healthcare workers together. Based on their experience and availability, medical and non-medical profiles are matched to the needs of care.	On May 1st a Parliamentary agreement across party lines resulted in additional funding of DKK 100 million to the municipalities for organising initiatives aimed at nursing home residents and first order people using their own home. <ul style="list-style-type: none"> to create new solutions for maintaining social relations and quality of life to increase the provision of social care to the level before COVID-19 to set up partnerships in order to gather evidence and disseminate best practice in order to prevent loneliness. 	There are several examples of long-term care facilities that have alternatives for visitors like a cuddle wall or a social cabins.	Care home group (twins) how it has stayed COVID-19 free. CLICK HERE	There is an analysis on excess mortality at nursing homes. CLICK HERE	Nursing home which gives a list of useful information.		

GERMANY	UNITED KINGDOM	FRANCE
	Here you find some practices every week, such as digital daycare, share some good practices every week, like digital daycare. CLICK HERE	Here you find the dashboard of Sweden with the general number of infections and deaths. There is no analysis on excess mortality at nursing homes. CLICK HERE

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Disclaimer

This report is an overview of just the policies and regulations of eight European countries based on accessible official information sources. This means that this report is not a complete overview. You will find the most important elements of each country's approach in their fight against the spread of COVID-19 in long-term care. There is more to providing good and safe care, especially when you look at the social or psychological impact of COVID-19 in long-term care.