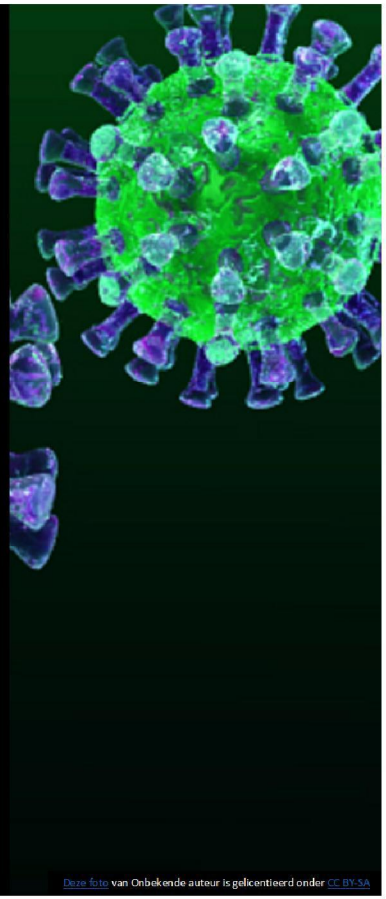
Covid-19 in long-term care

Until December 11



Verdiepende vragen voor Denemarken, Duitsland, België en Nederland

- How does the government achieve flexibility in long-term care for a possible next large-scale outbreak with regard to personnel, protective equipment, testing, accommodations?
- How does regular long-term care start up: admissions to nursing homes and care institutions for the disabled, daytime activities, home care?
    - Is the production and staffing at the old level?
    - Are there any adjustments related to social distancing and use of PPE?
    - What problems arise?
    - Does the government organize or facilitate hands-on support via on-site advice, information, etc.?
    - Is the government working on an adapted policy in the field of hygiene and safety in long-term care in the longer term? If so, what are possible new or different starting points?
- Did the government set up an evaluation process? What are the main lessons learned regarding the long-term care identified by the government? When did she do that?
  Are there already plans to translate this into new policy?

The Netherlands

Visitor guidelines

- March 20th: visitors were banned from all nursing homes and for other facilities for people with a disability. The policy is 'no, unless…'
- May 11: as a pilot, in 26 nursing homes visitors are allowed under strict rules. Only one visitor per resident, 1,5 m social distance.
- May 25: in all long term care facilities visitors are allowed when there are no infected people with covid-19, one visitor per resident and 1.5 m social distance
- June 15: all long term care facilities are open for visitors when the location has no infected residents.
- https://www.actiz.nl/nieuws/nieuwe-handreiking-aanpak-verpleeghuiszorg-bij-corona-gereed from sept 17
- Source: https://www.waardigheidentrots.nl/corona/?_ga=2.230153116.1472252581.1594287127-2037282960.1593691399

Visitors are still welcome, every nursing-home makes cutomized rules: https://www.rijksoverheid.nl/onderwerpen/coronavirus-covid-19/gezondheid-en-zorg/verpleegtehuizen#:~:text=Op%20bezoek%20in%20verpleeghuizen%20en,het%20regelmatig%20wassen%20van%20handen.

Test-policies

- In the beginning the highest priority was the intensive care and testing of the personnel in the hospitals.
- In the beginning of April long term care services got some attention and testing was in small amounts possible.
- Since April 17 it is possible for personnel in the healthcare sector to get tested when they have one of the symptoms of covid-19
- June 1, all citizens in the Netherlands with any of the symptoms of covid-19 can get tested.
- Update december 1, testpolicy for care professionals: https://lci.rivm.nl/lci.rivm.nl/covid-19/bijlage/zorgmedewerkersinzetentestbeleid

Source: https://lci.rivm.nl/lci.rivm.nl/covid-19/bijlage/zorgmedewerkersinzetentestbeleid

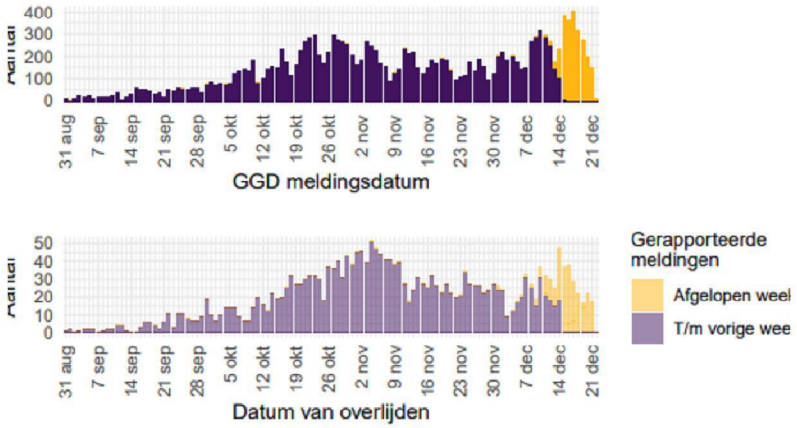
Personal Protective Equipment (PPE)

- In the beginning there were some difficulties with PPE, there was not enough and the focus was on the care in the hospitals
- Since April 13 there is a new distribution model. When new face masks are available they will go to places where they are most needed (https://www.waardigheidentrots.nl/actueel/mondkapjes-corona-verpleeghuis/)
- New policy on Mouth masks from Okt 2:

https://www.verenso.nl/nieuws/afkappunt-preventief-gebruik-neusmondmaskers

Everybody within 1,5 m of a patient/resident should wear a mouth mask.

Monitoring infections and deaths



This figure shows (A) the infection rates in the nursing homes and (B) the deaths in the nursing homes from Aug 31-Dec 21.

Source:
https://www.rivm.nl/documenten/wekelijkse-update-epidemiologische-situatie-covid-19-in-nederland

Dashboard of de Dutch government, with some specific information on nursing homes (https://coronadashboard.rijksoverheid.nl)

Good practices

- There are several examples of long termcare facilities that have alternatives for visitors like a cuddlewall or a special cabines. Source: https://www.waardigheidentrots.nl/praktijk/bezoek-corona/
- At the website of the dutch government they share some good pratices every week, like digital daycare. Source: https://www.rijksoverheid.nl/documenten/publicaties/2020/05/06/zorg-verlenen-in-coronatijd-voorbeelden-van-slimme-zorg-uit-heel-nederland
- Here you find some examples in the care for people with a disability like how do you still excercise in times of quarantine or how can you hold on to daily routines. Source: https://www.kennispleingehandicaptensector.nl/coronavirus/corona-activiteiten-voor-binnen

In-depth research the Netherlands (1)

How does the government achieve flexibility in long-term care for a possible next large-scale outbreak with regard to personnel, protective equipment, testing, accommodations?

- Personnel. This is becoming worse. When an employee has corona-like complaints, the person is immediately tested, while waiting for the result, the person must be quarantined, so that means a number of days off. This has a large effect on the availibility
- Protective equipment. In general, that goes well. The rule now is that visitors must also wear masks, they must take care of this themselves. The staff when they are within a meter and a half of the resident must now also wear mouth masks. This does have an effect on the amount of masks that are needed. For now there are plenty. Regional supplies
- Testing. As of today, October 7, two rapid tests have been approved, and are also in stock. This will be very helpful. In practice, healthcare organizations now do their own tests. And it has been agreed nationally that people from healthcare and education have priority over having them tested at the GGD.
- Accomodations. It is often not possible, especially for small care organizations, to set up a separate cohort department. There are experiments to organize this regionally. Collaboration between the different nursing homes. Keeping visitors out due to contamination is not desirable. Discussion is going on about this.

- In the future more nursing homes will be necessary: https://www.actiz.nl/nieuws/tno-bevestigt-zorg-van-actiz-vraag-naar-verpleeghuiszorg-stijgt-enorm

In-dept research the Netherlands (2)

Did the government set up an evaluation process? What are the main lessons learned regarding the long-term care identified by the government? When did she do that? Are there already plans to translate this into new policy?

- In development.
- The corona audit is new, which can be downloaded via Waardigheid en trots.
- Henk and Mirella have written an article with lessons learned and advice for the future.
- Topics of the overall evaluation were:
    - Dashboard
    - Generic measures
    - IC capacity
    - Public communication
    - Long-term care
    - Effects on regular care
    - Lock down in long-term care
    - Availability of PPE
    - Test and trace practices
    - International comparisons

- General conclusions
- Measuring and testing to be intensified, also by indirect means such as sewage systems → to follow where the virus spreads
- Targeted responses at regional or local level → escalation ladder
- Joint endurance → clear communication and explanation

Evaluation

Safety
- Basic safety should be in place
- Balanced and differentiated visiting regulations

Early detection
- Signalising, analysing and interventions
- Targeted and faster testing

Sufficient supply
- Sufficient PPE
- Sufficient care workers, their wellbeing and commitment
- Sufficient capacity for Covid-19 patients

Support for care providers
- Hands-on support for nursing homes
- Financial support for continuity

Position of nursing homes
- National and regional positioning of nursing homes

In-dept research the Netherlands (3)

- **How does regular long-term care start up: admissions to nursing homes and care institutions for the disabled, daytime activities, home care?**
- **Is the production and staffing at the old level?** According to Actiz, demand is on the rise again.
- **Are there any adjustments related to social distancing and use of PPE?** The use of PPE is now under discussion following the research by Hertog and Buurmans (testing everyone every week for contamination); social distancing is difficult in healthcare. It is unclear how this now works in practice now that many organizations are "normal" again.
- **What problems arise?** Uncertainty about 2nd wave; fear of staff to have to work in corona wards, fear of becoming ill themselves. Staff is tired, not ready for 2nd wave.
- **Does the government organize or facilitate hands-on support via on-site advice, information, etc.?**
  Corona support from WOL (from May 26, 2020); possible deployment of the army in emergencies
- **Is the government working on an adapted policy in the field of hygiene and safety in long-term care in the longer term? If so, what are possible new or different starting points?**
- unknown. See ABR program
- **The disability sector is underexposed.**

December 2020 the Netherlands

- National lockdown till Jan 19
- https://coronadashboard.rijksoverheid.nl/
- Start vaccination professionals working in nursing homes and disability sector from January 8:
- https://www.rijksoverheid.nl/documenten/publicaties/2020/12/17/tijdlijn-start-coronavaccinaties


Germany

Visitor guidelines

- From 2 April ban on visitors to care and nursing homes was put in place in many federal states.
- The Federal Ministry of Health provided information for care and nursing home visitors in May 2020. The document asks potential visitors to evaluate carefully whether their visit is really necessary. If visitors decide that their visit is important they should: Regularly disinfect their hands, maintain sufficient distance to other people, including residents and staff in the care home, avoid physical contact (shaking hands, hugs) with residents, cough or sneeze into their armpit or a single use tissue, which should be disposed of afterwards and keep their hands away from their face.
- North-Rhine Westphalia (NRW): Visitors are not allowed to enter care or nursing homes. Exceptions can be made if there medical or socio-ethical reasons, such as when a resident is receiving palliative care . Residents are allowed to leave the premises of the care setting, however, should only have contact with other people living or working in the care setting. If this cannot be ensured, the resident is required to spend 14 days without direct contact with other residents of the care setting.

Source: https://ltccovid.org/wp-content/uploads/2020/05/Germany_LTC_COVID-19-26-May-2020.pdf

Visitor guidelines

Source: https://ltccovid.org/wp-content/uploads/2020/05/Germany_LTC_COVID-19-26-May-2020.pdf

- The different states have their own methods to enable visitors in residential care settings (page 39).
- In North-Rhine Westphalia the ban for visitors was lifted in time for mother's day on 10 May. Visits will be made possible through separate visiting areas, protective equipment and screening of visitors. Residents can have up to two visitors in separate visiting rooms. If the visits need to take place in the resident's room only one visitor can be permitted. The length per visit will be limited to a maximum of two hours per visit per day. All visitors will be registered, screened briefly for COVID-19 and informed about relevant protective measures.
- In addition, the Robert-Koch Institute has developed recommendations for visitors in residential care settings (20 May 2020). These include:
  - Social contact should generally be maintained via telephone rather than through in- person visits.
  - Visitors with symptoms of a cold as well as people who are contact persons to a COVID-19 case should stay away from residential care settings.
  - In the case that visitors will be allowed:
    - Each visitor should be registered (name, date, name of resident they visited)
    - Visits should be minimised and limited in time
    - Visitors must be informed of required protective measures. These include:
    - Maintaining at least 1.5-2metres distance to the resident
    - Wearing mouth-nose protection and a protective gown
    - Hand disinfection upon leaving the resident's room.

The above measures are still in place (09-12-2020)

(source: https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?__blob=publicationFile

Visitor guidelines

https://www.mags.nrw/sites/default/files/asset/document/200619_coronaavpflegeundbesuche.pdf

- The RKI recommendations should be applied as a guiding framework. Each care home should develop a protocol for visiting. From July 1st every resident can be visited every day. These cannot be limited to less than one hour, and should be possible in afternoons, weekends and bank holidays. The number of visits is limited to 2 visits per day by 2 persons, or by 4 persons outdoors. Visitors should be briefly screened for symptoms, contacts with infected people and temperature. When visitors and residents use mouth nose masks and apply careful manual disinfection measures, they can refrain from 1.5 m distancing. Visitors should be registered.
- In case SARS-CoV-2 has been established and no isolation or cohering is possible, visits should take place in secluded areas or outdoors. Residents can be visited in their own apartments from July 1st.
- Residents can leave the home on their own or with other residents, staff or visitors (as described above) for a maximum of six hours per day, provided when they follow the general rules. A leave for longer than six hours needs to be followed by isolation or cohorting.

Visitor guidelines

When creating and designing the visit concept, the following key points should also be taken into account in terms of a risk assessment:

- the infection rate in the facility (COVID-19 cases yes / no)
- the epidemiological situation in the catchment area
- the implementation of measures to be taken in the event of an entry into the establishment of a Be able to prevent further spread (e.g. presence of trained personnel, test strategy in the facility etc.)
- spatial conditions
- For options for SARS-COV-2 testing of visitors, see Section 7 Notes on SARS-COV-2- Testing
- Opportunities to use digital communication technologies
- Procedure in special situations concerning the individual residents

Source:
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?__blob=publicationFile

Test-policies

- The Robert Koch Institute (RKI) recommends (at least) daily documentation of clinical symptoms among residents and staff. The minimum symptoms to be monitored include fever (>37.8°C), coughing, shortness of breath, sore throats and sniffing.
- The different states all have their own test-policies. Most of the states require testing of all people receiving and providing care in contact with a confirmed covid-19 case.
- Most states require testing the staff and residents when they have the symptoms (page 31)
- North-Rhine Westphalia: Staff that is only working in quarantine or isolation area, will depending on risk be tested by the company doctor. These samples are to be prioritised
- As of 6 July 2020 RKI recommends that newly admitted residents without symptoms should be placed in quarantine for at least 7 days, if possible 14 days (single admission or cohorting). Testing is recommended.
- In case of symptoms residents and staff should be tested without delay and with a low threshold. In case of a positive result a notification is mandatory. It is recommended to screen other residents and staff twice a week (particular wards or the entire facility). Staff should be checked on a regular basis (daily enquiries) for symptoms and absence should be closely monitored.
- Regular testing of staff is required when they care for residents with covid-19 or when the live in an area of high covid19 incidence

Sources: https://ltccovid.org/wp-content/uploads/2020/05/Germany_LTC_COVID-19-26-May-2020.pdf

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?__blob=publicationFile

Personal protective equipment

- The Federal Ministry of Health distributes supplies to the federal states and to the Association of Statutory Health Insurance Physicians *(kassenärztliche Vereinigung).* While the Association of Statutory Health Insurance Physicians distributes supplies to physicians providing ambulatory health care, the federal states supply all other areas requiring protective equipment (19).
- The different states have taken different routes to support care providers with protective equipment (page 28). Some states have provided information on their distribution system and given insights into the amount of equipment provided to health and social care providers.
- North-Rhine Westphalia: The company Dr Feist Automotive Bielefeld GmbH (DFA Bielefeld) has been commissioned by the state government of North-Rhine Westphalia to produce 29 Million mouth-nose protective masks. From 8 April until 29 July the company will deliver 320,000 masks to the state government on a daily basis for a cost of around €17 Million. The protective masks are being distributed to care settings via local authorities and communal crisis teams. 8 April, the Health Ministry of North-Rhine Westfalia has distributed 3.7 million protective masks, 1.7 million gloves, 78,000 protective gowns, 3,000 safety goggles, 250,000 test tubes and 22,000 litres of disinfectant.

Source: https://ltccovid.org/wp-content/uploads/2020/05/Germany_LTC_COVID-19-26-May-2020.pdf

Personal protective equipment

- Protective equipment (mouth nose masks) is recommended for all care staff, also if they are not directly caring for Covid-19 residents (RIK, 6 July 2020). This ensures a reduced chance of infection if < 1,5 meter distancing cannot be applied in daily care. Masks with an exhalation valve are normally not required. Residents with symptoms need to wear masks, unless testing has shown that the person is not infected by SARS-CoV-2. Visitors should apply general corona rules. Good air ventilation of rooms is required.
- In staff are taking care of Covid-19 residents they should wear protective aprons, disposable gloves, mounth nose masks (at least FFP2) with exhalation valves and protective spectacles.
- Cohorting: SARS-CoV-2 infected residents, people whom they have been in touch with and people at risk should be admitted in a separate room, preferably with sanitation. In case suspicion of SARS-CoV-2 infection three areas should be available: for residents unlikely to be infected, for those who are suspected to be infected and for those residents with demonstrated infection (positively tested). If there happens to be another infection (e.g. influenza) a fourth area should be available. Staff who work in these areas should be dedicated employed in these areas and not elsewhere in the facility. Air flows of these separate areas should be as much separated as possible.

Monitoring infections and deaths

- The majority of people with long-term care needs, as in many other countries, receive support in their own homes (76%). Of those receiving support at home, 68% do so from unpaid family carers and 32% receive (additional) support through one of the 14,100 ambulatory care providers. Most of the people receiving care at home are registered as having moderate care levels (levels 2 to 3). Destatis estimates that 818,289 (24%) people with long-term care needs live in Germany's 14,500 care and nursing homes. Most people living in institutional care settings have moderate to considerable care needs (levels 3 to 4)
- The RKI guidelines recommend contact tracing of contact persons in cooperation with the local health authority. Successful contact tracing enables the interruption of infectious chains. Contact tracing of COVID-19 cases in care or nursing homes is to be prioritised. Source: https://ltccovid.org/wp-content/uploads/2020/05/Germany_LTC_COVID-19-26-May-2020.pdf
- German dashboard on Bundesland level: https://experience.arcgis.com/experience/478220a4c454480e823b17327b2bf1d4/page/page_0/
- German dashboard on Kreis level:https://experience.arcgis.com/experience/478220a4c454480e823b17327b2bf1d4

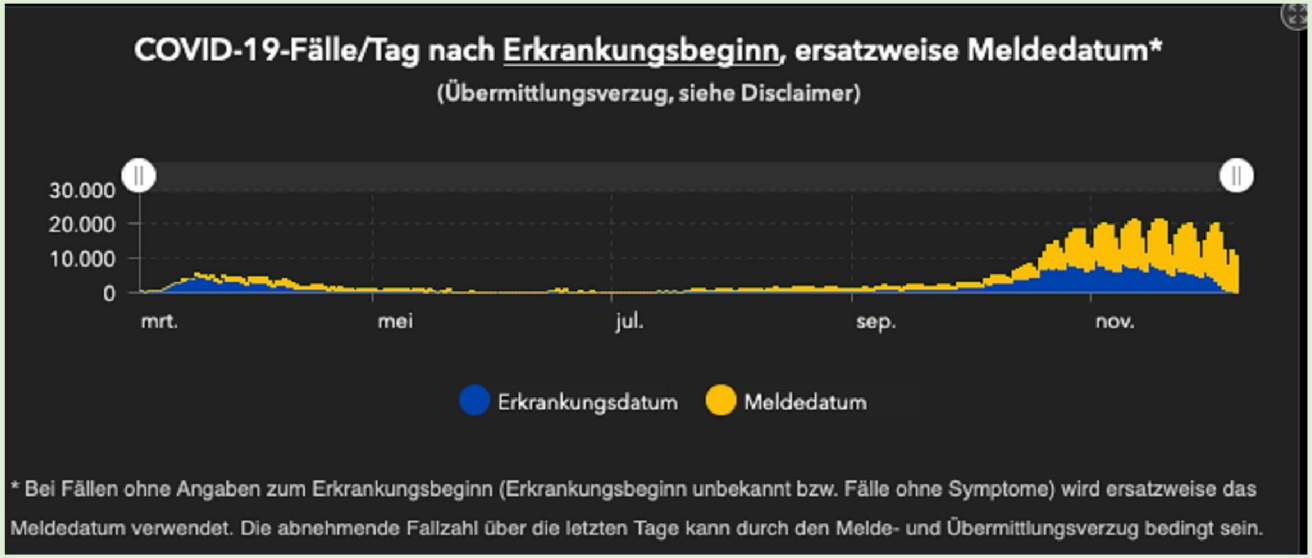
Monitoring infections and deaths

Confirmed cases		7-day incidence (7-di)	
Total[1]	**Active cases**[2]	**Total population**	**No. of districts with 7-di > 50/100,000 pop**
+14,054 (1,197,709)	**-4,900** [ca. 296,600]	**147 cases/ 100,000 pop**	**-1** (383/412)
Recovered[3]	**Deaths**	**People ≥ 60 years**	**No. of districts with 7-di > 100/100,000 pop**
+18,600 [ca. 881,800]	**+423** [19,342]	**134 cases/ 100,000 pop**	**+12** (297/412)

Facility according to			Total	Hospitalised	Deaths	Recovered (estimate)
§ 36 IfSG (e.g. facilities for the care of older, disabled or other persons in need of care, homeless shelters, community facilities for asylum-seekers, prisons)	Cared for / accommodated in facility	42,790	30,811 / 72%	7,523	5,914	28,900
	Occupation in facility	22,532	2,613 / 12%	726	60	19,500

Source: https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/Dez_2020/2020-12-08-en.pdf?__blob=publicationFile d.d. December 9, 2020

Monitoring infections and deaths



Source: https://experience.arcgis.com/experience/478220a4c454480e823b17327b2bf1d4, d.d. December, 2020

Policies for side effects (underutilization of services or waiting lists)

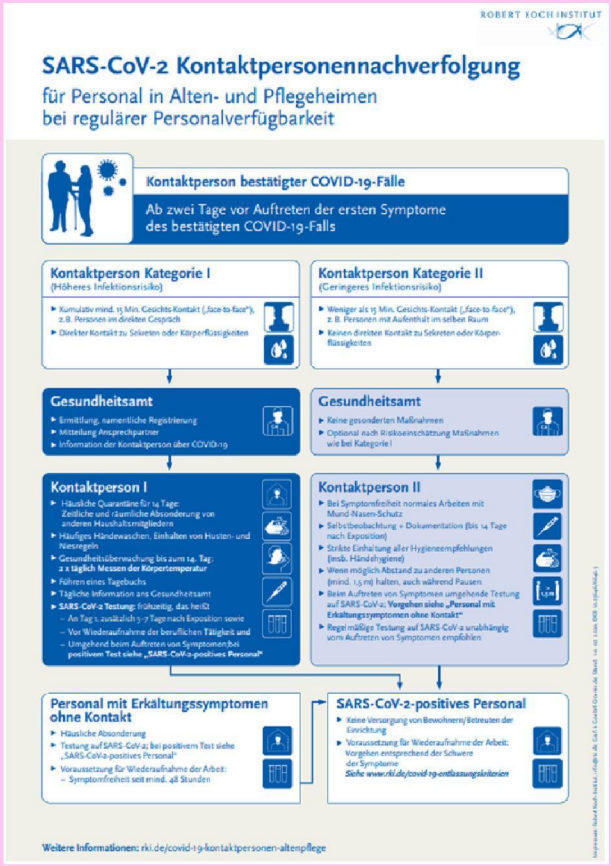
- On 27 March the German **Ministry of Health** (*Bundesgesundheitsministerium)* announced a funding and support package to help care institutions during the COVID-19 pandemic. The measures outlined include:
  - Suspension of quality assessments for ambulatory and residential care as well as changes to assessment and waiving of obligatory advisory visits to people with care needs.
  - Long-term care insurance will reimburse institutions providing care that incur 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.
- There are several fundings for care workers in the longterm care, like a bonus of €1500 (differs in de different federal states) and improving de minimum wages
- Care insurance will support providers to avoid gaps in supply of paid home care and will also reimburse institutions providing care that incur additional costs or loss of revenue due to the outbreak (27th March). Where care providers are no longer able to meet the services they are supposed to, they have to contact the care insurances immediately to ensure people's care needs are met (23rd April*).
- Most federal states have allowed care homes to continue to receive new residents and residents discharged from hospitals if they follow regulations and guidelines in line with the RKI recommendations

Source: https://ltccovid.org/wp-content/uploads/2020/05/Germany_LTC_COVID-19-26-May-2020.pdf

Policies for side effects (underutilization of services or waiting lists)

- For staff, students and volunteers NRW adds to the corona premium by 50% in addition to the national premiums of Euro 1,000, Euro 667 and Euro 334 (free of taxsation per full time equivalent, depending on the intensity of direct involvement in caring tasks for residents with Covid-19 for at least three months) and up to Euro 900 for students and 150 Euro for volunteers (d.d. 17 June 2020 see: https://www.bundesgesundheitsministerium.de/pflegebonus.html).
- For parents who have been taking care for their (disabled) children because due to corona crisis daycare services have been closed down for 67% of their income loss to a maximum of Euro 2,016 per month for a maximum of 20 weeks if they provide care as a single parent of 10 weeks if they care as a couple.

Good practices



ROBERT KOCH INSTITUT

SARS-CoV-2 Kontaktpersonennachverfolgung

für Personal in Alten- und Pflegeheimen
bei regulärer Personalverfügbarkeit

Kontaktperson bestätigter COVID-19-Fälle

Ab zwei Tage vor Auftreten der ersten Symptome des bestätigten COVID-19-Falls

Kontaktperson Kategorie I
(Höheres Infektionsrisiko)

- Kumulativ mind. 15 Min. Gesichts-Kontakt („face-to-face"), z. B. Personen im direkten Gespräch
- Direkter Kontakt zu Sekreten oder Körperflüssigkeiten

Kontaktperson Kategorie II
(Geringeres Infektionsrisiko)

- Weniger als 15 Min. Gesichts-Kontakt („face-to-face"), z. B. Personen mit Aufenthalt im selben Raum
- Keinen direkten Kontakt zu Sekreten oder Körperflüssigkeiten

Gesundheitsamt

- Ermittlung, namentliche Registrierung
- Mitteilung Ansprechpartner
- Information der Kontaktperson über COVID-19

Gesundheitsamt

- Keine gesonderten Maßnahmen
- Optional nach Risikoeinschätzung Maßnahmen wie bei Kategorie I

Kontaktperson I

- Häusliche Quarantäne für 14 Tage: Zeitliche und räumliche Absonderung von anderen Haushaltsmitgliedern
- Häufiges Händewaschen. Einhalten von Husten- und Niesregeln
- Gesundheitsüberwachung bis zum 14. Tag: **2 x täglich Messen der Körpertemperatur**
- Führen eines Tagebuchs
- Tägliche Information ans Gesundheitsamt
- **SARS-CoV-2 Testung:** frühzeitig, das heißt
  - An Tag 1, zusätzlich 5–7 Tage nach Exposition sowie
  - Vor Wiederaufnahme der beruflichen Tätigkeit und
  - Umgehend beim Auftreten von Symptomen bei positivem Test siehe **„SARS-CoV-2-positives Personal"**

Kontaktperson II

- Bei Symptomfreiheit normales Arbeiten mit Mund-Nasen-Schutz
- Selbstbeobachtung + Dokumentation (bis 14 Tage nach Exposition)
- Strikte Einhaltung aller Hygieneempfehlungen (insb. Händehygiene)
- Wenn möglich Abstand zu anderen Personen (mind. 1,5 m) halten, auch während Pausen
- Beim Auftreten von Symptomen umgehende Testung auf SARS-CoV-2: **Vorgehen siehe „Personal mit Erkältungssymptomen ohne Kontakt"**
- Regelmäßige Testung auf SARS-CoV-2 unabhängig vom Auftreten von Symptomen empfohlen

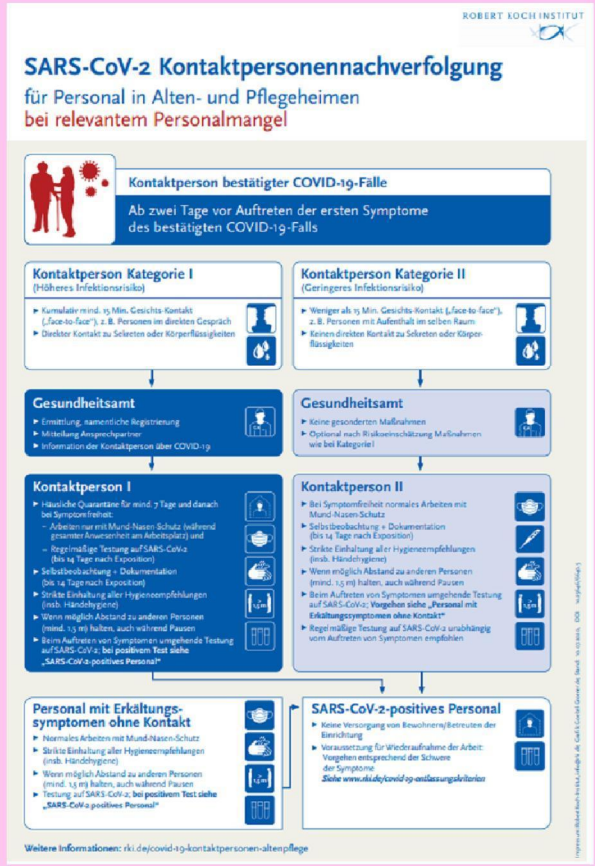
Personal mit Erkältungssymptomen ohne Kontakt

- Häusliche Absonderung
- Testung auf SARS-CoV-2; bei positivem Test siehe „SARS-CoV-2-positives Personal"
- Voraussetzung für Wiederaufnahme der Arbeit:
  - Symptomfreiheit seit mind. 48 Stunden

SARS-CoV-2-positives Personal

- Keine Versorgung von Bewohnern/Betreuten der Einrichtung
- Voraussetzung für Wiederaufnahme der Arbeit: Vorgehen entsprechend der Schwere der Symptome
  Siehe www.rki.de/covid-19-entlassungskriterien

Weitere Informationen: rki.de/covid-19-kontaktpersonen-altenpflege



ROBERT KOCH INSTITUT

SARS-CoV-2 Kontaktpersonennachverfolgung

für Personal in Alten- und Pflegeheimen
bei relevantem Personalmangel

Kontaktperson bestätigter COVID-19-Fälle

Ab zwei Tage vor Auftreten der ersten Symptome des bestätigten COVID-19-Falls

Kontaktperson Kategorie I
(Höheres Infektionsrisiko)

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- Direkter Kontakt zu Sekreten oder Körperflüssigkeiten

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- Weniger als 15 Min. Gesichts-Kontakt („face-to-face"), z. B. Personen mit Aufenthalt im selben Raum
- Keinen direkten Kontakt zu Sekreten oder Körperflüssigkeiten

Gesundheitsamt

- Ermittlung, namentliche Registrierung
- Mitteilung Ansprechpartner
- Information der Kontaktperson über COVID-19

Gesundheitsamt

- Keine gesonderten Maßnahmen
- Optional nach Risikoeinschätzung Maßnahmen wie bei Kategorie I

Kontaktperson I

- Häusliche Quarantäne für mind. 7 Tage und danach bei Symptomfreiheit:
  - Arbeiten nur mit Mund-Nasen-Schutz (während gesamter Anwesenheit am Arbeitsplatz) und
  - Regelmäßige Testung auf SARS-CoV-2 (bis 14 Tage nach Exposition)
- Selbstbeobachtung + Dokumentation (bis 14 Tage nach Exposition)
- Strikte Einhaltung aller Hygieneempfehlungen (insb. Händehygiene)
- Wenn möglich Abstand zu anderen Personen (mind. 1,5 m) halten, auch während Pausen
- Beim Auftreten von Symptomen umgehende Testung auf SARS-CoV-2: **bei positivem Test siehe „SARS-CoV-2-positives Personal"**

Kontaktperson II

- Bei Symptomfreiheit normales Arbeiten mit Mund-Nasen-Schutz
- Selbstbeobachtung + Dokumentation (bis 14 Tage nach Exposition)
- Strikte Einhaltung aller Hygieneempfehlungen (insb. Händehygiene)
- Wenn möglich Abstand zu anderen Personen (mind. 1,5 m) halten, auch während Pausen
- Beim Auftreten von Symptomen umgehende Testung auf SARS-CoV-2: **Vorgehen siehe „Personal mit Erkältungssymptomen ohne Kontakt"**
- Regelmäßige Testung auf SARS-CoV-2 unabhängig vom Auftreten von Symptomen empfohlen

Personal mit Erkältungssymptomen ohne Kontakt

- Normales Arbeiten mit Mund-Nasen-Schutz
- Strikte Einhaltung aller Hygieneempfehlungen (insb. Händehygiene)
- Wenn möglich Abstand zu anderen Personen (mind. 1,5 m) halten, auch während Pausen
- Testung auf SARS-CoV-2; **bei positivem Test siehe „SARS-CoV-2-positives Personal"**

SARS-CoV-2-positives Personal

- Keine Versorgung von Bewohnern/Betreuten der Einrichtung
- Voraussetzung für Wiederaufnahme der Arbeit: Vorgehen entsprechend der Schwere der Symptome
  Siehe www.rki.de/covid-19-entlassungskriterien

Weitere Informationen: rki.de/covid-19-kontaktpersonen-altenpflege

Nice to know

- On Juli 15th – one month after the conora app has been introduced - the app has been downloaded 15.8 million times (on July 27th 16.8 million). 500 positively tested people could thereby warn others by the app. How many people were warned cannot be shown due to decentral organisation of the system.
- From July 25th air travellers coming from risk areas in other countries can be tested for corona for free on all NRW airports.
- The complete chronicle of the German corona policy of the Health Ministry and all public communication: https://www.bundesgesundheitsministerium.de/coronavirus/chronik-coronavirus.html
- There are two websites especially for people with a disability, the information is well structured and easy to understand.
  - https://www.aktion-mensch.de/corona-infoseite.html
  - https://www.ksl-nrw.de/de/corona

In-depth research Germany (1)

How does the government achieve flexibility in long-term care for a possible next large-scale outbreak with regard to personnel, protective equipment, testing, accommodations?

- With comprehensive pandemic and hygiene plans of the states, politicians are trying to take precautions against increases in the number of cases in order to prevent a tense situation in nursing homes.
- As a matter of principle, state regulations for infection protection are mandatory everywhere. The individual facilities can go beyond it if this is required locally.
- With the "protective screen" for care, the federal government has ensured reimbursement by sickness funds for the costs of procuring protective material (prices have risen sharply). Thus, there is now a sufficient supply of protective masks (both FFP2 and surgical masks).
- It would be helpful, if care staff could receive a flu vaccination free of charge (currently not covered by all insurance companies) to reduce the risk of infection.

Source: Patricia Ex, BMCeV

In-depth research Germany (1)

How does government facilitate flexibility in long-term care in order to cope with a next large scale outbreak (e.g. staffing, protective means, testing, facilities)

- General access to the LTC system and providers was maintained; the LTC insurance system was upheld and expanded; financial instruments were introduced in order to guarantee continuity of service and affordability under COVID-19 conditions. A bonus payment for care workers was paid out on basis of special legal provision.
- Most of the COVID-19 related regulations in §§ 147-152 SGB XI will be continued from 1st of October onwards until end of December 2020. The new regulations are based on the "Krankenhauszukunftsgesetz", which will become operative shortly, see https://www.bundesgesundheitsministerium.de/krankenhauszukunftsgesetz.html.
- The regulations include:
- the assessment of long term care dependency can still be performed via telephone or record revision without visiting the persons in need, when necessary.
- a requirement for a new nationwide uniform hygienic concept for visits of persons in need at home and of care and comparable facilities by the Medical Service of the Health Funds (MDK), see https://www.mds-ev.de/themen-des-mds/corona-pandemie-und-pflege/hygienekonzept-mdk-gemeinschaft-covid-19-pandemie.html.
- the extension of financial support for care facilities
    - Financial support (compensating for extra Covid-related expenditure or for income losses due to Covid-19) was established for all legally approved care institutions (nursing homes, day care centres, home care services).
    - Financial support will be given to people in need of care if their care provider fails and more costly organisation of care is needed.
    - The use of neighbourhood support was made easier by easing reimbursement rules.
    - The monthly allowance for personal hygiene equipment for persons in need of care was increased from 40€ to 60€
- the number of days to take off from work combined with entitlement to receive financial support in order to care for relatives was increased.
- Regular quality inspections by the Medical Service of the Health Funds (MDK) were stopped to reduce the entry of the virus in LTC facilities; they are to be resumed as from October 1st. Single quality inspections were conducted, esp. when complaints were raised or serious quality deficits were suspected.
- Government (Federal Ministry of Health) and representatives of provider organizations and Insurance Funds are meeting on a regular basis in order to maintain communication and coordination on all measures and to detect and discuss any arising problems.

Source: Angela Braubach, Bundesministerium

In-dept research Germany (2)

Did the government set up an evaluation process? What are the main lessons learned regarding the long-term care identified by the government? When did she do that? Are there already plans to translate this into new policy?

As of 12 October no national evaluation has been carried out

- According to the Federal Association of Care Providers, in retrospect bans on visits by relatives have proved unnecessary if a hygiene concept exists and is adhered to. In the meantime, they have largely been lifted, while some states still restrict visiting rights to one visitor per resident.
- At the beginning of the pandemic, existing working time limits for care personnel were relaxed in order to always have sufficient staff available. However, facilities did not have to take advantage of it.
- Legal minimum personnel limits were suspended and tasks were also allowed to be performed by auxiliary personnel. According to the care providers, however, this hardly had to be used.
- According to initial estimates, alternative access routes (video consultation or telephone calls) have secured medical care in inpatient facilities. Also assessments on the classification of the need for care were carried out using these channels. Therapeutic care was severely limited, since therapists often had no access to the facilities, but remedies require personal contact.
- Regular inspections by the MDK were suspended in order to relieve the facilities of bureaucracy during the crisis and to minimize the risk of external infection. The audits will resume from 1st Oct. onwards.
- Care providers have welcomed the rescue package for nursing homes (currently extended to 31st Dec.) adopted by the German government. This guarantees them economic security, so that they can concentrate on care tasks during the crisis. With the rescue package o additional expenses for personnel, equipment and material and o lower revenues by lower capacity utilization are replaced
- As an overarching measure, regular coordination meetings between the Federal Ministry of Health, the federal states, care providers and health insurance associations have been and are very helpful. They serve both as an early warning system and as a means for ongoing evaluation of the measures.
- Up to now, Covid-19 policies have essentially relied on scientific advice about the benefit of individual measures. A complete evaluation of the measures taken against Covid-19 has not yet taken place. The Federal Minister of Health has suggested an evaluation by the German Bundestag though.

Source: Patricia Ex, BMCeV

In-dept research Germany (2)

- LTCF operators appreciated most of the regulations that were established to relieve Covid-19 related excess expenditures and shortfalls in LTCF. As already mentioned, quality controls were stopped to reduce visits of foreigners in LTCF. This task had major impacts on LTC work, and especially on persons in need of care, though occasionally quality checks were performed. Due to this lesson learned, the pause of quality checks will end end of September, while other measure will continue until end of December 2020 based on the Krankenhauszukunftsgesetz, also mentioned above.
- Robert Koch Institute investigated outbreaks in German institutions (f.e. LTC, hospitals, workplace, camping places, hotels, cruise ships) and due to specific gatherings (zoos, picnics, buses, plains etc.), see https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2020/Ausgaben/38_20.pdf?__blob=publicationFile. A major insight is that most of the outbreaks occurred in LTC, and LTC residents had the highest risk for severe negative health outcomes. The biggest issue at the onset of a pandemic like Covid 19 therefore must be the prevention of outbreaks in LTC. At the same time, solutions must be found to avoid loneliness by too restrictive visit bans.
- Investigation is under way about the impact of measurements on LTCF functioning, workers and on persons in need of care and their relatives.

Source: Angela Braubach, Bundesministerium

In-dept research Germany (3)

- How does regular long-term care start up: admissions to nursing homes and care institutions for the disabled, daytime activities, home care?
- Is the production and staffing at the old level?
- Are there any adjustments related to social distancing and use of PPE? What problems arise? Does the government organize or facilitate hands-on support via on-site advice, information, etc.?
- Is the government working on an adapted policy in the field of hygiene and safety in long-term care in the longer term? If so, what are possible new or different starting points?

- Occupation rates in inpatient care were subject to only minor fluctuations (e.g. because vacant places could not be filled in the meantime). It has now regained pre-crisis levels.
- There have been slumps to 50% in day care up to now, as the hygiene and distance regulations of the states do not allow a higher utilization.
- Many facilities now carry out fever checks at the entrance, and visitors must also register before appearing.
- Many nursing homes have purchased hardware for video telephony and provide separate rooms for it, in order to enable contacts to the outside world in case of renewed restrictions.
- It is also planned to use rapid Corona tests as soon as they are available.
- Currently, many facilities would like to expand the range of PCR tests, especially for nursing staff. Although the Federal Ministry of Health has decided that tests for staff in nursing homes are reimbursable even without symptoms of infection, local health authorities often do not order them if there are no symptoms or risk factors (contact with infected persons or similar). Some facilities have therefore carried out tests at their own expense.
- Reimbursement for video consultations is problematic. While doctors can bill these via medical reimbursement code (EBM), there is no comparable remuneration for nursing care. Therefore, care providers do not expect permanent increase in video consulting after the pandemic.

Source: Patricia Ex, BMCeV

In-dept research Germany (3)

- How are services starting up again and how are they getting back to the 'new' normal:

a. Are occupation rates back on the previous levels?

- The federal level has no precise information about corona-induced personal shortages in LTCF, but care providers (nursing homes and care services) are required to report to LTC funds if care provision is endangered in order to organize supporting procedures (in close coordination with local authorities). In order to maintain the provision of care, institutional care settings are allowed to deviate from certain rules and operational frameworks regarding staffing level. It is also possible to reorganize staffing between providers if the need arises (regardless of existing contracts). Besides, it is possible to transfer personnel from closed or restricted services like day care centres to long-term-care facilities to support in case of sick or high vulnerable staff resp. to support persons in need of care at home when they could not use day care centres.

b. What adaptations are implemented in terms of social distancing and protective means?

- The Robert-Koch-Institute (RKI) recommendations for LTCF and outpatient care are updated regularly. The newest versions are available under https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?__blob=publicationFile and https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Altenpflegeheime.html.
- Test regime: Free testing for all persons entering as a resident into a care home or contracting with a care service in order to enable nursing homes to safely take in new residents (rules on separation, hygiene etc. also apply); additional test options for persons with symptoms and in outbreak situations; testing of staff at the beginning of their work. Regulations for regular testing of staff are currently in preparation.
- With beginning autumn/winter, Germany established the AHA+L-rule (following the AHA-rule), which means: Distance (Abstand), hygiene, face masks (Alltagsmasken) and ventilation (Lüften (window opening and/or ventilation systems with High-Efficiency Particulate Air/Arrestance filters)). For further information, also about quarantine and isolation measures see https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2020/39/Art_02.html and https://www.bmas.de/DE/Presse/Pressemitteilungen/2020/empfehlungen-zum-infektionsschutzgerechten-lueften.html.
- The Federal Ministry of Labour and Social Affairs (BMAS) published a new regulation for employment protection. This includes that FFP2 resp. KN95 masks or comparable masks must be used in special working situations especially, when one of the persons cannot wear a face mask (Arbeitsschutzregel: Nr. 4.1 Abs. 3; see https://www.baua.de/DE/Angebote/Rechtstexte-und-Technische-Regeln/Regelwerk/AR-CoV-2/pdf/AR-CoV-2.pdf?__blob=publicationFile&v=4). In care situations, a risk assessment has to be conducted regularly before choosing the type of mask.
- Regulations for visitors are in the responsibility of the Länder. Restrictions that had been introduced in March were lifted step-by-step beginning in May with different accompanying rules (hours of visit, registration, use of masks etc.).
- Care homes also used Video tools during visit bans and designed special meeting areas within their premises.

Source: Angela Braubach, Bundesministerium

In-dept research Germany (3)

- c. Which problems are emerging in the LTC sector?
- At the beginning of the pandemic, the lack of PPE was the main problem. PPE shortages were banned by federal PPE imports; the government took on the procurement and distribution of PPE to absorb the shortages and sponsored inland PPE production. Presently the situation is sufficient. The distribution of imported PPE to the Länder and the Association of Statutory Health Insurance Physicians (Kassenärztliche Vereinigung) was phased out in June.
- The area with greatest problems of accessibility were day care centres. Most of them were closed for some weeks, and now are run under special restrictions (rules are defined on Länder level and varying for that reason).
- At the moment, there are emerging cases/higher incidence rates in the general population to be observed (see daily RKI reports). If this leads to more cases of infections in LTCF is under close surveillance.
-
- d. Do national/regional/local governments organise hands-on support for care providing organisations?
- Due to the fact that quality checks in LTCF were paused until end of September 2020 (see above), Medical Service of the Health Funds (MDK) personnel was, inter alia, able to support LTCF work. Also personnel from the Bundeswehr (Federal Armed Forces) were called in in a number of cases.
-
- e. Are the any governmental plans or intentions to adjust hygiene and safety measures and policies at the longer term, and if so, what are new or different perspectives?
- Expanding the legal framework is under discussion: Quality in LTCF should be maintained even in critical situations like pandemics (including the preparation of special concepts and PPE supplies).

Source: Angela Braubach, Bundesministerium

Belgium

Visitor guidelines (Flanders)

Nursing homes:

- From March 13 lockdown of every nursing home in Flanders.
- Visitors are allowed again since May 18, under certain conditions and safety rules.
- New visitors guidelines since 10th of June.
- New visitors guidelines since 20th of August. Guidelines: No longer based on a visitor's ban, but on **the right to visit**. There are three scenario's for visits:
  - 1) no outbreak in a nursing home or in the village.
    - As much visits and visitors as possible. Nursing homes have to take the quality of a visit in to account.
  - 2) no outbreak in the village but the local village goes above the threshold of 50/100.000 infections
    - At least one visitor per week
  - 3) outbreak in the nursing home and the village.
    - It is possible not to allow visits for a limited time with a clear end date
    - There is an outbreak in two or more infected persons, regardless the size of the facility.
- 3th of September Flanders added an addendum with '10 main principles for visitors' to the main visitors guidelines which was published at 20th of Augustus. Such as:
  - Visitor guidelines within a nursing home are based on the needs of the resident.
  - The visitor guidelines is drawn up together with residents, family and employees.
  - When there is no outbreak within a nursing home, there are no restrictions on numbers of visitors, time of visits or frequency of visits.
- 30th of October the guidelines for social and close contacts ('knuffelcontacten') went into effect for the general population. These guidelines were also applicable to LCTF

Source: file:///C:/Users/elsta/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/0C4PUSNA/kaderrichtlijn_bezoek_WZC_sjabloonVAZG_met%20links_def%20(003)%20(1)%20(002).pdf

Source: https://www.zorg-en-gezondheid.be/sites/default/files/atoms/files/Tijdelijke%20maatregelen%20na%20piek%20COVID-19%20ouderenzorg_24-06-2020%20DEF.pdf

Source: https://www.departementwvg.be/nieuws/bezoek-de-woonzorgcentra-mogelijk-vanaf-18-mei

Source: https://www.departementwvg.be/nieuws/meer-bezoekmogelijkheden-woonzorgcentra-en-autonome-assistentiewoningen

Source: de heer Dewolf, administrateur generaal Agentschap Zorg & Gezondheid, July 2nd, 2020

Source: de heer Noppe, Agentschap Zorg & Gezondheid, August 18, 2020

Homes for people with a disability:

- June 15: No longer based on a visitor's ban, but on the **right to visit**. Every person with a disability has the right to receive visits, except in case of contamination with COVID-19 or during ongoing quarantine measures.

Source: https://www.vaph.be/documenten/infonota-inf20133-covid-19-terugkeer-naar-het-'nieuwe-normaal.
https://www.vaph.be/sites/default/files/documents/15766/06.10_nieuwe_normaal_0.pdf

Testpolicies

- Flanders has a group of experts who advises the ministry about the testpolicies.
- At the start of the outbreaks there was a shortage of tests. (Lesson learned: not to be independent of international import). Testpriority at that moment: patients at the hospitals and care workers. For every nursing home there were 5 tests in total available.
- From mid-April there was more testcapacity. At April 3 it was decided to deliver tests to the residential care homes. It was the ambition to give every care facility the opportunity to test. There were 3 priorities:
    1. Facilities with frail residents and clients
    2. Facilities with high percentage of personnel who are sick
    3. Facilities with high percentage of infected residents
- At May 15 everybody in nursing homes has been tested.
- July: at this moment there are no problems with testcapacity. From June every resident with a suspected infection is being tested. Then the doctor will decide how to follow-up of testing will proceed.
- Lesson learned: infection prevention from the hospital must be made available for nursing homes.
- Flanders is systematically testing in nursing homes to have a sophisticated management of the risk of virus introduction.
- 17th of August: if the amount of infected persons within a local village or city goes above a certain threshold (50 new cases /100.000 inhabitants in 14 days) , the staff of the local nursing home(s) staff will be tested.
- 25th of September: Due to lack in capacity preventive testing of staff has been stopped.
- 2nd of October: preventative testing of staff is started again. New threshold: 100 new cases/100.000 inhabitants in 14 days)
- 6th of October: Due to increase of COVID_19 cases the Taskforce Care decided that preventive testing of staff can be done under certain circumstances.
    - Facility will be informed about the threshold every week
    - Care facility can decide for itself to start preventive testing

Source: https://covid-19.sciensano.be/sites/default/files/Covid19/COVID-19_strategie_testing_NL.pdf,

Source: de heer Dewolf, administrateur generaal Agentschap Zorg & Gezondheid, July 2nd, 2020

Source: https://www.zorg-en-gezondheid.be/cijfers-covid-19

Personal protective equipment

- This was a big problem. Normally Belgium (on federal level) has a stock of protective equipment, but just before the crisis this was destroyed and not restocked.
- March 21 some equipment was shipped to Belgium.
- Hospitals were given priority for obtaining personal protective equipment.
- Because of the disruption in the supply chain and the lack of personal protective equipment the government centralised the orders and distribution of extra equipment. The government facilitates this until the end of June. After that, facilities must arrange this themselves again.
- 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.
- The Flemish government has a stock of approximately 3 months. A nursing home has a stock of about 2 months.
- The nursing homes are free to purchase stock themself. However, most of them restock through the Flemish government

Source: L. Noppe, agentschap Zorg&Gezondheid, September 10, 2020

Source: https://www.zorg-en-gezondheid.be/covid-19-hygiene-en-bescherming#5545e3a3-2a77-4191-894a-dc3bc064531b

Source: de heer Dewolf, administrateur generaal Agentschap Zorg & Gezondheid, July 2nd, 2020

Monitoring infections and deaths (Belgium)

- 19th of October: A total of 4941 people in care homes in Belgium died of COVID-19.
- September 9: A total of 4.842 people in care homes died of COVID-19.
- August 20: A total of 4.929 people in care homes died of COVID-19.
- July 31: A total of 4.888 people in care homes died of COVID-19.
- July 9: A total of 4.870 people in care homes died of COVID-19.
- June 26: A total of 4.852 people in care homes died of confirmed or suspected COVID-19. 27% of the deaths are COVID-19 confirmed, 73% are suspected.
- June 14: A total of 4.835 people in care homes died of COVID-19. 26% is COVID-19 confirmed, 74% is suspected. Visitors are allowed again since May 18, under certain conditions and safety rules.

Source: https://covid-19.sciensano.be/nl/covid-19-epidemiologische-situatie

October 19

1. Kerncijfers - Trends

Aantal gerapporteerde patiënten	In totaal	Daggemiddelde gedurende de voorlaatste periode van 7 dagen	Daggemiddelde gedurende de laatste periode van 7 dagen	Evolutie
Bevestigde COVID-19 gevallen	222 253	4 394	7 876*	+79%
Sterfgevallen***	10 413	16,0	30,3*	+89%
In ziekenhuizen	*5 951*	*12,6*	*22,9*	*+82%*
In woonzorgcentra	*4 941*	*3,4*	*7,4*	*+117%*
Opnames in het ziekenhuis	23 263****	125,7	251,9**	+100%

October 19

Aantal gerapporteerde patiënten	In totaal	Daggemiddelde gedurende de voorlaatste periode van 7 dagen	Daggemiddelde gedurende de laatste periode van 7 dagen	Evolutie
Bevestigde COVID-19 gevallen	594 572	2 311	2 154	-7%
Opnames in het ziekenhuis	43 984***	205,0	192,7**	-6%
Sterfgevallen****	17 507	126,6	102,0*	-19%
In ziekenhuizen	*9 775*	*75,7*	*61,7*	*-18%*
In woonzorgcentra	*7 582*	*50,0*	*40,1*	*-20%*

Van 29 november tot 5 december (gegevens van de laatste 3 dagen nog niet geconsolideerd).
**Van 2 december tot 8 december.
***Het aantal ziekenhuisopnames omwille van COVID-19 met een labo bevestiging op het moment van rapportering sinds 15 maart.
Meer gedetailleerde informatie rond het aantal ziekenhuisopnames vindt u in punt 5 in het document veelgestelde vragen.
****Sterfgevallen alle locaties inbegrepen.

Monitoring infections and deaths (Flanders)

- Since March 18, nursing homes report daily the number of suspected or confirmed residents, clients and staff.
- Since June, nursing homes only report on weekdays.
- The main rule: report those with a positive test or those with symptoms of an acute respiratory infection.

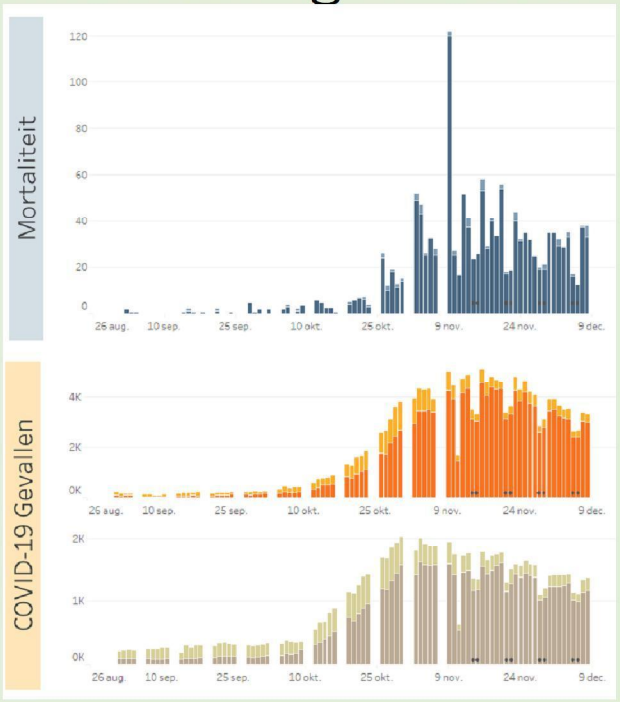
Covid-19 in nursing homes

Kerncijfers

COVID-19 gevallen (bewoners en personeel)		COVID-19 overlijdens (excl. ziekenhuis)		Gehospitaliseerde bewoners	
Totaal	Nieuw (24u)	Totaal	Nieuw (24u)	Totaal	Nieuw (24u)
4711	615	4222	38	292	29
Waarvan *bevestigd* met test:	Waarvan *bevestigd* met test:	Waarvan *bevestigd* met test:	Waarvan *bevestigd* met test:		Waarvan *bevestigd* met test:
4155	314	2.017	33		28

December 9, 2020
Source: https://www.zorg-en-gezondheid.be/cijfers-covid-19

Monitoring infections and deaths (Flanders)



Timeline suspected and confirmed Covid-19 cases among residents and personel in care facilities in Flanders. August 26 till December 9

Source: https://www.zorg-en-gezondheid.be/cijfers-covid-19

Policies for side effects (underutilization of services or waiting lists)

- ZorgSamen Barometer measures the wellbeing of staff working in the longterm care. https://www.zorgneticuro.be/nieuws/de-zorgsamen-psychisch-welbevinden-bij-medewerkers-zorg-en-welzijn-toont-verontrustende

- There is a decrease of older people moving to nursing homes.
  - March 12: no new residents are allowed in nursing homes, with some exceptions of eldery who come from hospitals.
  - June 8: End of lockdown of nursing homes. New residents are allowed. Nursing homes can decline potential new residents when infected with COVID-19 , if there is a alternative.
  - In order to participate quickly on a potential outbreak, nursing homes are allowed to keep residential areas (rooms) available.

Source: https://www.departementwvg.be/nieuws/einde-lockdown-de-woonzorgcentra-—-nieuwe-opnames-mogelijk-vanaf-8-juni

- From March 14 to the end of the year, vacancy days ('leegstandsdagen') in nursing homes are reimbursed by the government.

- Nurses working at federal-level hospitals and institutions receive a one-time financial allowance. In Flanders, the government is currently working out the possibilities for such a financial compensation.

Good practices

- Good practices in the elderly care can be found at https://www.zorgneticuro.be/content/good-practices-covid-19-coronavirus-ouderenzorg.
- Flanders has launched the website www.helpdehelpers.be. This website brings the healthcare sector and volunteers or health care workers together. Based on their experience and availability, medical and non-medical profiles are matched to the needs of care.
- Social contact between residents and family or friends: https://k00118.login.kanooh.be/taskforce/goede-voorbeelden

In-depth research Flanders (1)

How does the government achieve flexibility in long-term care for a possible next large-scale outbreak with regard to personnel, protective equipment, testing, accommodations?

- 12th of June: Flanders launches plan for new outbreaks:
  - Set up 15 mobile teams for preventative support, for instance education
  - Care facilities are obliged to draw up a scenario plan for an outbreak
  - Campagne
  - Launching app

  https://www.zorg-en-gezondheid.be/corona-vlaanderen-installeert-verdedigingslinie-tegen-nieuwe-uitbraken
- Personnel: 20/10: There has been an increase in the dropout of personnel. It's twice as much as in the first wave. There is willingness from other sectors (eg aviation) to help in the long term care. This is now being elaborated in policy. There are 'mobile teams' with spirituals carers that care workers and residents can ask for support.
- PPE: Flanders has a 'rolling' stock of 3 months. 'Rolling' means: what goes out, comes in again. This stock supports nursing homes in case of a large-scale outbreak. Most nursing homes have a stock of about 2 months.
- Testing: sheet 37

In-depth research Flanders (2): Support for residential care

Preventive a/o reactive support	By who and level	Tasks	Nice to know
Preventive	**Health care inspection** National level	To support en check whether a care facility is prepared for an outbreak. • Check hygiëne measures • Check knowledge of hygiëne, measures and guidelines of careworkers • etc	Ambition is to visit all 821 locations in Flanders. Priority are those who did not have suffer deaths during the first wave (+/_ 50%). 30/9 - The inspection has now made 50% of the visits.
Reactive	**Outbreak support team** (cooperation between health care inspection and infectious disease control) National level	This team visits care facilities who are dealing with an increase of contamination of outbreak. With the facility it analyses the outbreak and sets up actions to manage the outbreak.	
Preventive and reactive	**Care council** Regional (4-6 municipalities) https://www.eerstelijnszone.be/.	Before the outbreak of COVID-19, they started setting up 'primary care zones' in Flanders. Each 'zone' is controlled by a care council. These primary care zones have been established for better coordination of the work of local authorities, care and social workers. The establishment was accelerated by COVID-19. The zones will be staffed at 1 September 2020. The priority is coördination of COVID-19 care. Every zone has a COVID-19 'cel' . This is a group that focuses specifically on the coordination and alignment of care around COVID-19.	
Preventive and reactive	**Mobile teams** Regional (per province there are 3 teams working. In total there are 15 mobile teams) https://www.zorg-en-gezondheid.be/sites/default/files/atoms/files/Beheersen%20van%20COVID-19%20heropflakkeringen%20-%20een%20leidraad%20-%20versie%201.2.pdf	The activities of a mobile team are: - to support local healthcare providers and care facilities to control an outbreak - To take prevent actions to prevent health care providers for an outbreak. For instance: educate staff, give advice etc. - To offer psychosocial support to affected care facilities.	Directed by the Flemish government or regional care council. The teams include healthcare workers, such as doctors, nurses. 30/9: Most of the 15 teams are in operation.
Preventive and reactive	**Local support of management**	A care facility can claim money to hire an outside manager when there is a lack of leadership at a location. This is €1000 per day for max 10 days. This can be extended twice.	This type of support has been used twenty times.

In-dept research Flanders (3)

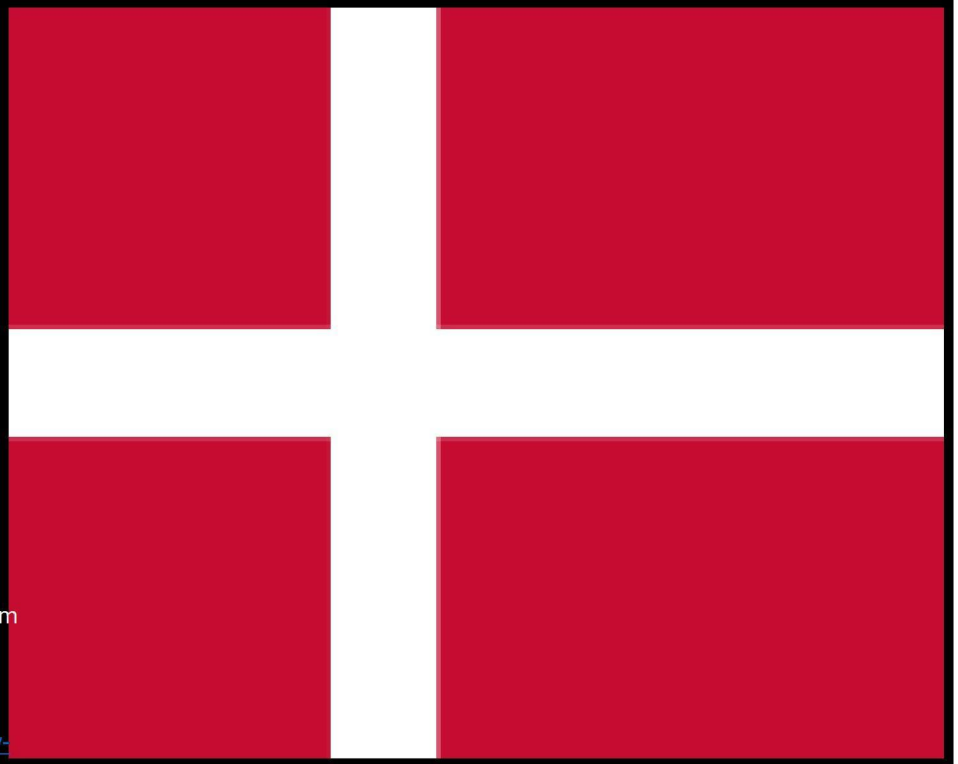
Did the government set up an evaluation process? What are the main lessons learned regarding the long-term care identified by the government? When did she do that? Are there already plans to translate this into new policy?

Evaluation process The Flemish Parliament set up a temporary committee** in response to the corona crisis. It must evaluate the past crisis period, draw the necessary lessons from it for the future, and give the first impetus for a post-corona project. The members of the committee heard various experts about Flemish corona policy and the effect at the (residential) care for the elderly. This resulted in 95 recommendations concerning the elderly care (Link to report: http://docs.vlaamsparlement.be/pfile?id=1587231.) The recommendations cover topics such as:

- Personal protective equipment;
- Staff;
- Wellbeing of residents and staff during a pandemic;
- Infection prevention, early detection and identification, testing and contact tracking;
- Communication;
- (crisis)management, quality control, procedures and plans;
- Cooperation and support between sectors and organizations;
- Structures for efficient crisis management
- Data and digitization
- Plan for distribution of Covid-vaccinations

The committee discussed the policy recommendations for (residential) care for the elderly at the end of July.
https://www.vlaamsparlement.be/commissies/commissievergaderingen/1417909.

Denmark



Main Source: Rostgaard T (2020) The COVID-19 Long-Term Care situation in Denmark. LTCcovid, International Long-Term Care Policy Network, CPEC-LSE, 25 May 2020. https://ltccovid.org/wp-content/uploads/2020/05/The-COVID-19-Long-Term-Care-situation-in-Denmark-29-May-2020-1.pdf

Visitor guidelines

- Guidelines of the Board of Health recommended that family members and friends should not visit nursing homes (or hospitals) unless strictly necessary, for instance if the person was terminally ill.
- The individual institution should ensure that the visit could be conducted in a safe manner, for instance by ensuring that it was only a brief visit, that visitors did not sit in common areas and that they did not have physical contact or use common facilities.
- The institution was required to inform visitors about the risk of spreading the disease and encouraging them to avoid visiting, through posters ('You best protect your loved ones by not visiting them') and personal instruction.
- If family members had symptoms, they were not allowed to visit.
- Instead, it was recommended to stay in contact over the telephone, video or mail.
- A formal ban of visiting was introduced on April 6th. The Board for Patient Safety enforced that the municipalities introduced restrictions preventing visitors in the nursing homes. This included visits inside the institution, and in common areas as well as the apartments or rooms.

Visitor guidelines (2)

- It was acknowledged that residents were entitled to leave the institution, but the manager and staff were encouraged to inform them about the increased risk and they should be supported in how to disinfect their hands upon returning.
- April 24th a revised version of the guideline was issued, emphasizing that the outdoor areas were not included in the ban for visitors.
- May 12th: new guidelines on how to organize visits in nursing homes (Board of Health). It was made clear that the Board of Health did not have the authority over who could visit. The new guidelines have been criticized for being unclear and too complex to implement and ensure the same practice across nursing homes.
- June 29th: visits should be as much as possible be outdoors; otherwise, if residents – due to their condition – cannot receive visitors outdoors, can be visited by one or two persons. Local authorities can restrict visiting regulations in exceptional cases.

Visitor guidelines (3)

- July 1. General visitor restrictions have now been lifted, so all visits have continued, both indoors and outdoors are allowed.
  Management must ensure that visits to both indoor and outdoor areas are carried out in accordance with the recommendations of the Danish Health and Medicines Authority and that visits are conducted in a responsible manner. The Danish Patient Safety Agency may, after a specific assessment, allow municipal or regional councils to issue temporary bans or restrictions on visits as necessary to prevent or contain the spread of COVID-19. Prohibitions or restrictions should not include visits in critical situations or visits by relatives of a resident or patient.
  See: Infection prevention during visits to nursing homes and nursing homes, relief places, hospitals, clinics, etc.Guidelines and information material on visits to, among other things, nursing homes and hospitals (https://www.sst.dk/-/media/Udgivelser/2020/Corona/Plejehjem-sygehuse/COVID19--Smitteforebyggelse-besoeg-plejehjem-sygehuse.ashx?la=da&hash=3621F7E4C3CCEDD645E26086D4BE7F0A822ED41B).
- The general recommendations in these guidelines are based on knowledge of health workers and are not subject to requirements. The recommendations should therefore be adapted to the situation and the risk, including special circumstances.
- The following recommendations apply to all visits:
  Hand hygiene
  • Visitors should wash their hands with soap and water or spray their hands on arrival and after the visit.
  • Visitors are informed about good cough and sneezing etiquette.
  • If it is not possible to avoid physical contact, the visitor and the resident or patient should wash / spray hands immediately after contact.

Visitor guidelines (4)

- Cleaning
  - Areas where visitors have stayed and moved are cleaned with ordinary cleaning products. Contact points are cleaned after every visit if possible.
  - Common bins should be emptied before they fill up and at least once a day.

  Contact points
  - Avoid creating situations with common contact points, eg coffee pots, water jugs and cups, but use own items if necessary

  Distance
  - Based on a visit, a distance of 2 meters is maintained between the resident or patient and visitors during the visit as a precaution.
  - Physical contact such as handshakes and hugs should be avoided as much as possible.
  - There may be special situations where it is not possible to avoid physical contact and keep a distance.

  In that case, it is recommended that the physical contact is as short as possible and that you wash / spray your hands immediately after the contact. It may also be considered whether the visitor should set a mouth nose mask / visor shape barrier.

Visitor guidelines (5)

It is recommend that you use a face mask:

- At large gatherings, e.g. processions/demonstrations.
- If you might be infected and need to leave your home, e.g. to go to and from the test site.
- If you are at higher risk of severe illness COVID-19 and cannot keep a distance of at least 2 metres, e.g. at the mall, at a celebration or a cultural event.
- If you are a relative/loved one of a person at higher risk outside your immediate household and you are unable to keep your distance from that person, e.g. because you have to give care and attention to that person.

Even if you wear a face mask, you must continue to comply with the Danish Health Authority's general recommendations on social distancing and hand hygiene.

Visitor guidelines (6)

- **4 dec.** **Guideline: Prevention of infection of Covid-19 where several people live close together**

- Guidance on preventing infection with novel coronavirus in nursing homes, residential facilities and other settings
  This guide describes the precautions that care centers, homes, etc. should take to prevent the spread of infection and deal with situations of citizens with suspected or confirmed COVID-19.
  7 Dec
  The guide has been updated with regard to:
  - Expanding the National Board of Health's general advice and changing the wording of key priorities in preventing the spread of infection.
  - Clarification regarding sections on the methods of transmission of the virus and symptoms of COVID-19.
  - Addition of a section on airways and ventilation.
  - More attention to situations where there is no concrete suspicion of infection with a new coronavirus, including a new chapter on the use of facial protection products in common areas in accordance with temporary legal requirements, and the use of facial protection products in close contact with the public citizen at home. - Clarifications regarding the description of visit restrictions, including clarification of resp. the role of the Danish Patient Safety Agency and the Ministry of Social Affairs and Home Affairs in this regard.
  - Addition of sections on CPR.
  - Addition of sections on employees at increased risk of serious course with COVID-19 - Clarifications in the section on testing when COVID-19 is not suspected or detected, as well as in the section on organizing tests for detected COVID-19 in the institution.

Testpolicies

- 10,000 tests daily available: testing of persons without symptoms in 16 specially set-up tents around the country, some of them with a drive-in facility. Since 25 May no age limitations
- a policy of encouraging those with COVID-19 to self-quarantine.
- municipalities must offer a place at a hospital, hotel or similar, if the person is unable to be at home.
- persons who have tested positive must inform other persons with whom they have been in contact with, who are then supposed to take two tests.
- the majority of positive cases are found in the more densely populated region of Copenhagen
- Since 27 April, residents and staff without symptoms could also be tested if there was an outbreak in the nursing home.
- Testing must take place at the nursing home and not in the regional test centres.

Test-policies (2)

- According to the guidelines from the health authorities, a person is considered to be disease-free after a period of 48 hours without symptoms. This is contested by experts.
- If a resident showed symptoms of COVID-19, he/she should be isolated immediately and be observed by staff wearing PPE. All other residents and staff were to be tested within 24 h. and re-tested after 7 days. The guidelines did not encourage or impose isolation of those staff members who had been in contact with infected residents, or who had partners or other family members with the disease. This is contested by experts.
- If a resident is hospitalised due to COVID-19 and recovers, no new test will be performed, before the person again enters the nursing home
- May 4th a new guideline: all residents and staff should be re-tested after 7 days if there was suspicion of an outbreak of COVID-19 in the institution and until no new cases were found.
- May 20th: revision of the guidelines on how to prevent the spread of COVID-19, with updated information on test procedures in cases where a member of staff had been in close contact with residents with the disease and emphasizing the employer's responsibility for managing staff with infection.

Test-policies (3)/ September 11, 2020

	Number of tests[1]	People tested[2]	Confirmed cases[3]	Hospitalised[4]	In intensive care units	In intensive care units and on ventilator	Recovered[5]	Deaths[6]
Denmark	2,883,594	1,944,062	19,216	44	7	1	16,139	629
Change - in 1 day[7]	46,842	25,277	292	9	2	-1	70	0

*Updated on **11 September at 2 p.m.***

*The data was compiled on **11 September at 12.15 p.m.** Source: Statens Serum Institut.*

Test-policies (4)

- In case of spread of infection with COVID-19 in a municipality or another geographically defined area, it is recommended that regular testing be performed by health and care personnel in that area. The aim is to prevent the spread of infections from society to institutions or departments.
- The test capacity in Denmark is currently sufficient.
  In a situation with limited test capacity, testing should be a priority:
  1. Patients with moderate to severe symptoms who are or have been hospitalized
  2. Citizens and workers in care centers, residences, closed institutions and other institutions, including asymptomatic citizens and staff with COVID-19 detected in an institution, as well as workers in the health and elderly sector, and others in efforts for particularly vulnerable social groups or in very special key functions in society.
  3.Patients with expected hospitalization> 24 hours regardless of the cause hospitalization and patients who - for whatever reason - must undergo a special production or examination in the specialist practice, general practice, dental clinic or outpatient procedures in a hospital
  4. People with mild symptoms with an increased risk of a severe course of COVID19
  5. Connect with Person with Confirmed COVID-19 In situations of high test activity and long response times, analysis of new coronavirus (SARS-CoV-2) tests should also be prioritized in the order above.
  The National Board of Health will evaluate the priority above constantly.

Test-policies (5)

- October 7
  The Health Ministry updated the test strategy of May 12: during the autumn, the test capacity will be further increased, so that 70-80,000 people can be tested daily. In times of special peak loads, it will be possible to test up to 100,000 people a day. It is the government's goal that 80% will be able to be tested within 24 hours.

  The following groups of citizens referred to or requesting a test will be prioritized:
  - Citizens with symptoms necessitating evaluation by a clinician
  - Close contacts of patients with confirmed COVID-19
  - Patients who will be hospitalized for more than 24 hours
  - Citizens related to localized outbreaks
  - Regular tests of personnel at nursing homes and home care – and personnel employed by the regions with face to face contact with patients
  - Citizens arriving in Denmark from abroad

  Like before surplus capacity will be available to other citizens
  (https://sum.dk/Aktuelt/Nyheder/Coronavirus/2020/Oktober/Regeringen-har-opdateret-den-nationale-teststrategi.aspx).

Personal protective equipment (PPE)

- The shortage of PPE (and a decision to prioritize PPE for the hospitals) has influenced the recommendations for how to handle the disease in the nursing homes.
- Initially, physical distance was considered sufficient but later (when the supply of PPE seemed sufficient), wearing PPE was considered essential and regardless of whether there were symptoms of the disease.
- The reason for the shortage of PPE in the municipalities was that early in the outbreak (March 10th), the Danish Medicines Agency approached the providers of PPE and asked them to prioritize delivery to the regions and therefore for hospitals. The municipalities therefore needed to find other providers and this led to a shortage of PPE in the municipalities.
- Staff should receive instruction in the use of PPE and there should be a strong focus on hygiene and behaviour in all common rooms.
- Only if a resident was (suspected to be) infected, was it required to use PPE.
- 56% of health and social care workers had had face-to-face contact with users without wearing a mask or shield. One third had been in close contact with a user with confirmed COVID-19 diagnosis or symptoms, and of these 15% did not use PPE.
- 24th April: guidelines recommended that staff wore PPE, regardless of whether the user had symptoms or not.

Personal protective equipment (PPE)(2)

- To support the regions and the municipalities in their efforts to procure sufficient supplies of protective equipment, a Logistics Centre was established in the Danish Medicines Agency with a national overview of supplies in the regions and the municipalities. The centre was intended to be the national coordination point for the distribution and reallocation of protective equipment and critical medical devices between the regions and the municipalities. A collaboration with several of the biggest Danish companies was also formed to **switch production to the manufacture of protective equipment** .
- In addition, the Danish Medicines Agency launched the **Denmark helps Denmark** campaign to get organisations, authorities, institutions and private companies to submit their ideas on how to procure extra protective equipment, COVID-19 test kits and hand sanitizer for frontline staff in the healthcare sector. The general public and employees in the healthcare sector and all other sectors and companies were furthermore advised to exercise **prudent use of hand sanitizer and protective equipment** and to only use the exact amount needed – no more no less.

- (Source: https://laegemiddelstyrelsen.dk/en/news/themes/new-coronavirus-covid-19/supply-of-protective-equipment/)

Monitoring infections and deaths

- There are 932 nursing homes in Denmark, with approx. 41,000 residents, or the equivalent to 3.6% of the population aged 65 and over.
- Relatively high proportion of older persons in Denmark who receive home care, 11% among the 65+.
- General reports are that the provision of home care has gone down, due to users themselves cancelling and also because domestic services have been cancelled.
- Testing results and mortality among nursing home residents were last published 24 April. Since the outbreak of the epidemic, 3,414 (8%) residents at 739 (79%) nursing homes had been tested in 97 out of 98 municipalities by that date.
- Among those tested, 445 residents (12%) from 88 nursing homes in a total of 45 municipalities were infected.
- In 9% of the nursing homes, there was at least one resident with the disease. Nursing homes in larger municipalities have been hit the most. Most nursing homes had under 5 confirmed cases. However, 13 nursing homes had 10 or more cases.
- As of May 21st, in total 242 persons had reported COVID-19 as a work-related injury, of these 42 persons were employed in a nursing home. The majority of all cases relate to specifically to the disease, while 9% relate to skin diseases caused by wearing Personal Protection Equipment (PPE).

Monitoring infections and deaths (2)

- As of late April among the 445 nursing home residents with COVID-19 infection, 133 (31%) have died, making up 1/3 of COVID-19 caused deaths in Denmark (at the time 394 persons). This only includes those tested which is why the number of COVID-19 deaths in nursing homes may be higher. If a person is suspected of having the disease, a test is performed post-mortem. This practice is contested.
- There is no analysis on excess mortality at nursing homes.
- So far there are no reports of COVID-19 related deaths among nursing home staff.

Monitoring infections and deaths (3)

1,1 COVID-19 up-to-date statistic in Denmark

Total 2020

	Total today
Number of tests[1]	4.273.919
People tested[2a]	2.553.614
Confirmed cases[3]	31.638
Recovered[4]	25.502
Deaths[5]	665
Case fatality	2.1 %

Monitoring infections and deaths (4)

Ændringer siden seneste opdatering (hele landet) opgjort på svardato					
Prøver	Førstegangstestede	Bekræftede tilfælde	Dødsfald	Nye indlæggelser	Overstået infektion
77.373	15.116	2.150	7	82	1.170

Samlet antal siden den 27. januar 2020 (hele landet)					
Prøver	Testede personer	Bekræftede tilfælde	Dødsfald	Indlæggelser	Overstået infektion
8.053.758	3.556.264	94.799	901 (1%)	5.623	73.052

Hospitalsbelægning: ændring
Ændring i antal indlæggelser
+26
(Intensiv -1 (Respirator -3))
Hospitalsbelægning: status
Indlagte i dag
354
(Intensiv 42 (Respirator 26))

- Source: COVID-19 Dashboard (arcgis.com) (2020 Dec 9)

Monitoring infections and deaths (5)

December 7

- In recent weeks, the incidence of covid-19 cases has increased significantly. So, over the past seven days, there have been up to 188 cases per 100,000 inhabitants.
- That's why the Statens Serum Institut (SSI) has drawn up a simple projection of the epidemic up to December 23, 2020. The projection is based on data from November 23 to December 5, where an exponential growth has been observed with a daily increase in covid -19 cases of approximately 4%, corresponding to a contact number of 1.2.
- If the epidemic is projected in this way, SSI estimates that by Christmas we will reach a level of the epidemic that matches or exceeds the previous peak around April 1, 2020.
  This is a simple projection that does not take into account, among other things, geographical variation and the initiatives already announced with regard to 17 municipalities in the Capital Region and Elsinore. In addition, there are a number of other reservations.
- But even with these limitations, SSI concludes that the development is worrying, given the prospects for a greater number of patients with covid-19 over Christmas week, the risk of further spread to nursing homes and other settings, and the risk of increasing mortality. Therefore, SSI recommends further restrictions.
- Source: Risikovurdering af den nationale udvikling af covid-19 frem til jul 2020 (ssi.dk)

Policies for side effects (underutilization of services or waiting lists)

- There is no evidence on factors which may have affected the entry and spread of the disease.
- The measures in general do not address that the required re-organisation of the care provision requires extra staff resources and time.
- The task force, including the health authorities, has made a concrete assessment of the need for the measures in view of the current contamination situation and recommends that the measures be extended.
- According to this week's risk assessment in the National Alert System, the national risk level is rated at level 3. The overall infection picture shows that an increasing growth of COVID-19 infection in Denmark and possibly an increase in the number of hospitalized patients and an increased burden can are expected. of the hospital capacity.
- The health authorities note that during both past pandemics and COVID-19, there is significant evidence that popular assemblies play a critical role in the spread of infection. The health authorities also note that with COVID-19, there is a special risk of so-called superspreading events, which could contribute to the epidemic getting out of control.
- The Ministry of Trade and Industry indicates that by extending the restrictions, the aid packages will be expanded accordingly.

- Bron: Nationale tiltag | Coronasmitte.dk

Good practices

- On May 1st a Parliamentary agreement across party lines resulted in additional funding of 100 million DKK to the municipalities for organizing initiatives aimed at nursing home residents and frail older people living in their own home.
  - 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
  - State-of-the-art nursing home in Denmark: https://hellocaremail.com.au/taking-look-inside-denmarks-state-art-nursing-home/

Nice to know and staffing issues

- There is broad public support for LTC and LTC is often on the political agenda, not least due to a most influential user organization in Denmark. In surveys among the electorate, LTC is repeatedly mentioned as the most important public service, in competition with schools, day care centers, libraries etc.
- The latest reports from the nursing home sector indicate that the quality of life is increasing for the majority of residents. Nursing home managers report that residents sleep better, medication is reduced, there are fewer conflicts with residents suffering from dementia, more time for the individual resident and the sickness rates among staff is now lower. The factors which have contributed to this seems to be that there are no longer any common activities for all residents, instead members of staff make activities in smaller groups of residents or engage with them one by one. Staff report a more relaxed atmosphere, one reason being that they do not have to engage with family members who at times are considered overly critical.
- However, the concern has mainly concentrated on the negative effect for the mental health of the residents of closing down the institutions for visitors.
- Nursing home residents make up 1/3 of COVID-19 related deaths, which is lower than in many other countries. The explanatory factors may be: the responsibility for LTC in Denmark is highly de-centralised but takes an integrative approach as the municipalities are responsible for health and social care outside the hospitals for frail older people.
- There has also been confusion over which authority was in charge and which were the current guidelines, not least regarding the use of PPE.

Nice to know and staffing issues

- April 8th, an extensive guideline by the Board of Health, outlined how to prevent the spreading of COVID-19, in the wake of the controlled re-opening of the country after Easter (April 14th).
- It intended to supplement the procedures that the municipalities had already put in place, and provided guidelines on how to organize this.
- It addressed the handling of the disease as a responsibility of the management. E.g. to plan the daily activities so that residents gathered in smaller groups than normally (preferably max 2).
- 'Pedagogical' meals were discouraged, the food should be served in portions. Recommended to limit the number of residents that each member of staff had access to and to avoid staff involvement in activities across the institution.
- Staff were instructed in wearing work clothes and maintaining distance (1-2 m), regardless of whether the resident had any symptoms.
- The guidelines also outlined that the manager should ensure that members of staff stayed at home if they showed signs of being infected, even with mild symptoms, and only returned after 48 hours of being symptom free. If a member of staff was suffering from respiratory diseases or the like they could be referred by the manager to take a COVID-19 test. Also, staff who had been in close contact with persons infected with COVID-19 were to be tested.
- The guidelines suggested setting up a temporary unit where persons in isolation could be placed. This would also mean that staff did not need to change PPE in-between visiting residents.

Nice to know: Smitte stop app

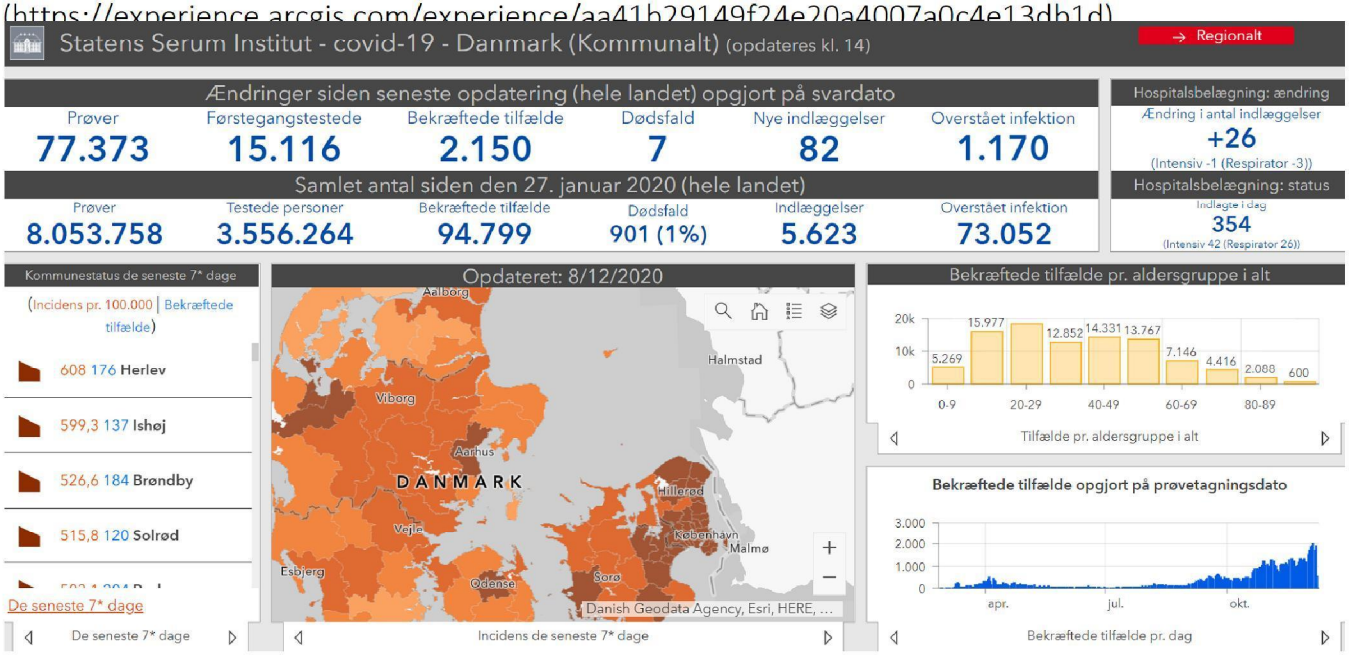
June 30

The Ministry of Health reported that the app Smitte|stop has been downloaded 824,000 times, and that 209 citizens have registered in the app that they are infected with COVID-19 virus (whereupon the app notified other users of the app who have been in close contact with the infected users). According to a survey by the SSI of citizens who booked a test for COVID-19 from July 7 to July 28 (response rate: 56%), at least forty-eight citizens booked a test because they had been notified by the app that they had been in close contact with a person who had tested positive for COVID-19. Forty-six of the 48 citizens had not been in touch with the Danish Patient Safety Authority's contact tracing unit –indicating that the app identifies citizens in increased risk of COVID 19-infection, who would not have been identified as early by other means (https://sum.dk/Aktuelt/Nyheder/Coronavirus/2020/Juli/Appen-smitte-stop-er-et-effektivt-redskab-i-smitteopsporing.aspx).

Nice to know:

Danish dashboard

(https://experience.arcgis.com/experience/aa41b29149f24e20a4007a0c4e13db1d)



In-depth research Danmark (1)

How does the government achieve flexibility in long-term care for a possible next large-scale outbreak with regard to personnel, protective equipment, testing, accommodations?

The Danish health authorities continuously adjust their response to – and management of – the disease as new knowledge and experience emerges.

It is still essential to prevent the spread of infection by isolating people with symptoms, tracking close contacts, and maintaining proper hygiene and physical distancing. We must support each other in adhering to the general advice, which we must all incorporate into our lives.

It is not possible to completely eradicate novel coronavirus. Still, we can try to keep it in check and ensure that people at higher risk of serious illness from COVID-19 are not infected. We do this both by effective prevention and by breaking the chains of infection by tracking down those who have been close to someone infected with novel coronavirus.

In addition, we will still need extra capacity in the healthcare system, to be utilised if the number of hospitalised COVID-19 patients increases again. The additional capacity must be maintained in parallel with the increasing overall activity in the healthcare services.

In-dept research Danmark (2)

Did the government set up an evaluation process? What are the main lessons learned regarding the long-term care identified by the government? When did she do that? Are there already plans to translate this into new policy?

- The National Board of Health has investigated how the activity in the health care system is affected by the corona epidemic. The report provides a status of the situation in the hospitals and in the practice sector, including general practice and specialist practice. See further information (published September 30 2020): https://www.sst.dk/da/Udgivelser/2020/COVID-19-Monitorering-af-aktivitet-i-sundhedsvaesenet-3-rapport

- The Statens Serum Institut is working on a 'National Covid-19 prevalence study' to monitor how Covid-19 is spreading in the population. For more information see https://en.ssi.dk/news/news/2020/the-national-covid-19-prevalence-study

In-dept research Danmark (3)

- **How does regular long-term care start up: admissions to nursing homes and care institutions for the disabled, daytime activities, home care?**
- **Is the production and staffing at the old level?**
- **Are there any adjustments related to social distancing and use of PPE?**
- **What problems arise?**
- **Does the government organize or facilitate hands-on support via on-site advice**
- **Is the government working on an adapted policy in the field of hygiene and safety in long-term care in the longer term? If so, what are possible new or different starting points?**

When you reopen sections of society, there will be an increased risk of the spread of infection, and we will probably see a rise in the number of cases of people infected with the novel coronavirus. Therefore, we must continue to avoid the spread of infection and prevent too many people from getting sick at the same time. Consequently, we will continue to focus on maintaining our general advice on self-isolation during illness, proper hygiene and cleaning and on maintaining social distancing in public.

We(government) consider and assess which measures have the greatest effect on infection prevention, and whether there is a reasonable relationship (proportionality) between the anticipated effect, possible detrimental effects and resource

In-dept research Danmark (4)

- November
  Health authorities have recommended expanding current national COVID-19 measures. The government has chosen to follow the recommendation. This means that the measures to limit meetings will be extended until December 13, 2020.
- There is still a high level of contamination in Denmark. Yesterday there was contamination in all 98 municipalities in the country. Yesterday, 97 municipalities had more than 20 infected each. 100,000 inhabitants. Therefore, the authorities recommended extending the measures to combat the spread of COVID-19 in Denmark, announced on October 23 and ending on November 22, 2020. The government has decided to follow the recommendation.
- The comprehensive measures are:
  - The collective prohibition applies to a maximum of 10 people. There are certain exceptions, however.
  - The collective ban at outdoor funerals and funerals is enforced on a maximum of 50 people.
  - Recommendation for up to 10 people in private homes.
  - Recommendation for social contact with a maximum of 10 people.

In-dept research Danmark (5)

- 27 NOV 2020
- The guidelines related to COVID-19 are regularly updated as there are new recommendations for how home care, nursing homes and housing services can prevent infection with new coronavirus.
- "We have updated the guidelines to align with what we recommend in our other guidelines and recommendations.
- The revised recommendations and guidelines contain updated information with the information described in these guidelines:
  - Revised recommendations to prevent the spread of infection
  - Revised guidelines for the use of protective equipment when COVID-19 is not detected or suspected
  - Revised guidelines for dealing with COVID-19 in healthcare
  - Revised guidelines for preparing a report for COVID-19

In-dept research Danmark (5)

- **7 dec**
- In light of recent developments in the contamination situation, the working group, including the health authorities, has recommended rapid and effective infection prevention measures to reduce the infection. The government has decided to follow the recommendations. Therefore, from December 9, 2020, a number of measures will be taken to maintain epidemic control and avoid a further closure around Christmas and New Year.
- The measures include keeping pupils in the larger classes and students at a distance and keeping digital education, restaurants, etc. closed for on-site consumption, as well as courtyards where, among other things, cultural and sporting activities should be closed. stay. In all workplaces, employees are strongly encouraged to work from home.
- At the same time, the testing capacity is being expanded and the aid packages are being expanded.
- All national measures will be extended until February 28, 2021. In light of recent developments in the contamination situation, the working group, including health authorities, has recommended rapid and effective infection prevention measures to reduce infection. The government has decided to follow the recommendations.

See the booklet with an overview of the "New and Expanded COVID-19 Initiatives" (PDF)
Factsheet: "Increasing COVID-19 Infection" (PDF)

Vaccination

- 26 NOV 2020
  Vaccination against COVID-19 will be an important addition to other measures that help reduce the spread of new coronavirus in society. Even if it is possible to be vaccinated against COVID-19, we must continue to adhere to the general advice on hygiene and distance, for example.
  Just as it is an important professional job of the health authorities to plan for the upcoming vaccination effort, it will also be important to ensure that citizens have the knowledge they need to be able to decide on the offer of vaccination when it becomes relevant. :
  "We have a strong focus on providing citizens with nuanced and factual information, with both advantages and potential disadvantages of vaccination. We know that many people ask for thorough information before deciding whether to get vaccinated. We will make sure that we are constantly informing you both on our website and on other platforms, not least Facebook, where you can meet the Danish Health and Medicines Authority and get answers to your questions, "explains Søren Brostrøm.

Vaccination (2)

- The EU Commission has so far concluded prior agreements on vaccines with a total of six vaccine manufacturers, which supply COVID-19 vaccines to Denmark. Goal: Vaccines enough for everyone
- All in all, the six agreements mean that Denmark can now theoretically buy vaccines for about 16 million citizens, broken down as follows:
  Astra Zeneca: about 2.6 million vaccines
  Sanofi-GSK: about 2 million.
  Johnson & Johnson vaccines: approx. 5.6 million vaccines
  BioNTech / Pfizer: approx. 2 million vaccines
  CureVac: approx. 2.6 million vaccines
  Moderna: approx. 1 million. vaccines
- However, it is uncertain whether all agreements will be used. This is first decided around the time of the marketing authorization.
- The European Commission is continuing negotiations with several other vaccine manufacturers on pre-purchase agreements on behalf of EU countries. This is done to ensure that there are enough vaccines for everyone if it turns out that one or more vaccines cannot be approved.

Vaccination (3)

- It is expected that the first COVID-19 vaccines will come from several smaller deliveries, and it is therefore necessary to give priority to the group or groups of the population that should receive vaccination first. At the same time, there is a need for continuous evaluation and reassessment of efforts in relation to current circumstances, including for which groups the vaccines are approved and suitable, how many and which vaccines are available, and where the infection is greatest in society. The exact limits of the target groups must be definitively determined once all these circumstances surrounding the new vaccines are known.
- The target groups that are first assumed to be offered vaccination are:
  - Healthcare personnel and selected personnel in the social sector with close citizen or patient contact.
  - People at risk who have diseases and conditions that increase the risk of a serious course of COVID-19.
  - Persons in other socially critical positions.

Source: Vaccination mod COVID-19 - Sundhedsstyrelsen

United Kingdom

Visitor guidelines

We are reviewing our policy on visitors and are looking to update our guidance shortly.
Source: [redacted], Foreign & Commonwealth Office UK government, June 29, 2020

-
- The government advises on visiting care homes. Considerations for visitors and non-essential staff are included in the guideline 'Admission and care of residents during COVID-19 incident in a care home. Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886140/admission_and_care_of_residents_during_covid19_incident_in_a_care_home.pdf

Considerations for visitors and non-essential staff

- Family and friends should be advised not to visit care homes, except next of kin in exceptional situations such as end of life. Follow the social distancing guidance.
- Visitors should be limited to one at a time to preserve physical distancing.
- Visitors should be reminded to wash their hands for 20 seconds on entering and leaving the home and catch coughs and sneezes in tissues.
- Visitors to minimise contact with other residents and staff (less than 15 minutes / 2 metres etc.)
- Alternatives to in-person visiting should be explored, including the use of telephones or video, or the use of plastic or glass barriers between residents and visitors.
- Visitors should visit the resident in their own room directly upon arrival and leave immediately after the visit.
- Cancel all gatherings and plan alternative arrangements for communal activities which incorporate social distancing.

Shielding guidance:
From 6 July, guidance for extremely clinically vulnerable people will change to advise that those shielding may wish to spend time outdoors in a group of up to 6 people, including people they do not live with, if they choose to do so. If you do go out, you should take extra care to minimize contact with others by maintaining social distancing. This can be in a public outdoor space, or in a private garden, uncovered yard or terrace.

Additionally, those who are shielding will be able to create a 'support bubble' with one other household, as long as one of the households in the 'bubble' is a single adult household (either an adult living alone or with dependent children under 18). All those in a 'support bubble' can spend time together inside each other's homes, including overnight, without needing to maintain social distancing.
Source: [redacted], Foreign & Commonwealth Office UK government, June 29, 2020

Visitor guidelines (2)

- The government issued guidance for visiting care homes during coronavirus on **22 July 2020**. This includes advice on establishing visiting policies, infection-control precautions and communicating decisions to families and other visitors. Source: https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus
- The guidance was updated on **31 July** to say that no one should be allowed to enter a care home if they are currently experiencing or first experienced coronavirus symptoms in the last 10 days.
- On **3 September**, the Scottish Government published guidance for care homes on phasing in the re-introduction of visiting. Source: https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/
- **Shielding guidance:**
  Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 was first issued on **21 March 2020**. Since the **1 August** in England, the guidance for shielding the clinically extremely vulnerable has been paused. Source: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

Visitor guidelines (3)

- The Visiting care homes during COVID-19 government guidance first issued on 22 July 2020 has been changed twice since the winter plan was issued on 15 October. First to cover the period of the second national lockdown between 5 Nov - 2 Dec and again on 1 December in line with restrictions that will apply from 2 December.
- The guidance during the second national lockdown stated that 'Maintaining some opportunities for visiting to take place is critical'. Guidance will be reviewed when national restrictions are lifted. Care home providers must work with families and local professionals to make decisions about visiting policy, carrying out a risk assessment and accounting for the local Director of Public Health's advice. If a care home experiences an outbreak, it must restrict visiting to end of life. Guidance sets out principles to support COVID-secure visits, eg limiting visitor numbers to an absolute maximum of 2 constant visitors per resident. Guidance states that 'visits should happen in the open air wherever possible' or in a dedicated room. Other options include using a 'substantial (eg floor to ceiling) screen between the resident or visitor' or 'visiting pods'. Government is 'exploring the options that testing will provide to enable further visits.' The accompanying press release announces that a sector-led group is developing plans 'to allow specific family and friends to visit care homes supported by testing,' with trials 'set to begin later this month.'
- **From 2nd December (what's changed):**
  - visitor testing is currently being piloted in 20 care homes (NHS Winter plan, 23 November)
  - rapid (lateral flow) tests will be distributed to care homes across the country to be used for visitors. Registered care homes will receive these tests during December and have sufficient quantities to test up to 2 visitors per resident, twice a week by Christmas. Visitors will need to arrange visiting with the care home in advance, and will need to be mindful of the additional workload for the care home and that the care home will need to make their own assessments and may develop further policies to ensure the safety of the residents they care for and their staff.
  - All care homes – regardless of Tier – and except in the event of an active outbreak – should seek to enable:
    - indoor visits where the visitor has been tested and returned a negative result
    - outdoor visiting and 'screened' visits
    - Visits in exceptional circumstances including end of life should always be enabled
    - Visitor numbers should be limited to a maximum of 2 constant visitors wherever possible.
- If a visitor has a negative test, is wearing appropriate PPE, and following other infection control measures then it may be possible for visitors to have physical contact with their loved one, such as providing personal care, holding hands and a hug, although contact should be limited to reduce the risk of transmission which will generally be increased by very close contact.
- Indoor visiting in the absence of testing (and without screens between the resident and visitor) may only happen in Tier 1 areas with visitors also from a Tier 1 area.

- Source: https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes#delivering-safe-visiting
- https://www.gov.uk/government/news/pilot-for-family-members-to-get-regular-testing-for-safer-care-home-visits
- https://www.gov.uk/government/news/pilot-for-family-members-to-get-regular-testing-for-safer-care-home-visits
- Care home residents to be reunited with families by Christmas - PR, 1 December https://www.gov.uk/government/news/care-home-residents-to-be-reunited-with-families-by-christmas

Test-policies

- All symptomatic social care workers, including care home staff, have been able to access a test **since 8 April** and PHE have been providing testing to support outbreak control in care homes since the start of the outbreak.
- **11 May** - 50,000 tests per day available and the care home portal launched to allow care home managers to request tests for all staff and residents – known as 'whole home testing'.
- A care home should contact the local Health Protection Team (HPT) in case of:
  - Suspicion of a new coronavirus outbreak
  - it has been 28 days or longer since the last case and a care home have new cases
  - The HPT will provide advice and arrange the first tests.

Source: https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#care-home

- From 7 June we expanded eligibility for this service to all remaining adults care homes who will now access whole care home testing for all residents and asymptomatic staff through the digital portal.

Regular testing in care homes (England)

- On **6 July**, we started rolling out regular testing (retesting) for care homes in England. Retesting involves care homes testing staff weekly and residents every 28 days.
- **31 July 2020** government letter sets out revised timing for care home retesting programme following delays to implementation. The revised timelines mean that all care homes for over 65s and people with dementia will have had the first of their regular retests by **7 September 2020** and remaining care homes (for those aged under 65) will be able to register for retesting from 31 August.
- **3 August**, government announces rollout of two rapid tests, able to detect COVID-19 virus in 90 minutes, that will be made available to care homes across the UK.

Test-policies (2)

- The guidance on admission and care of people in care homes, also includes guidance on testing. Recent additions, include:
  - 14 August 2020 added a new section on testing people moving from the community into a care home (Annex K).
  - 2 September 2020, added a new section on how care homes can support the NHS Test and Trace service.
  - Source: https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes
- **Statistics on testing**
  As of 8 July (latest published data), there had been an estimated 741,021 tests on workers in the UK in social care settings and their symptomatic household members
  - There have been an estimated 352,946 tests on care home residents for COVID-19 through DHSC testing routes in the UK.
  - An estimated 100,900 care home residents in England had been tested for COVID-19 through PHE testing routes.

Source: https://www.gov.uk/government/publications/coronavirus-covid-19-testing-in-care-homes-statistics-to-8-july-2020/coronavirus-covid-19-testing-in-care-homes-statistics-to-8-july-2020

Test-policies (3)

- This graphic summarising testing for care homes provides a good overview. It was updated in November to reflect latest guidance and clinical advice: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/936894/Care_Home_Testing_Guidance_visual_v1911.pdf
- The COVID-19 Winter Plan: The government's plan for managing COVID-19 through the winter (23 November) makes commitment to:
  - Increase care home staff testing to twice weekly by the end of December
  - Increase resident testing in care homes to weekly testing in December (offered monthly testing since July)
  - anyone testing positive (hospital) will be discharged to a setting that has been assured by the CQC specifically for the purposes of providing safe care for COVID-19 positive residents.
  - rapid (lateral flow) tests will be distributed to care homes across the country to be used for visitors.

Personal Protective Equipment (PPE)

Coronavirus (COVID-19): personal protective equipment (PPE) plan

There is a cross-government UK-wide plan to ensure that critical personal protective equipment (PPE) is delivered to those on the frontline responding to coronavirus (COVID-19). Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879221/Coronavirus_COVID-19_-_personal_protective_equipment_PPE_plan.pdf

Whilst there are stocks of PPE items in the supply chain, there have been capacity constraints in the NHS Supply Chain network. To address this, DHSC, NHSE/I, NHS Supply Chain and the Army have worked together to develop a **Parallel Supply Chain (PSC)** to support the normal supply chain. This is a dedicated PPE channel, and core PPE products for COVID-19 will flow through this.

Given the possibility of ongoing localised disruption in **the short-term**, providers are advised to also make contact with their local health and care sector partner organisations to explore options for mutual aid, via local redistribution of supplies to priority local services. If this does not prove satisfactory, councils should elevate the issue to their Local Resilience Forum who take a leadership role in their area in managing the supply and demand in an emergency, including by working with military planners. Local Resilience Forums have been asked to provide information on local PPE supply, and we would like councils to work with LRFs to help with this process.

Personal Protective Equipment (PPE) (2)

Guidance for staff working in care homes

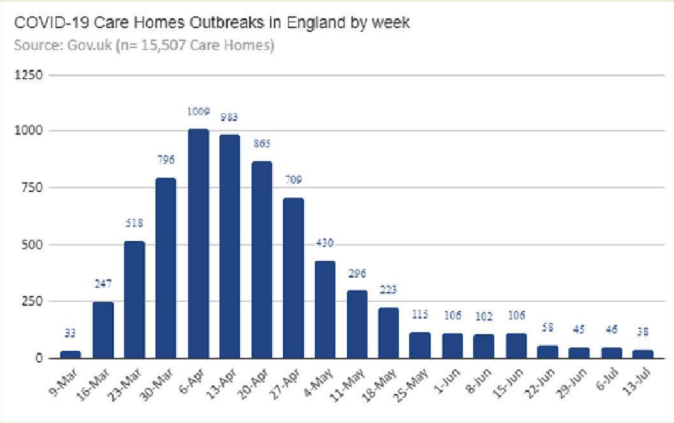
- Guidance on how to work safely in care homes which includes a video on putting on removing PPE in care homes (Public Health England, first issued, 17 April).
- **20 July 2020** guidance for working in care homes updated to include recommendation for the use of face masks and coverings in care homes
  Source: https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes
- As per the COVID-19 Winter Plan: The government's plan for managing COVID-19 through the winter (DHSC, November 2020)
  "82. Care homes registered with the PPE Portal are able to access all of their COVID-19 PPE requirements this way and 83% of eligible care homes are now registered, with registrations still increasing weekly. Over 41,000 providers have registered for this portal across primary and social care. Personal assistants, supported living, shared lives and day care services can obtain free PPE from their Local Authority or Local Resilience Forum for COVID-19 needs. The government continues to review PPE usage in order to match supply to demand."

Monitoring infections and deaths

Monitoring infections

- Care homes are required to **report new COVID-19 outbreaks** to Public Health England (PHE), as with all serious infectious diseases. PHE maintain a database of all care homes with a COVID19 outbreak. Data on the number of care home outbreaks are published at https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information
- Care homes also report information such as their remaining stock of Personal Protective Equipment, workforce absence and bed vacancies via the Capacity Tracker website at https://carehomes.necsu.nhs.uk/ (not an open source)This system is live, so care homes can update at any time and local and central government can view the information at any time. Domiciliary Care services provide similar information via a daily online survey run by the Care Quality Commission.

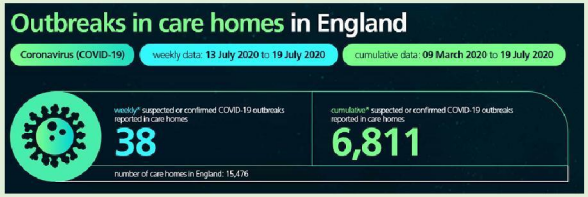
Source: 5.1.2e 5.1.2e, Foreign & Commonwealth Office UK government, June 29, 2020



Monitoring infections and deaths (2)

- There are two systems for reporting deaths:

1. All deaths are reported to the Office for National Statistics (ONS) as part of the death registration system. COVID-19 can be mentioned in the cause of death. Weekly data on total deaths and the number with COVID-19 mentioned in the cause of death is published at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths
2. Care homes are required to notify the quality regulator, the Care Quality Commission (CQC), of each resident's death. Prior to COVID-19 this data was used as a potential trigger for care home inspections. Since 10th April, care homes have been able to flag whether each death is suspected or confirmed to be COVID-19. The data is more timely (around half a week's lag) compared to the ONS data so has additional value in monitoring COVID-19. Weekly data is published at https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland



Number of deaths:

- In England, the number of deaths involving COVID-19 in care homes that were registered by week end 21 August 2020 was **15,460** (ONS weekly death statistics)
- Of all deaths involving COVID-19 registered up to week ending 21 August 2020, 63.4% occurred in hospital, with the remainder mainly occurring in **care homes** (**29.6%**)

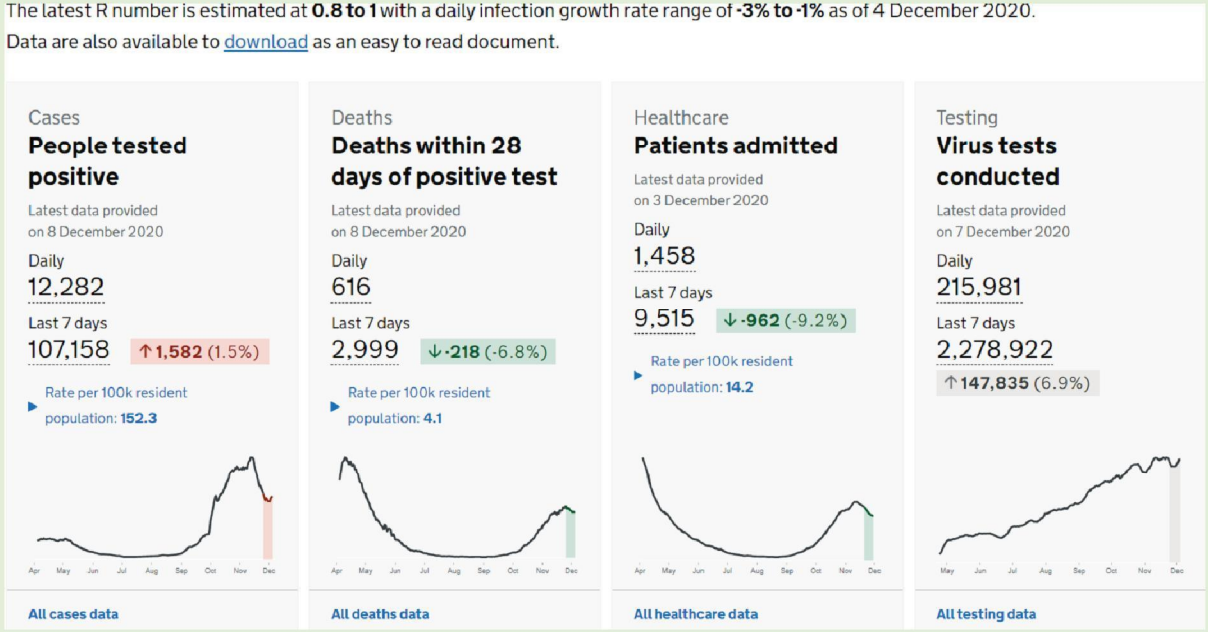
Source: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending21august2020

- **14,046 deaths** involving COVID-19 occurring in care homes, by day of notification 11 April to 28 August 2020, England (notified to the Care Quality Commission).

Source: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland

Monitoring infections and deaths (3):

Daily summary | Coronavirus in the UK (data.gov.uk)



Policies for side effects (underutilization of services or waiting lists)

Policy response

- COVID-19 has led to increased demand for community health services. The Department continues to work closely with its delivery partner Skills for Care, to deliver structured support as the workforce adapts to the demands of Covid-19. This includes activity to support provide a lead clinician for all social care settings, training packages to help employers quickly integrate new staff and volunteers, and support for the Registered Managers who are so vital to ensure safe and effective care.
- We have announced an additional £600 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 in and between care homes and support wider workforce resilience
- The Care Act 2014 sets out Local Authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support. Care Act 2014 easements guidance for local authorities published on 31 March, https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities

Source: [redacted], Foreign & Commonwealth Office UK government, June 29, 2020

- A Department for Health and Social Care spokesperson said on **3 September 2020**: "We have been doing everything we can to ensure care home residents and staff are protected, including testing all residents and staff, provided 200 million items of PPE, ring-fenced £600 million to prevent infections in care homes and made a further £3.7 billion available to councils to address pressures caused by the pandemic – including in adult social care. Source: https://www.itv.com/news/2020-09-03/more-than-400-daily-uk-care-home-deaths-at-peak-of-coronavirus-outbreak-research-shows

Policies for side effects (underutilization of services or waiting lists) (2)

Analysis of the impact of coronavirus in care homes in England

Results from the Vivaldi study, a large scale survey which looked at coronavirus infections in 9,081 care homes between 26 May to 19 June 2020 found:

- There is some evidence that in care homes where staff receive sick pay, there are lower levels of infection in residents
- The common factors in care homes with higher levels of infection amongst staff were: prevalence of infection in residents (although this is weaker than the effect of staff infection on residents), some care home practices (such as more frequent use of bank or agency nurses or carers, and care homes employing staff who work across multiple sites)

Source: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/impactofcoronavirusincarehomesinenglandvivaldi/26mayto19june2020

Analysis published by the Health Foundation (July 2020) found that:

- Social care workers are among the occupational groups at highest risk of COVID-19 mortality, with care home workers and home carers accounting for the highest proportion (76%) of COVID-19 deaths within this group.
- There was a substantial reduction in hospital admissions among care home residents which may have helped reduce the risk of transmission but potentially increased unmet health needs

Source: https://www.health.org.uk/publications/reports/adult-social-care-and-covid-19-assessing-the-policy-response-in-england

Policies for side effects (underutilization of services or waiting lists) (3)

Analysis of the impact of coronavirus in care homes in England

A study by QNI's International Community Nursing Observatory published in August 2020 that looked at the experience of care home staff during Covid-19 found that:

- 66% of respondents reported always having appropriate PPE and 75% reported that their employer had provided all their PPE.
- During March and April 2020, 21% reported receiving residents from the hospital sector who had tested positive for Covid-19 in hospital and 43% reported receiving residents from the hospital with an unknown Covid-19 status.
- Being able to access other services was an issue for some respondents. A significant proportion of respondents reported it was somewhat difficult or very difficult to access hospital care, GP services, District Nursing services, end of life medication/services.

Source: https://www.qni.org.uk/wp-content/uploads/2020/08/The-Experience-of-Care-Home-Staff-During-Covid-19.pdf

Key information sources for understanding the policy context in England

- Health Foundation (2020) COVID-19 policy tracker: National policy and health system responses to COVID-19 in England https://www.health.org.uk/news-and-comment/charts-and-infographics/covid-19-policy-tracker
- Daly Mary (2020) COVID-19 and care homes in England: What happened and why? Social Policy and Administration, early cite 28 August 2020 https://doi.org/10.1111/spol.12645

Good practices

- **Social Care Institute for Excellence** (SCIE) has published practice examples on three key themes: staff wellbeing, infection control and wellbeing and opening after lockdown. https://www.scie.org.uk/care-providers/coronavirus-covid-19/care-homes/supported-living
- **Care Home Professional** regularly publishes case studies. Recent editions include:
  - how a charity for young people is keeping care home residents entertained during the coronavirus pandemic
  - how care homes are innovating to reunite residents and families during lockdown

Source: https://www.carehomeprofessional.com/innovation/case-studies/

- Innovative and compassionate practices are highlighted in this new You Tube series, **Conversations with Care Homes**. Drawing on conversations with over 1500 managers who've been through the My Home Life leadership programme, we share a range of stories, tips and techniques that care home managers across the country are using to promote quality of life for their residents, relatives and staff

Source: https://www.youtube.com/channel/UCYheZELcTrekqk3k0FSAS6g

Staff wellbeing

Practice examples that highlight ways care homes and supported living providers have supported their staff during periods of crisis and in a broader COVID-19 context.

Balancing infection control with wellbeing

Practice examples, guides and resources showing some of the changes care homes and supported living staff have made that they found worked well to balance infection control with wellbeing.

Opening up care homes and supported housing

Practice examples, guides and resources showing good practice when opening up care homes and supported practice on easing of lockdown restrictions.

Nice to know: Modelling instruments to forecast future outbreaks

This is an unprecedented global pandemic and we are constantly reviewing our guidance in line with policy changes, based at all times on the best scientific advice.

Through collaboration with PHE and the University of Manchester, statistical techniques have been developed which could be applied to predict outbreaks of COVID-19 in enclosed societies, including care homes. These can be found here: https://www.medrxiv.org/content/10.1101/2020.05.07.20089243v1

These forecasting measures should only be used with appropriate risk assessment measures which are currently in development.

Modelling and forecasting such a disease has many complexities and we are working hard to understand the different impacts this pandemic has throughout adult social care.

Source: [redacted], Foreign & Commonwealth Office UK government, June 29, 2020

Nice to know (2): Taskforce report

Social Care Sector Covid-19 support taskforce: final report, advise and recommendations published September 18 2020

In response to COVID-19, a taskforce for the social care sector was commissioned, beginning its work on 15 June 2020 and completing its work at the end of August 2020. Taskforce membership consisted of leaders from every part of the social care sector and across government.

This report sets out the progress and learning from the first phase of the COVID-19 pandemic in informing advice and recommendations to government and the social care sector.

The report also sets out the action that will need be taken to reduce the risk of transmission of COVID-19 in the sector, both for those who rely on care and support, and the social care workforce.

It details how we can enable people to live as safely as possible while maintaining contacts and activity that enhance the health and wellbeing of service users and family carers

Source: https://www.gov.uk/government/publications/social-care-sector-covid-19-support-taskforce-report-on-first-phase-of-covid-19-pandemic/social-care-sector-covid-19-support-taskforce-final-report-advice-and-recommendations#contents

Nice to know (4):

Adult social care: our Covid-19 winterplan 2020 to 2021

The winter plan sets out:

- our ambitions for the sector and the challenges facing adult social care this winter
- key actions for national bodies (Department of Health and Social Care), local systems (local authorities and NHS England) and adult social care providers

It covers 4 themes:

- preventing and controlling the spread of infection in care settings
- collaboration across health and care services
- supporting people who receive social care, the workforce, and carers
- supporting the system

Each section sets out our offer of national support and our expectations for adult social care providers alongside published guidance.

The plan applies to all settings and contexts in which people receive adult social care. This includes people's own homes, residential care homes and nursing homes, and other community settings.

Nice to know (5):

- In England there was a national lockdown from 5 November until 2 December where restrictions on visiting care homes were tightened.
- From the 2 December, in England restrictions were replaced by 3 local tiers with a uniform set of rules.
- From 2 December rapid (lateral flow) tests will be distributed to care homes across the country to be used for visitors.
- On 23 November, the government published COVID-19 Winter Plan: The government's plan for managing COVID-19 through the winter
  - presents a programme for suppressing the virus, protecting the NHS and the vulnerable, keeping education and the economy going and providing a route back to normality. In the plan makes new commitments in terms of long-term care, including:
  - by Christmas, provide twice weekly testing to enable all care home residents to have regular visits from up to two visitors.
  - introduce legislation, by the end of the year, that requires care home providers to restrict all but essential movement of staff between settings in order to reduce transmission.
  - Increase care home staff testing to twice weekly by the end of December
  - Increase resident testing in care homes to weekly testing in December (offered monthly testing since July)
  - anyone testing positive (hospital) will be discharged to a setting that has been assured by the CQC specifically for the purposes of providing safe care for COVID-19 positive residents.

- Sources: https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020
- https://www.gov.uk/government/speeches/pm-statement-on-covid-19-winter-plan-23-november-2020
- https://www.gov.uk/government/speeches/prime-ministers-statement-on-coronavirus-covid-19-23-november-2020

Nice to know (6):

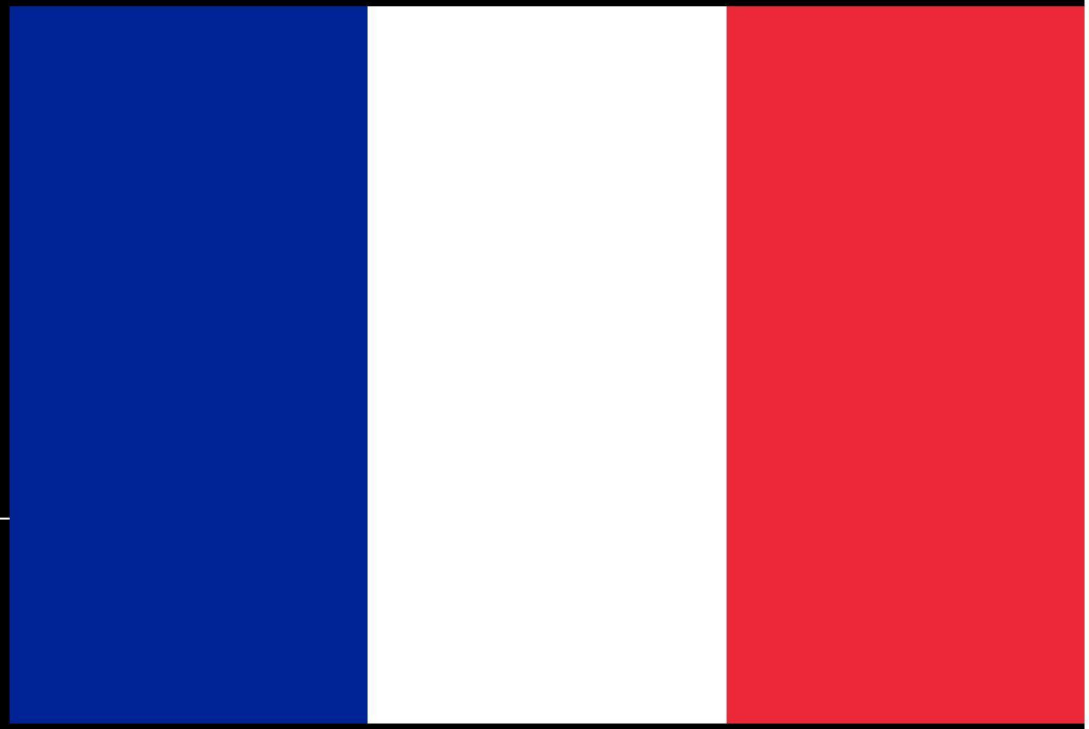
- **Day services**
- On the 1 December the Department of Health and Social Care issued new guidance for Visits out of care homes for residents,
  See: https://www.gov.uk/government/publications/arrangements-for-visiting-out-of-the-care-home/visits-out-of-care-homes#contents
- https://www.scie.org.uk/care-providers/coronavirus-covid-19/day-care/safe-delivery
  This guide aims to support day care managers, social workers, commissioners and providers, to restart or continue activities. It is focused on community-based day services, day centres (with and without personal care), including specialised day centre environments, and those with outdoor spaces.
- **Research**
  Comas-Herrera A. et al (2020) Rapid review of the evidence on impacts of visiting policies in care homes during the COVID-19 pandemic. Available at: https://ltccovid.org/wp-content/uploads/2020/11/Rapid-review-of-evidence-on-impacts-of-visiting-policies-in-care-homes-during-the-COVID-pandemic-LSE068110.pdf

  This is a pre-print article (not yet peer-reviewed). The researchers carried out a rapid review of evidence to address **three questions**: What is the evidence on the impact of visitors in terms of infections in care homes? What is the evidence on the impact of closing care homes to visitors on the wellbeing of residents? and What has been the impact of restricting visits on quality of care?
  Findings: the review found no scientific evidence that visitors to care homes introduced COVID-19 infections, however during the peak of the pandemic most countries did not allow visiting and there are some anecdotal reports attributing infections to visitors before restrictions. The review also found that there is increasing evidence that care home residents experienced greater depression and loneliness and demonstrated more behavioural disturbance during the period that included visitor bans. In addition, there is evidence of substantial care provision by unpaid carers and volunteers in care homes prior to the pandemic, hence visiting restrictions may have resulted in reductions in quality of care or additional tasks for care home staff.
  Conclusions: Given that there were already low rates of social interactions among residents and loneliness before the COVID-19 pandemic, the evidence reviewed suggests that visiting restrictions are likely to have exacerbated this further. While there is no scientific evidence identifying visitors as the source of infections this is likely to reflect that most care homes did not allow visitors during the initial peaks of the pandemic. A pilot re-opening homes to visits under strict guidelines did not result in any infections. Allowing visitors in facilities where there are no COVID-19 cases is important to support resident wellbeing. Safeguards to reduce risk of COVID-19 infection have been described, including visits through windows/glass, outdoor visits, and well-ventilated indoor spaces, screening of visitors, use of masks and other PPE and hand hygiene and cleaning. In addition, it is important to recognize and support the provision of unpaid care, particularly for people who pre-COVID had a history of regular visiting to provide care (e.g. feeding, grooming, emotional support). They should be classified as essential workers, provided training and PPE, and be allowed to visit regularly and provide care, interacting as closely with residents as staff.

Vaccination

- The Pfizer/BioNTech vaccine, the first to be approved by the regulator, MHRA will start to be rolled out in early December. The No.1 priority in the list is "residents in a care home for older adults and their carers"
- Priority groups for coronavirus (COVID-19) vaccination: advice from the JCVI, 2 December 2020
- https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020
- The No.1 priority in the list is "residents in a care home for older adults and their carers". However, there are some reports that the first round of COVID vaccinations won't include care home residents due to the need to store the Pfizer vaccine at low temperatures means it will initially only be delivered to hospitals. However, the situation is changing daily.
- Sources
- https://www.theguardian.com/society/2020/dec/02/uk-care-home-residents-to-miss-out-on-first-wave-of-covid-vaccinations
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940396/Priority_groups_for_coronavirus__COVID-19__vaccination_-_advice_from_the_JCVI__2_December_2020.pdf
-

France



Visitor guidelines

- In France visitors are allowed again in care homes from April 18th, to prevent psychological damage to the residents and their relatives

Source: https://solidarites-sante.gouv.fr/ministere/documentation-et-publications-officielles/rapports/personnes-agees/article/recommandations-destinees-a-permettre-a-nouveau-les-visites-de-familles-et-de

- In this document: the wishes of the resident are leading, respecting the autonomy of the older person
- From June 22, a new protocol: as much as possible back to 'normal':
  - resumption of the visit of family members without an appointment, as quickly and gradually as possible
  - resumption of individual and group outings and social life within the institution
  - end of lockdown in the room
  - resumption of all paramedical treatments
  - resumption of permanent care and day care

Source (protocol): https://www.bourgogne-franche-comte.ars.sante.fr/system/files/2020-06/COVID19_Deconfinement_retour_normale_EHPAD.pdf

From August 11, new protocol: https://solidarites-sante.gouv.fr/IMG/pdf/protocole-mesures-protection-etablissement-medico-sociaux-degradation-epidemie-covid.pdf : Most important measurement: every home can make own decisions: customization, in consultation with the regional health department. E.g. two same visitors per week, don't move the resident from the home. Visiting by appointment

Test-policies

- From May 11th, all inhabitants of France can be tested if they have symptoms or have been in contact with someone with Covid-19
- Vulnerable persons, residents and personnel
- All costs are paid by the health insurance

Source: https://sante.fr/coronavirus-covid-19-questions-et-reponses-sur-les-tests-de-depistage

Source: https://sante.fr/recherche/trouver/DepistageCovid

- A national corona app has been available since 2 June: StopCovid. This app is approved by the French Personal Data Authority (CNIL). The use of this tracing app is voluntary and the French government has no access to the data. Foreigners can also use this app on French territory.

*Dépistage= screening

From August 11, new protocol: https://solidarites-sante.gouv.fr/IMG/pdf/protocole-mesures-protection-etablissement-medico-sociaux-degradation-epidemie-covid.pdf : Most important differences: testing for new employees, after return from holidays, before admitting new residents, employees and residents with complaints.

On November 16, a Covid-19 infection was diagnosed in 1,539 care institutions for the elderly in France, which is 1 in 5. It was therefore decided that from the beginning of December all staff of care and nursing homes will be tested weekly for Covid-19 via an antigen test. The government will provide 1.6 million tests to nursing homes.

Personal protective equipment

- 100 million masks per week are being distributed from now on
- Masks have been made by fashion fabriques in France
- As in all the European countries in the beginning there was not enough PPE:
- 5.1.2e Riso, President of the National Federation of Associations of Elderly Institutions (Fédération nationale des associations de directeurs d'établissements et services pour personne âgées), argued that the lack of protective equipment during the first weeks of March contributed to spread of the virus in the elderly settings.
- Nursing homes were locked down completely because of the lack of PPE in the beginning of the crisis

Source: https://solidarites-sante.gouv.fr/soins-et-maladies/maladies/maladies-infectieuses/coronavirus/professionnels-de-sante/article/protection-des-professionnels-de-sante-face-au-covid-19

Source: https://solidarites-sante.gouv.fr/IMG/pdf/deconfinement-protocole_-consignes-essms-personnes-agees-usld-covid-19.pdf

1 billion masks are available, there is enough for three weeks) personnel wears masks at all times, no shortage, special factories dedicated for making masks

Monitoring infections and deaths

- https://dashboard.covid19.data.gouv.fr/vue-d-ensemble?location=FRA

- To compare:
- The figures of Okt 11, 2020 >
- The figures of Dec 23, 2020 > (140.766 cas confirmés)
- General information on Covid-19: https://www.gouvernement.fr/info-coronavirus

Policies for side effects (underutilization of services or waiting lists)

Much less use of regular health care (still), but:

- The end of the lockdown of the general population from May 11 also means that hospitals and city medicine will resume consultations, day hospital sessions and interventions. The medical follow-up also for Nursing home residents should therefore be gradually restored.
- Empty beds: all non-emergency admissions of new residents are still postponed. Only urgent cases will be admitted.

Source: https://solidarites-sante.gouv.fr/soins-et-maladies/maladies/maladies-infectieuses/coronavirus/tout-savoir-sur-le-covid-19/article/personnes-en-ehpad-reponses-a-vos-questions

Innovative treatment methods

- Anti-Malaria treatment, and APHP
- Latest information on https://www.pasteur.fr/fr
- Most important pharmacie company:
- https://www.sanofi.fr/fr/Actualites/nos-actualites/notre-reponse-au-covid-19
- Leading in developing different vaccins

Good practices

- Nursing home which gives a lot of useful information:

https://www.korian.fr/les-actualites/foire-aux-questions-nos-mesures-face-au-coronavirus-covid19

- Technology is the future: Ma sante 2022, focus on e-health:
- https://solidarites-sante.gouv.fr/systeme-de-sante-et-medico-social/masante2022/

(Source: EH, Dutch Ambassy, France)

https://nost-france.org/2020/06/17/digitale-ecologische-transitie/

- The stopcovid app is in use since June 2nd
- Technology: Robots were used in nursing homes, as well as in hopsitals, e.g. Cutii,
- The new protocol (From aug 11) foc usses on extra hygienic measurements
- From sept 3: France relance: a special after covid program:
- https://nl.ambafrance.org/France-Relance-het-Frankrijk-van-2030-bouwen

Vaccination:

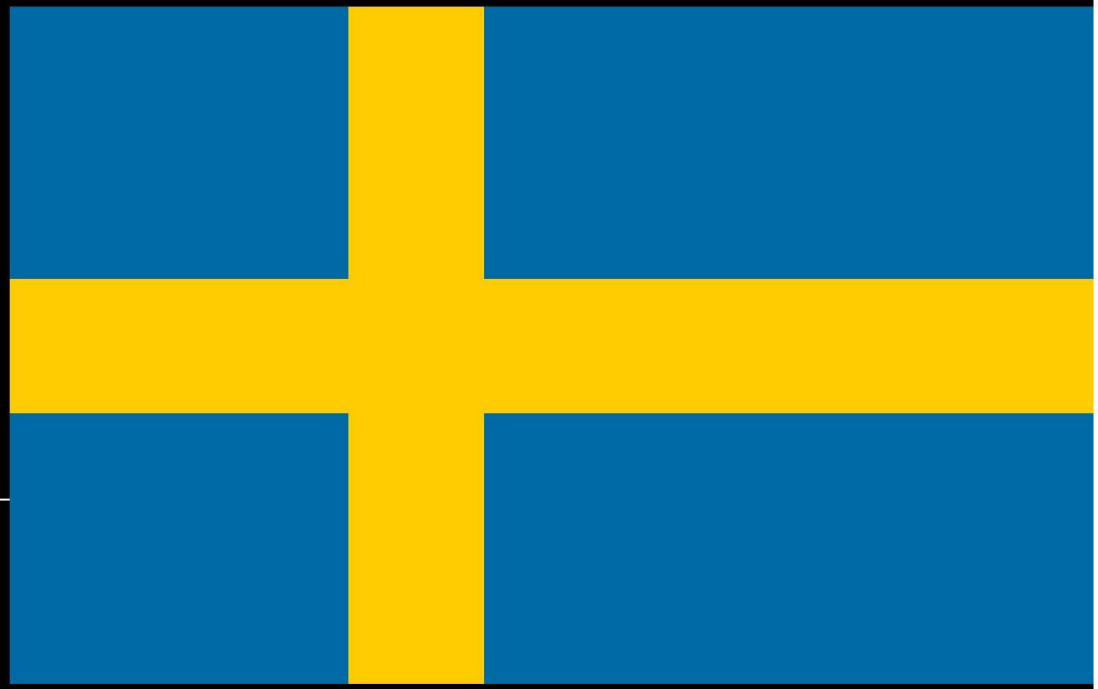
- Vaccination against COVID 19 free for everyone.
- Jan-Feb 2021 Start with the most vulnerable and the elderly, so first the people in the nursing homes (EHPAD)
- State of affairs 6/12/2020: 59% of the population is willing to be vaccinated.

ETAPE 1	ETAPE 2	ETAPE 3
Janvier-Février 2021	Février-Mars 2021	Printemps 2021
1 millions de personnes vaccinées correspondant à la phase 1 de la HAS (résidents en Ehpad ou autres hébergements collectifs pour personnes âgées et professionnels exerçant dans les établissements accueillant des personnes âgées (en premier lieu en EHPAD, USLD) présentant eux-mêmes un risque accru de forme grave/de décès (plus de 65 ans et/ou présence de comorbidité(s)).	14 millions de personnes vaccinées correspondant à la phase 2 de la HAS (personnes âgées de 75 ans et +, présentant une ou plusieurs comorbidité(s), puis les 65-74 ans en priorisant celles présentant une ou plusieurs comorbidité(s), puis les professionnels des secteurs de la santé et du médico-social âgés de 50 ans et plus et/ou présentant une ou plusieurs comorbidité(s) (quel que soit le mode d'exercice).	Elargissement aux autres tranches de la population.

Dictionary

Ministere des solidarités et de la santé: https://solidarites-sante.gouv.fr/	Ministry of Health
https://www.santepubliquefrance.fr/	RIVM National Public Health Institute
https://www.ars.sante.fr/	GGD Regional Public Health Organisation
Confinement	Lockdown
Fin de confinement	End of the lockdown
Dépistage	Screening
EHPAD/USLD	Nursing Home
Prélevement	Monster

Sweden



Visitor guidelines

- A ban on visiting all of the nation's care homes for older people has been in place since 1 April. The Government previously issued a formal recommendation against visiting care homes for older people. Many municipalities have already introduced various forms of visiting bans, but the Government is now introducing uniform and clear rules for the entire country. (Source: https://www.krisinformation.se/en/news/2020/march/national-ban-on-visiting-retirement-homes)
- Nursing home: Outside visitors are currently banned from all nursing homes in Sweden. (Source: https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/dokument-webb/ovrigt/affisch-aldreboende-engelska-covid19.pd)
- LSS (Lagen om stöd och service till vissa funktionshindrade/ Law regulating Support and Service to Persons with Certain Functional Disabilities) housing : You may need to inform the residents, their families and friends about the risk of the virus spreading through social contacts with other people. This is especially important for residents who are considered at increased risk of the coronavirus. (https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/dokument-webb/ovrigt/affisch-lss-bostad-engelska-covid19.pdf)

Visitor guidelines

- June 15, The national ban on visits to the elderly care will be extended until August 31. The purpose of the ban on visits is to reduce the risk of covid-19 infection. As the ban on visits is extended, the government wants the elderly care to be supported so that the elderly and their relatives can stay in touch with each other. This could mean providing protective equipment, arranging visits outdoors or through digital tools, such as tablets. Source: https://www.krisinformation.se/en/news/2020/june/visiting-ban-in-elderly-care-is-extended

- August 20, The government has decided to extend the ban on nursing homes until 30 September. https://www.krisinformation.se/en/news/2020/august/nursing-home-visit-ban-is-extended/
- On 1 October, the general ban on visits to nursing homes is lifted. People above the age of 70 are at high risk of becoming seriously ill from Covid-19.
  - Stay at home if you feel ill. Refrain from the visit even if you show mild symptoms.
  - Wash your hands before, during and after the visit.
  - Keep your distance from other persons during your visit.
  - Limit physical contact with the person you are visiting.
  - Please inquire the staff regarding the particular routines that apply to the nursing home.

  https://www.krisinformation.se/en/news/2020/september/riktlinjer-kring-besok-pa-aldreboenden
- The facility operator is responsible for preventing contagion among residents and staff.

https://www.krisinformation.se/en/hazards-and-risks/disasters-and-incidents/2020/official-information-on-the-new-coronavirus/du-som-ar-over-70-ar

Visitor guidelines

- November 21: Local visiting bans possible for retirement homes. In places where a local visiting ban is introduced, the head of operations will be able to make certain exceptions and permit visits, for example, from spouses and partners. The regulation will enter into force on 21 November and remain in force up to and including February.

Source: https://www.krisinformation.se/en/news/2020/november/folkhalsomyndigheten-far-mojlighet-att-infora-lokala-besoksforbud-pa-aldreboenden/

Test-policies

- As in many other countries, the focus was to limit the spread of the infection and to ensure access to health care – especially intensive care. Until very recently, much less attention was paid to the situation in care homes and no national statistics were available until May 6 when the National Board of Health and Welfare published a short report based on an analysis of death certificates and the national register of people who use Long-Term Care (LTC).
- The healthcare services in Sweden prioritise the following groups:
  - Hospitalised patients
  - Health or elderly care personnel with suspected COVID-19 (https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19/testing-vaccination-and-treatment/)
- April 29th. The Public Health Agency 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 were started April 7th. A randomly selected group of 4,000 people that are part of the Agency's regular survey panel are asked to participate by providing samples from their nose, pharynx and saliva. (https://www.covid19healthsystem.org/countries/sweden/livinghit.aspx?Section=1.4%20Monitoring%20and%20surveillance&Type=Section)
- The interest in testing for an ongoing Covid-19 infection has increased. This has led to increased waiting times in several regions, including Kronoberg, Sörmland, Dalarna and Region Skåne.(https://www.krisinformation.se/en/news/2020/september/heavy-pressure-on-testing-within-several-regions/)

Test Policies

- **Free Covid-19 tests:** Anyone who has symptoms of Covid-19 will be able to get tested. The tests will be free, the Government states. In addition, the number of so-called antibody tests will increase. The tests will be performed on a large scale across the country. The state will reimburse the regions for the extra costs associated with the tests. Those who could possibly have symptoms of Covid-19 will be offered a test. This will be done by self-testing, where the test is delivered by courier to the home of the sick person, who may then perform the test at home. Thereafter, the test is collected by the courier company. The alternative to this is drive-in stations to which you can travel by car and get tested.

- **Antibody testing will also increase**. "There is money allocated in order for such testing to be free of charge for healthcare personnel, and also care workers, care service users, residential care facilities, home-help services and personnel employed in other essential services. The Government is aiming for the rest of the population to also be offered antibody testing but for a patient fee," explains the Minister for Social Affairs, Lena Hallengren.

Source: https://www.krisinformation.se/en/news/2020/june/freetest/ d.d., 4 june

Personal protective equipment

- There has been a scarcity of PPE and test kits in Sweden in general and in eldercare in particular in the beginning of the crisis.
- Facemasks or shields were not regarded as necessary in long-term care. May 7, did the Public Health Authority publish a document that gives some support for the use of mask and shield but still stressing that it is most important to follow the legislation on basic hygiene. The decision whether to use masks and/or shields in a municipality or a specific home is left with the regional infection control units.

Source: https://ltccovid.org/2020/05/08/covid-19-reveals-serious-problems-in-swedish-long-term-care/

Monitoring infections and deaths

- Much less attention was paid to the situation in care homes and no national statistics were available until May 6 when the National Board of Health and Welfare published a short report based on an analysis of death certificates and the national register of people who use Long-Term Care (LTC). (https://ltccovid.org/2020/05/08/covid-19-reveals-serious-problems-in-swedish-long-term-care/)
- Of the 2,075 individuals who had died of COVID-19 until April 28 in Sweden, 1,877 (90 per cent) were 70 years+. The analysis shows that 948 of the COVID-19 deaths in the age group occurred among care home residents (50 per cent of all 70+ who had died in the country). In relation to the number of care home residents, 1 per cent of the residents had died of covid-19 by April 28. (https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/dokument-webb/statistik/rapportering-av-dodsfall.pdf)
- The National Board of Health measures deaths through the cause of death register.
- No information is available on excess deaths in care homes. Normally around half of the around 250 individuals who die per day in Sweden live in a care home, and as there was about 25 per cent excess death in Sweden during the first half of April there has obviously been excess deaths also in care homes.
- There is no national information on the number of care homes with infection.
- Based on an journalistic investigation Altogether, infection was reported in 510 out of 2040 care homes in these 15 regions, corresponding to 25 per cent of Swedish care homes. In the Stockholm Region, two thirds of the region's long-term care homes had infected residents, compared to 18 per cent in the rest of Sweden (Dagens Nyheter, 20200503).
- Updates on covid-19 statistics: https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/bekraftade-fall-i-sverige/

Policies for side effects (underutilization of services or waiting lists)

- September 25, The Swedish Government has decided to extend the period during which risk groups, relatives and parents of certain seriously ill children can apply for compensation up to and including 31 December 2020. Preventive temporary parental benefit for parents with certain recently seriously ill children. Some sickness benefit for preventive purposes for certain risk groups. Some carrier benefit for certain relatives of risk groups. https://www.krisinformation.se/en/news/2020/september/the-period-for-compensation-for-risk-groups-is-extended/

Nice to know

- Municipalities have primary responsibility for elderly care in Sweden and the national and communicable disease control is a national responsibility. At regional level, the responsibility is with the regional disease control officer (a medical doctor supported by an office with a varying number of staff).
- During the corona pandemic, the fact that municipalities did not automatically think "communicable disease control" appears to have created problems. Elderly care institutions and staff visiting people at home did not adopt proper control measures, like wearing protective gear, when it became apparent that covid-19 had reached Sweden. Once, it was realized that this exposed the elderly to a high risk of contracting corona disease it was too late because then whatever protective gears was available had already been absorbed by the regional health services.
- Another factor that has been mentioned as an important reason why elderly care homes were so badly hit by mortal corona is the high turnover of staff in elderly care, especially in larger cities. Since covid-19 quickly established itself in the community many staff most probably brought the virus into the homes of the elderly.

Source: according to Birger Forsberg

Nice to know

- Regular inspections of how the mandatory hygiene routines are followed in health and social care show that compliance with the routines is much lower in LTC than in hospitals. In one third of the situations inspected, there were deviations from the routines, especially among care workers with no or shorter formal training.
- Once within the home, most managers reported difficulties to restrict the spread because of the physical layout of the homes, staff shortage due to high levels of sick leave and self-isolation, an increased use of casual staff with less or no formal training and difficulties to follow hygiene routines, lack of PPE, and difficulties stopping residents with dementia and mild symptoms from moving around and meeting other residents.
- Source: Szebehely, 2020 https://ltccovid.org/2020/05/08/covid-19-reveals-serious-problems-in-swedish-long-term-care/

Nice to know

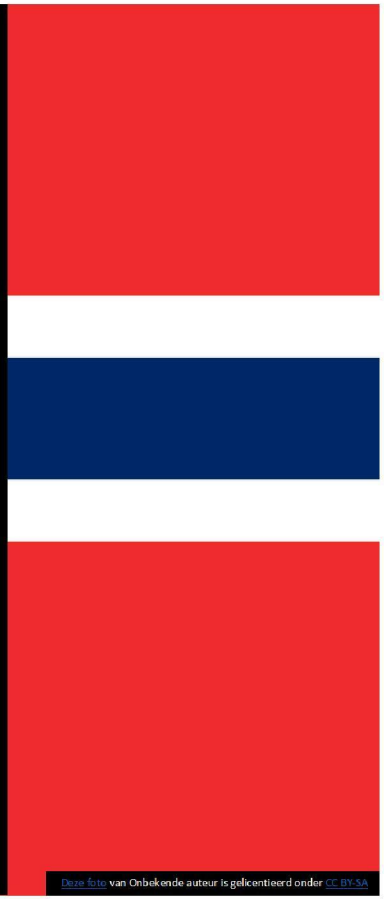
- Report of The Swedish National Council on Medical Ethics (**Smer**). This report has presented an overview of core ethical issues that arise during a pandemic. **Smer** points out that decision making during a pandemic is not solely based on facts and scientific evidence. Choosing between different courses of action requires to weigh up a range of values and value related conflicts; ethical analyses is crucial in both the preparation and response phase of a pandemic. In this context Smer mentions the following ethical values and principles to be particularly important:
  - Minimise harm and save lives;
  - Human dignity;
  - Personal privacy and individual liberty;
  - Fairness and equity - to combat inequality both nationally and internationally
  - Scientific basis as far as possible;
  - Proportionality of measures taken ;
  - Trust including the trust of the population during a pandemic;
  - National and international solidarity.

Source: http://www.smer.se/wp-content/uploads/2020/05/Smer-2020_3-English-report_webb.pdf

Nice to know

October 22, The Public Health Agency of Sweden has decided that, from now on, people over the age of 70 and othter risk groups will be subject to the same recommendations as all other groups in society

Norway

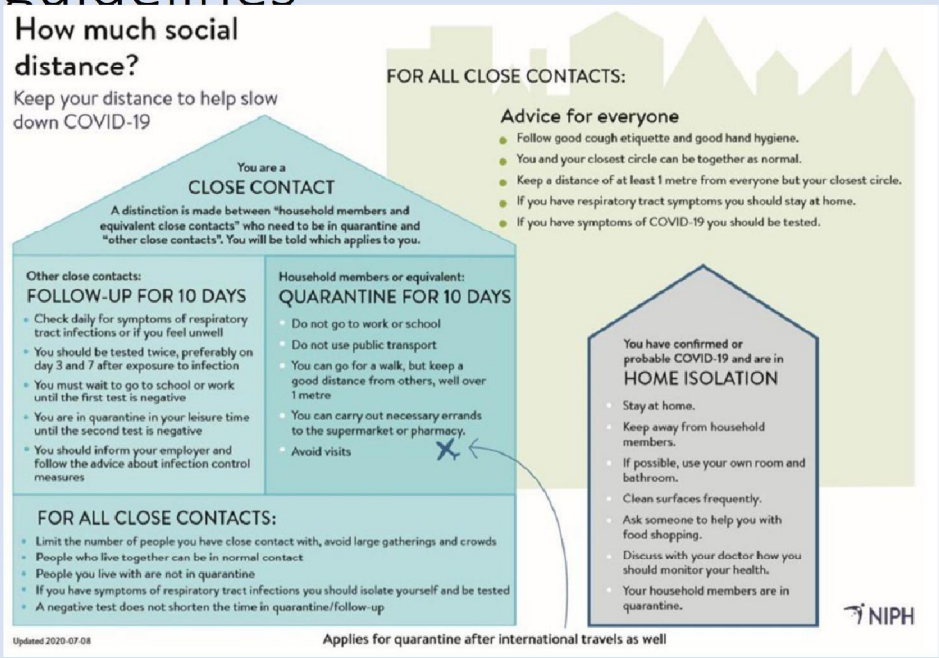


Visitor guidelines

- No-visit-guidelines were implemented for nursing homes on 14 March. All visitors are banned from the nursing homes even in cases where patients were terminally ill.
- From 6th May the restrictions were eased (in Oslo this easing was postponed to beginning of June) and individual considerations were taken into account. This more limited restriction implied that one relative or close friend could visit the patient for up to 20 minutes in a special room and with one staff member present. Social distancing applied.
- From June the restrictions have in most municipalities been further eased.
- From Tuesday 2nd June, the City of Oslo will allow more visitors to the nursing homes.
  - Visiting hours are decided by each institution. It will be possible to visit during daytime, evenings and weekends.
  - Visitors must agree with contact-staff at each institution beforehand, on the time and length of their visit.

Source: https://www.covid19healthsystem.org/countries/norway/livinghit.aspx?Section=3.3%20Maintaining%20essential%20services&Type=Section
Source: https://www.helsedirektoratet.no/veiledere/koronavirus/besok-i-helse-og-omsorgsinstitusjoner-og-tiltak-mot-sosial-isolering
Source: https://www.oslo.kommune.no/english/coronavirus/status-reports-on-coronavirus-measures/29-may-the-city-of-oslo-will-allow-more-visitors-to-the-nursing-homes#gref
Source Terje P. Hagen, Head of Faculty of Medicine, Oslo University, august 3 2020

Visitor guidelines



Source: https://www.fhi.no/nettpub/coronavirus/fakta/avstand-karantene-og-isolering/

Test-policies

- On Friday 3 April, it was announced that Norway had tested more than 100,000 people, putting it behind only Iceland and the United Arab Emirates in the number of tests per head. For nursing home patients thresholds for testing was low.
- There is no national overview of the number of tests and COVID-19 deaths in LTC facilities. Some of the municipalities publish frequent updates on their local conditions, which include numbers of positive tests, total numbers of positive tests in LTC and in ICU, as well as numbers of health personnel in quarantine/isolation, separately for GPs, LTC and home care facilities.
- The Board of Health Supervision is responsible for monitoring the situation at the country level.
- The NIPH recommends that everyone with symptoms of COVID-19 should be tested as quickly as possible. With a lack of testing capacity these groups should be tested in this order of priority:
    1. Patient in need of hospital admission
    2. Patient / resident in a nursing home or other healthcare institution
    3. Employee in the healthcare service with work that puts them in the vicinity of patients
    4. Person in a risk group, see risk groups and their relatives
    5. Person in quarantine because of being in close contact with a confirmed case of COVID-19, or after travel
    6. Employee, child or pupil in a re-opened childcare centre, school or after-school programme
    7. Others with suspected COVID-19 disease
    8. Certain groups of people without symptoms, see below.
    - Category 1-3 should be tested on a broad indication. Category 6-7 should preferably monitor symptoms at home for 2 days before considering testing if symptoms continue.

Source: https://www.covid19healthsystem.org/countries/norway/livinghit.aspx?Section=3.3%20Maintaining%20essential%20services&Type=Section
Source: https://www.fhi.no/en/op/novel-coronavirus-facts-advice/testing-and-follow-up/test-criteria-for-coronavirus/

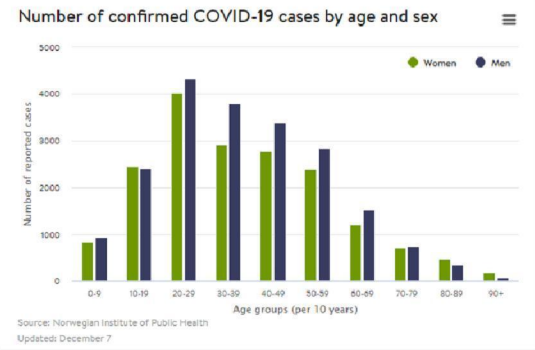
Personal protective equipment

- Special efforts have been taken to ensure sufficient access to personal protective equipment (PPE) in the municipalities, including the LTC facilities. This is ensured through the national distribution of PPE among the hospitals and municipalities, which is based on reported stock of PPE.
- Healthcare professionals who are to care for, examine, treat or otherwise have contact closer than 2 meters with residents where covid-19 has been confirmed should use the following protective equipment: surgical bandage (class II or IIR)coat with long sleeves, gloves, eye protection (goggles or visor). Respiratory protection (FFP3 or FFP2) is only required for aerosol generating procedures. In aerosol-generating procedures, everyone in the room must wear protective equipment, including those that are further from the occupant than 2 meters.

Source: https://www.covid19healthsystem.org/countries/norway/livinghit.aspx?Section=3.3%20Maintaining%20essential%20services&Type=Section

Monitoring infections and deaths

- New figures Dec 7, 2020 >
- On 15 June the NIPH's daily report on COVID-19 presented an overview of COVID-19 related deaths according to place of death. Of the 242 registered deaths, 93 deaths (38%) occurred in hospitals, 143 deaths (59%) in other healthcare institutions (including LTC) and 1 death occurred at patient's home.



TESTED	REPORTED CASES	ADMITTED TO HOSPITAL	ADMITTED TO ICU	DEATHS
2.387.044	38.322	1.783	343	359
07/12/2020	07/12/2020	07/12/2020	07/12/2020	07/12/2020

Source: https://www.covid19healthsystem.org/countries/norway/livinghit.aspx?Section=3.3%20Maintaining%20essential%20services&Type=Section

Source: https://www.fhi.no/sv/smittsomme-sykdommer/corona/dags--og-ukerapporter/dags--og-ukerapporter-om-koronavirus/

Vaccinations in Norway Dec 4, 2020

- In the first quarter of 2021, Oslo expects to receive a total of 2.5 million doses, covering 1.25 million people - or 23% of the population, pending approval of the vaccines from European regulators.
- The doses would roughly cover the 1.3 million people in Norway who are considered in risk groups, Health Minister Bent Hoeie said, while the 340,000 health personnel in contact with patients would have to wait.
- Non-EU Norway will get access to some of the vaccines obtained by the European Union thanks to Sweden, an EU member that will buy more than it needs and sell them to Norway, right after New Year.
- In Norway, the first people to get it will be residents of care homes and those “oldest” living at home, followed by people aged 65 or more plus younger adults with pre-existing conditions.

Nice to know

- Source : https://www.helsedirektoratet.no/veiledere/koronavirus
- In Norway they start vaccinating from December 27th. The health authorities have decided that the nursing home residents should be given priority first. All nursing home residents in Norway will have taken both doses of vaccine during January. Then people over eighty outside the institutions will be prioritized, then health- and care workers and younger risk groups. The goal is to have vaccinated everyone who wants before the summer. A majority of the population wants to be vaccinated. Children will not be vaccinated until the vaccine has been tested sufficient on children.