

Covid-19 in long-term care

UNTIL AUGUST 25

Introductie Europese kennisverzameling COVID-19

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Vilans heeft van acht landen de overheidsmaatregelen om de verspreiding van het coronavirus en de gevolgen daarvan te beperken voor de langdurige zorg in kaart gebracht. Doel is leren te trekken uit deze maatregelen en in inspiratie uit te leiden. In dit overzicht laten we zien hoe België (in het bijzonder Vlaanderen), Denemarken, Duitsland (in het bijzonder Noordrijn-Westfalen), Frankrijk, Noorwegen, het Verenigd Koninkrijk (in het bijzonder Engeland), Zweden en Nederland sinds maart 2020 geposeerd hebben.

Dit overzicht is gemaakt op verzoek van het Ministerie van Volksgezondheid, Welzijn en Sport in Nederland. We laten zien wat het beleid was voor bezoekersregelingen, testbeleid, persoonlijke beschermingsmaatregelen, monitoring van geïnfecteerd en overleden cliënten en compenserende maatregelen voor organisaties en medewerkers. Ook delen we goede voorbeelden.

Het overzicht laat de verschillen en de overeenkomsten zien. Zo is het opvallend dat de verschillende landen relatief dezelfde maatregelen hebben genomen in het begin van de pandemie. Bij het versoepelen van de regels zien we verschillen in het beleid van de landen ontstaan. Over het algemeen was er in het begin een duidelijke focus op de ziektehuishouding. Na enkele weken werd duidelijk dat de langdurige zorg ook handgetroffen werd en ontstond er meer aandacht voor deze sector. Bij het versoepelen van de regels was er een verschil in tempo in de mate van versoepeling. Waar het ene land koos voor een centrale versoepeling, kozen andere landen voor een regionale aanpak.

In bijna alle landen bestond er een bezetverbod voor ouderenzorginstellingen. Deze werden over het algemeen tussen half maart en eind april krachtig. In sommige landen werd de eerste COVID-19-besmetting eind januari vastgesteld. In andere landen was dat eind februari. In Duitsland werd bijvoorbeeld het eerste geval van corona op 27 januari geconstateerd. Vervolgens werd op 2 april daar de bezoekersregeling voor verpleeghuizen ingevoerd. Alleen in het Verenigd Koninkrijk bestond er niet een specifiek verbod op bezoek in verpleeghuizen. Daar was het advies vanuit de overheid om bezoek te vermijden.

In de meeste landen werd in april de testopstelling in de langdurige zorg opgescheld. Vanaf die maand traden verschillen op tussen de landen in het testbeleid in de langdurige zorg. In Nederland en Duitsland werd het beleid dat men zich kon laten testen bij klachten/symptomen. In landen als België en het Verenigd Koninkrijk werden gehele locaties (personeel en cliënten) getest, ongeacht klachten. In het Verenigd Koninkrijk gebeurde het testen op regelmatige basis en in België op het moment dat een besmetting op de locatie aan het licht kwam. In Noorwegen en Zweden werd er op grote schaal steekproefsgewijs in de samenleving getest.

Voor alle landen geldt dat zij problemen hebben ervaren bij de beschikbaarheid en capaciteit van persoonlijke beschermingsmaatregelen, ook in de langdurige zorg. Daardoor is de landelijke overheid betrokken geraakt bij de aanschaf van dergelijke middelen. De distributie van de middelen verliep daarnaast in een aantal landen via regionale overheden.

De cijfers met betrekking tot besmetting en mensen die overleden worden per land anders bijgehouden. Niet alle landen registreren en rapporteren apart cijfers over besmettingen en sterfgevallen in de langdurige zorg.

In bijna alle landen zijn er financiële compensaties voor zorgaanbieders, dan wel zorgpersoneel geïntroduceerd. In Duitsland is er ook een tijdelijke inkomenscompensatie voor ouders die hun kind in een beperking thuis hebben verzorgd.

Beveiligingen

Het overzicht dat we presenteren heeft een aantal beperkingen. Het bleek niet eenvoudig goede nationale en internationale bronnen te vinden die ontwikkelingen rond corona in de langdurige zorg voortdurend systematisch in beeld brengen. Ook waren de gegevens over de verschillende landen vaak niet onderling vergelijkbaar. De langdurige zorg wordt in elk land niet weer anders geïdentificeerd en is beleidsmatig verschillend ingericht. Zo wordt over de gehandicaptensector maar in weinig landelijke bronnen afzonderlijk gerapporteerd. De informatie in dit overzicht gaat daarom vooral over de ouderenzorg. We hebben om de redenen in de diverse landen ook een aantal landelijke experts en medewerkers van overheden en ambassades benaderd. Zij hebben veel waardevolle achtergrondinformatie en links naar informatiebronnen aangegeven.

We zullen de komende maanden doorgaan met de monitoring van het coronabeleid in de acht landen. We nodigen iedereen met kennis van de ontwikkelingen in een of meer van deze landen uit om met ons de kennis te delen, ons als dat nodig is te corrigeren en aan te sluiten bij de community die we aan het opzetten zijn. We hopen daarmee beleidsmakers, wetenschappers, maar vooral ook mensen in de dagelijkse zorgpraktijk te inspireren om de juiste keuzes te maken in deze ingewikkelde tijden.

TIMELINE VISITOR GUIDELINES TESTING POLICIES

Deze tijdlijn laat per land en per maand de voortgang zien op bezoekersregelingen en het testbeleid. De tijdlijn loopt van maart tot en met juni 2020 (in een enkel geval nog een deel van augustus). De tijdlijn is zowel horizontaal als verticaal te lezen. Horizontaal schetst de vorderingen per maand voor de acht landen, verticaal de vorderingen per land per maand.

January

GERMANY (North-Rhine Westphalia) BELGIUM (Flanders) DENMARK NETHERLANDS UNITED KINGDOM SWEDEN FRANCE NORWAY

February

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March

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April

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May

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June

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July

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August

GERMANY BELGIUM DENMARK NETHERLANDS UNITED KINGDOM SWEDEN FRANCE NORWAY

Month	Germany	Belgium	Denmark	Netherlands	United Kingdom	Sweden	France	Norway
January	27th First case COVID-19 in Bavaria.							
February		14th First case COVID-19 in Belgium.	27th First case COVID-19 in Denmark.	27th First case COVID-19 in the Netherlands.	31st First case COVID-19 in England.	31st First case COVID-19 in Sweden.	24th First case COVID-19 in Bordeaux.	24th First case COVID-19 in Norway.
March		12th New residents are allowed in nursing homes, with some exceptions of elderly people who came from hospitals.	12th Ban on visitors to every nursing home in the country.	MARCH There is a shortage of test capacity in the long-term care for clients and personnel.	20th Visitors were banned from nursing homes and from other facilities for people with a fever. The policy is 'no, unless...'		14th All visitors are banned from nursing homes.	14th All visitors are banned from nursing homes even in cases where patients were terminally ill.
April	2nd Ban on visitors to care and nursing homes was put in place in many federal states.	3rd It was decided to deliver tests to residential care homes. It was the ambition to give every care facility the opportunity to test.	4th All visitors are banned from nursing homes, except in cases of a visitor's ban, but terminally ill.	7th Long-term care received services attention and testing is possible in small amounts.	APRIL The government advises on visiting care homes, there are no strict guidelines.	15th Visitors were banned in all care homes for elderly people. Homes for skilled people are allowed to inform the residents, their families and friends about the risk of the virus spreading through social contacts with other people.		3rd Norway had tested more than 100,000 people, putting it behind only Iceland and the United Arab Emirates in the number of tests per head. For many care home patients this enabled for testing too.
May	14th The Robert Koch Institute has developed recommendations for visitors in residential care settings.	15th Everybody in nursing homes has been tested.	24th A revised version of the guidelines emphasizing that visitors were not included in the ban on new cases was issued.	27th Residents and staff without symptoms could also be tested in the nursing home. Testing must take place at the institution and not in the regional test centres.	7th It is possible for personnel in the healthcare sector to get tested when they have one of the symptoms of COVID-19.	15th 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 started April 7th.	18th Visitors are allowed again in care homes to prevent psychological damage to the residents and their relatives.	
June	14th The Robert Koch Institute has developed recommendations for visitors in residential care settings.	15th Everybody in nursing homes has been tested.	24th A revised version of the guidelines emphasizing that visitors were not included in the ban on new cases was issued.	27th Residents and staff without symptoms could also be tested in the nursing home. Testing must take place at the institution and not in the regional test centres.	7th It is possible for personnel in the healthcare sector to get tested when they have one of the symptoms of COVID-19.	15th 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 started April 7th.	18th Visitors are allowed again in care homes to prevent psychological damage to the residents and their relatives.	

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Capacity

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Country	Capacity
Germany	North-Rhine Westphalia The company Dr Festi Automotive Bielefeld GmbH (DFA Bielefeld) has been commissioned by the state government of North-Rhine Westphalia to produce 29 million mouth-nose protective masks.
Belgium	This was a big problem. Belgium (on federal level) has a stock of protective equipment, but just before the crisis this was destroyed. A new stock of PPE was shipped to Belgium. Hospitals were given priority for obtaining personal protective equipment. At this moment (July) there is enough equipment available. Health care organizations are able to acquire equipment from the Flanders government till the end of this year.
Denmark	The reason for the shortage of PPE in the municipalities was that only in the municipalities (March 10th), the Danish Medicines Agency approached the providers of PPE and asked them to prioritize delivery to the municipalities for organizing initiatives for their residents. The municipalities therefore needed to find other ways to acquire PPE in the municipalities.
Netherlands	In the beginning there were difficulties with PPE. There was not enough PPE available especially in the long-term care in the hospitals. At this time there is no shortage anymore on PPE.
United Kingdom	The dashboard shows the pieces of PPE that are distributed across the UK since February 25. Care homes use PPE extensively for people with a disability in the long-term care in the hospitals. At this time there is no shortage anymore on PPE.
Sweden	There has been a scarcity of PPE and test kits in Sweden in general and in elderly care in particular.
France	In the beginning there was not enough PPE. 100 million masks per week are being distributed from now on. Masks have been made by factory factories in France. At this time there is no shortage anymore on PPE.
Norway	The national ban on visits to the elderly in care homes will be extended until August 31.

Way of distribution

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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, the federal states supply all other areas requiring protective equipment.

Because of the disruption in the supply chain and the lack of personal protective equipment (PPE), the government centralized the orders and distribution of extra equipment. The government facilitates this until the end of this year. After that, facilities must arrange this themselves again.

There has also been confusion over which authority was in charge and which were the current guidelines, not least regarding the use of PPE.

There is a national coordination that has responsibility for the purchase and the distribution of PPE to places where they are most needed.

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).

Swedish Board of Health and Welfare published the first time a short report based on an analysis of death certificates and the national register of people who use Long-Term Care (LTC).

France is responsible for the distribution of the PPE in their region.

National distribution of PPE among the hospitals and municipalities, which is based on report of PPE.

MONITORING INFECTIONS AND DEATHS

Country	Monitoring Infections and Deaths
Germany	Daily situation report: CLICK HERE
Belgium	Daily situation report on national level: CLICK HERE Daily situation report in Flanders: CLICK HERE
Denmark	There is no analysis on excess mortality at nursing homes.
Netherlands	Dashboard of de Dutch government, with some specific information on nursing homes. CLICK HERE
United Kingdom	Care homes are required to report new COVID-19 outbreaks to Public Health. England (PHE), as with all serious infectious diseases, PHE maintains a database of all care homes with a COVID-19 outbreak. Data on the number of care home outbreaks. CLICK HERE
Sweden	There is no analysis on excess mortality at nursing homes. CLICK HERE
France	Dashboard of the French government: CLICK HERE
Norway	Here you find the information on infections and deaths. CLICK HERE

POLICIES FOR SIDE EFFECTS

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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 equality assessments for ambulatory and residential care as well as changes to assessment and waiting 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.
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In order to maintain the provision of care, institutional care settings will be allowed to deviate from certain rules and operational frameworks around staffing level.

For staff: students and volunteers NRW adds to the corona premium by 50% in addition to the national premiums of Euro 1,000, Euro 687 and Euro 334 (free of taxation per month) respectively, depending on the intensity of direct involvement in caring tasks with Covid-19 for at least three months) and up to Euro 900 for students and 150 Euro for volunteers.

For parents who have been taking care for their (disabled) children because daycare services have been closed due to corona crisis - for 27% of their income less to a maximum of Euro 2,016 per month, and for a maximum of 20 weeks if they provide care as a single parent or 10 weeks if they care as a couple.

In February, the first guidance for the sector was published; in March, the government announced €1.4 billion funding for local government and €1.3 billion to go to the NHS and social care for discharge support; and in April, it announced a further €1.6 billion for local government and our detailed adult social care action plan. The action plan set out how the government and other parts of the system are supporting people who receive adult social care, both at home and in other settings.

€400 million to support social care providers through a new Adult Social Care Infection Control Fund. The Fund will support providers to reduce the rate of transmission of and between care homes and support wider workforce resilience. This funding can be used to support infection control measures and wider workforce resilience. It can be used to take actions to stop the spread of infection.

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 municipalities 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.

GOOD PRACTICES

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Flanders has launched the website www.helpdehelpers.be. This website brings the healthcare sector and volunteers or healthcare workers together. Based on their experience and availability, medical and non-medical profiles are matched to the needs of care.

Social contact between residents and family or friends.

There are several examples of long-term care facilities that have alternatives for visitors with a disability in a social carer. The Dutch government shares some good practices every week, like digital daycare, share some good practices every week, like digital daycare.

Here you find some more information on practices in care homes, such as how can you still exercise in times of quarantine or how you can hold on to daily routines.

Care home group (twelve) how it has been COVID-19 free. Care homes use PPE extensively to bring loved one together in safe family rooms.

Information and communication practices are highlighted in this new YouTube series, Conversations with Care Homes. Drawing on conversations with over 1500 managers and staff.

Nursing home which gives a list of useful information.

Acknowledgement

The authors gratefully acknowledge the valuable contribution to this report of all the experts and officials who were willing to share their expertise and experience.

Disclaimer

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