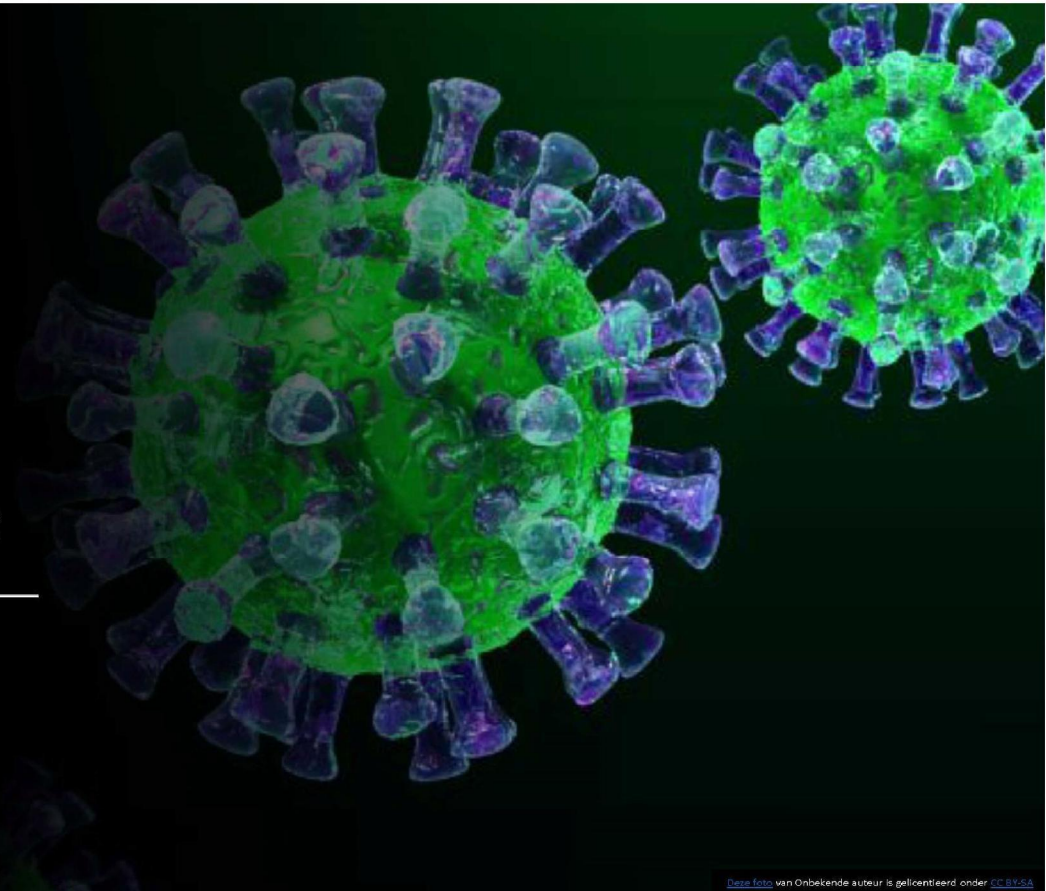


Covid-19 in long-term care

Till June 16



[Ditte foto](#) van Onbekende auteur is gelicentieerd onder [CC BY-SA](#)



Visitor guidelines

- The government advises on visiting care homes. It does not impose obligations. 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.

Test-policies

England

- In England, all registered adult care homes can apply for coronavirus tests.
- 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>

- Since the launch of whole care home testing, the government has provided 1,071,103 test kits to 8,984 care homes, and they are now able to send out over 50,000 test kits a day. Source: <https://www.gov.uk/government/news/whole-home-testing-rolled-out-to-all-care-homes-in-england>

Scotland

- In a care home where there is one or more confirmed case of coronavirus, the local health board must offer testing to all staff and residents regardless of symptoms as part of enhanced outbreak investigations. Testing will be organised by local health board testing teams, using local and NHS Scotland laboratory capacity.
- In a care home with no positive cases for 2 weeks or more, the local health board must offer testing to all staff on a weekly basis. Please follow the instructions below to access this routine testing of staff in your care home.

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

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)



Since the beginning of the Covid-19 outbreak, UK have delivered over 761 million items of PPE to ensure our frontline is protected. This has included 158 million masks, 1 million gowns, 135 million aprons and 360 million pairs of gloves.

Source:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879221/Coronavirus_COVID-19_-_personal_protective_equipment_PPE_plan.pdf

Monitoring infections and deaths

- From June 1 till June 7 there are **102** suspected or confirmed COVID-19 outbreaks reported in care homes. In total (from March 9 till June 7) there are **6329** suspected or confirmed outbreaks reported in care homes.
- UK is monitoring via a statistical data set 'COVID-19: number of outbreaks in care homes'. In this data set weekly number and percentage of care homes reporting a suspected or confirmed outbreak of COVID-19 to PHE by local authorities, regions and PHE centres. Source: <https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information>
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891407/COVID19_Care_Homes_10_June.pdf
- **11.614:** Total number of deaths involving COVID-19 occurring in care homes, by day of notification 10 April tot 5 Juni 2020, England (notified to the Care Quality Commission).
Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/dataset/s/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland>



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

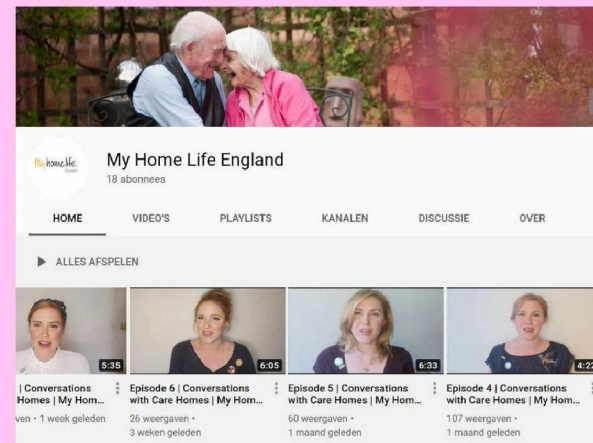
- In February, the first guidance for the sector was published; in March, the government announced £1.6 billion funding for local government and £1.3 billion to go to the NHS and social care for discharge support; and in April it announced a further £1.6 billion for local government and our detailed [adult social care action plan](https://www.gov.uk/government/publications/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, so we can control the spread of COVID-19 in care settings, maintain care for people who need it, and save lives. Source: <https://www.gov.uk/government/publications/coronavirus-covid-19-support-for-care-homes/coronavirus-covid-19-care-home-support-package>
- The approach in this plan is based on 4 pillars:
 - Controlling the spread of infection
 - Supporting the work force
 - Supporting independence, supporting people at the end of their lives, and responding to individual needs.
 - Supporting local authorities and the providers of care

Source: <https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care>

Innovative treatment methods

Good practices

- Care home group reveals how it has stayed COVID-19 free: <https://www.carehome.co.uk/news/article.cfm/id/1627122/care-home-group-reveals-covid-19-free>
- Care homes use screens to bring loved one together in safe family rooms: <https://www.carehome.co.uk/news/article.cfm/id/1626741/care-home-uses-screens-to-create-safe-family-visiting-rooms>
- <https://www.scie.org.uk/care-providers/coronavirus-covid-19/blogs/care-home-innovation>
- 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. <https://www.youtube.com/channel/UCYheZELcTrekqk3k0FSAS6g>





Visitor guidelines

- 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
- All 16 federal states have implemented regulations that enable people living in residential care settings to have some visitors. There's a variety between the federal states on visitors guidelines (page 25)
- The different states have their own methods to enable visitors in residential care settings (page 39).

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

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 ($>37.8^{\circ}\text{C}$), 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)

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

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.

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

Monitoring infections and deaths

- 818,289 (24%) people with long-term care needs live in Germany's 14,500 care and nursing homes
- at least 520 nursing homes across Germany have been affected by COVID-19 infections.

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

Monitoring infections and deaths

Confirmed cases	Deaths	Deaths (%)	Recovered
186,269 (+ 247*)	8,787 (+ 6*)	4.7%	ca. 172,200**

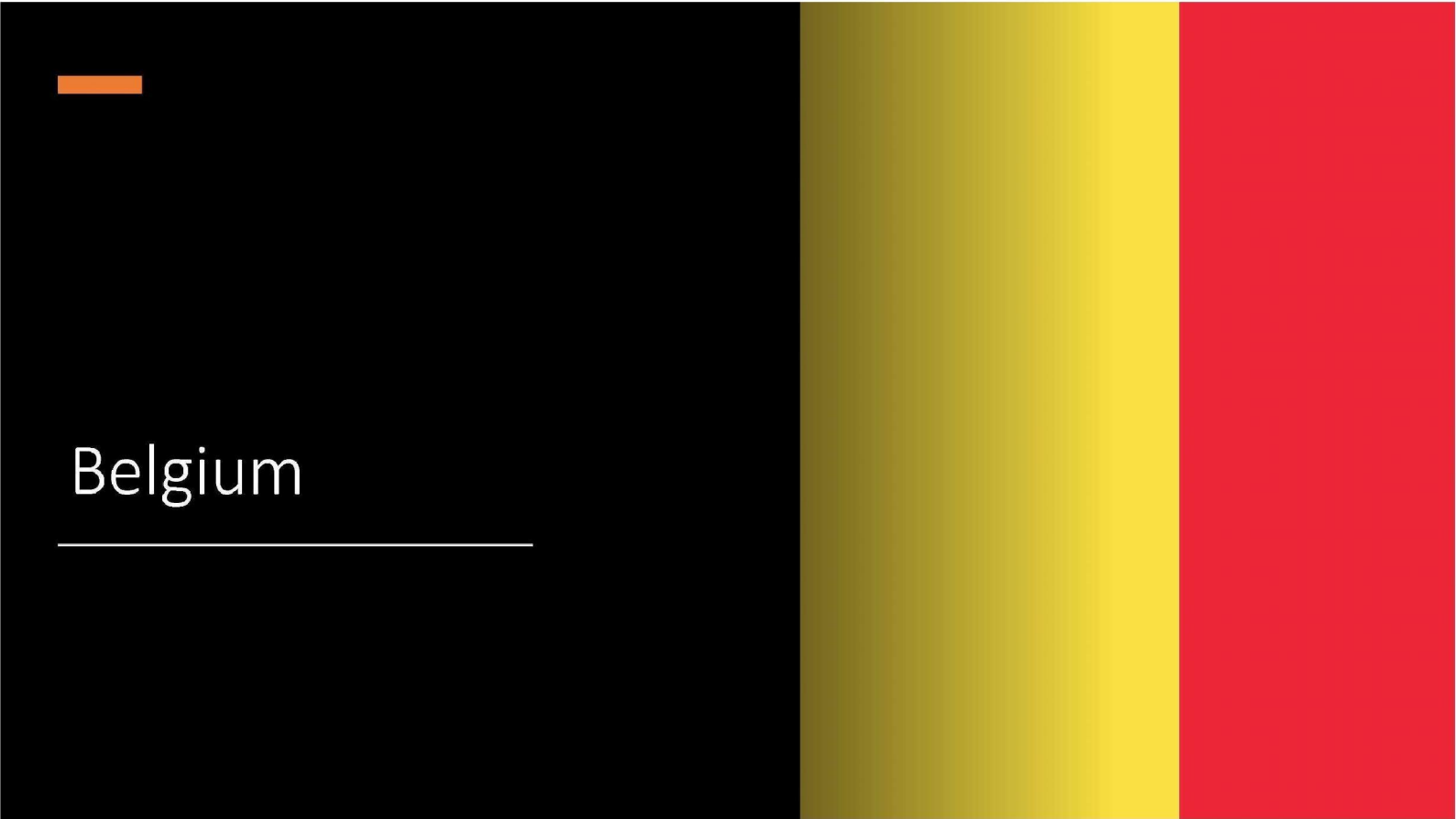
Facility according to		Total	Hospitalised	Deaths	Recovered (estimate)
§ 36 IfSG (e.g. facilities for the care of older, disabled, or other persons in need of care, homeless shelters, community facilities for asylum-seekers, repatriates and refugees as well as other mass accommodation and prisons)	Cared for / accommodated in facility	17,278	3,933	3,435	13,200
	Occupation in facility	9,654	410	48	9,500

Source: https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/2020-06-14-en.pdf?__blob=publicationFile
d.d. 14 June 2020

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

Innovative treatment methods

Good practices



Belgium

Visitor guidelines

(Flanders)

- Visitors are allowed again since May 18, under certain conditions and safety rules.
- Each nursing home can determine the pace and are free to draw up an agreement framework/policy within which they want to receive visitors.
- The nursing home must have sufficient personnel and personal protective equipment.
- 1 visitor, preferably the same one. Free of symptoms or tested negative.
- Every visit is by appointment.

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

Testpolicies

- Flanders is systematically testing in nursing homes to have a sophisticated management of the risk of virus introduction.
- Source: https://covid-19.sciensano.be/sites/default/files/Covid19/COVID-19_strategie_testing_NL.pdf

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

Monitoring infections and deaths

- June 14: In total there are 4835 confirmed and suspected cases of corona in care homes. 26% is confirmed, 74% is suspected. Visitors are allowed again since May 18, under certain conditions and safety rules.
- <https://covid-19.sciensano.be/nl/covid-19-epidemiologische-situatie>

1. Kerncijfers voor België

Aantal gerapporteerde patiënten	In de laatste 24 uur	In totaal
Bevestigde COVID-19 gevallen*	111	60 029
Sterfgevallen**	5	9 655
<i>In ziekenhuizen</i>	<i>4</i>	<i>4 696</i>
<i>Bevestigde gevallen</i>	<i>4 (100%)</i>	<i>4 469 (95%)</i>
<i>Mogelijke gevallen</i>	<i>0 (0%)</i>	<i>227 (5%)</i>
<i>In woonzorgcentra***</i>	<i>1</i>	<i>4 835</i>
<i>Bevestigde gevallen</i>	<i>1 (100%)</i>	<i>1 273 (26%)</i>
<i>Mogelijke gevallen</i>	<i>0 (0%)</i>	<i>3 562 (74%)</i>
Opmnames in het ziekenhuis	20	17 011
Ontslagen uit het ziekenhuis	42	16 589***

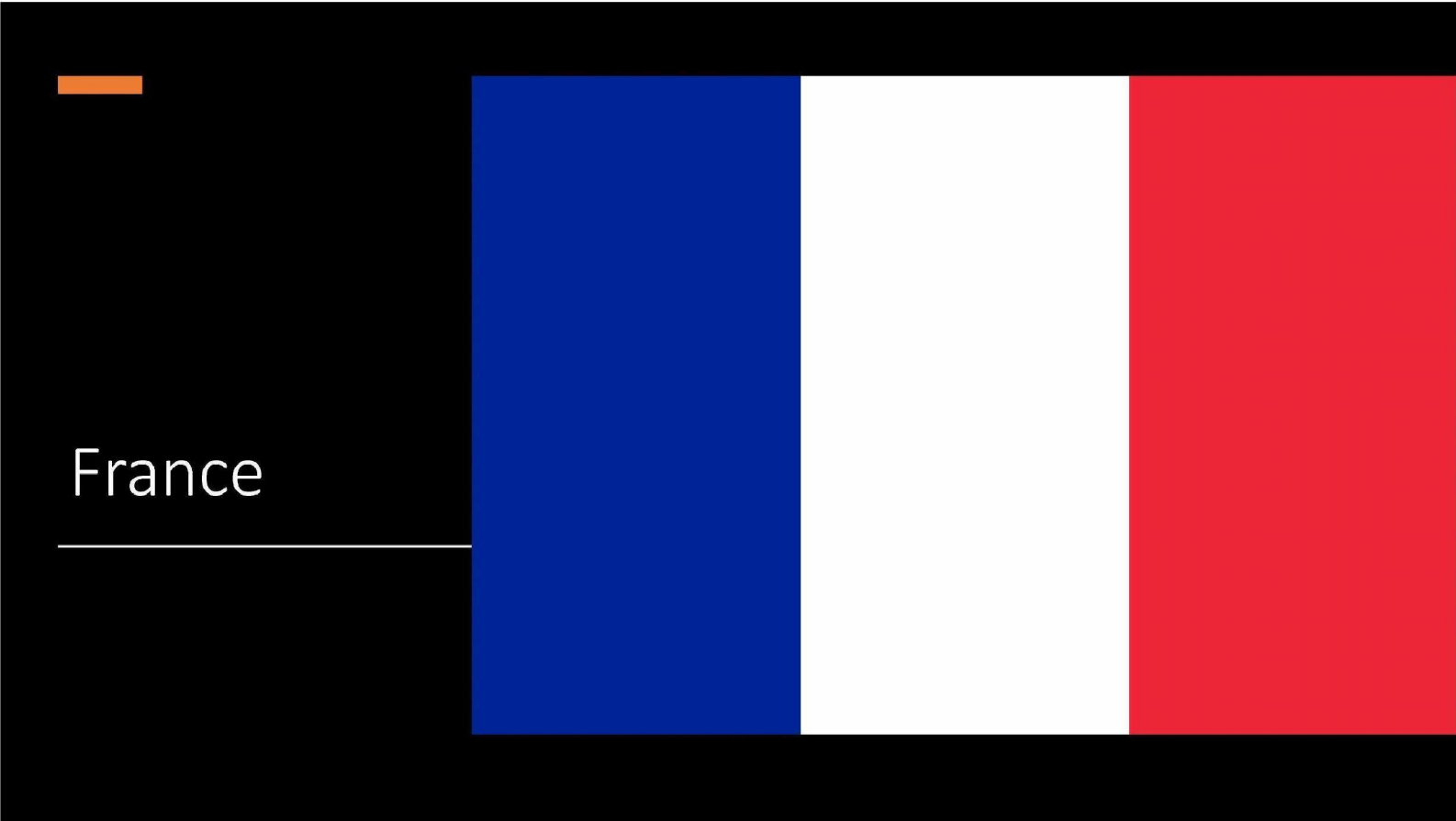
*Testen door het nationaal testing platform inbegrepen (sinds 10/04).
 **Sterfgevallen alle localities inbegrepen.
 ***Sinds 15 maart, de datum waarna meer dan 99% van de ziekenhuizen deelnemen aan de gegevensverzameling.
 ****Het aantal sterfgevallen in woonzorgcentra in Vlaanderen is niet beschikbaar sinds vrijdag 12 juni

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

Innovative treatment methods

Good practices

- Social contact between residents and family or friends:
- <https://k00118.login.kanooh.be/taskforce/goede-voorbeelden>



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

Visitor guidelines

- Family and relatives may visit a resident in a nursing home. The organization has to provide all information necessary.
- Visitors sign the protocol of the nursing home
- Visitors are 18+, except in palliative phase of the resident
- 2 persons per visit, only 1 when visiting a resident in her/his own room
- Start allowing visits to the residents who suffer the most from the lockdown
- Duration of the visits : 30 minutes to 60 minutes
- Frequencies of the visits: for example on 80 residents, 6 visits per day
- Register name/place/time period of all visits
- Make use of volunteers to organize the visits
- Be sure there is psychological support after and before the visits for the residents
- Double circulation (one way in, one way out)

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
- <https://sante.fr/coronavirus-covid-19-questions-et-reponses-sur-les-tests-de-depistage>
- <https://sante.fr/recherche/trouver/DepistageCovid>
- * Dépistage= screening

Personal protective equipment

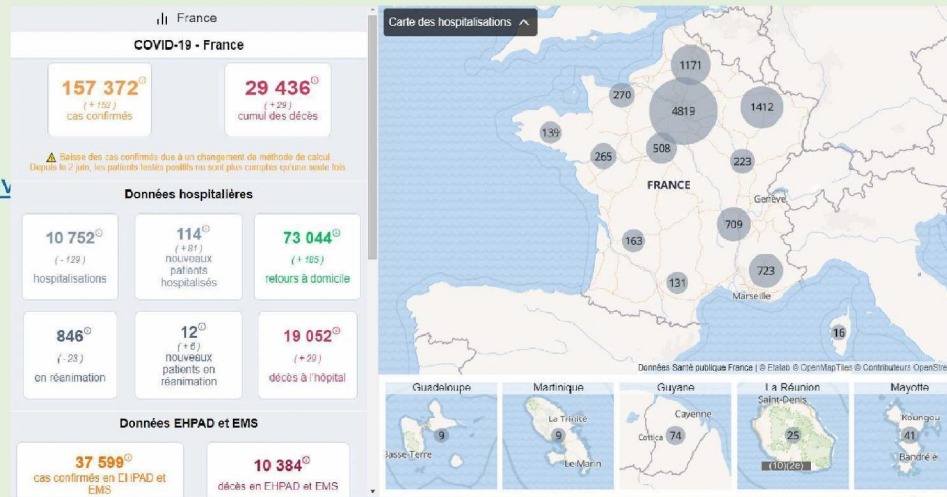
- <https://solidarites-sante.gouv.fr/soins-et-maladies/maladies/maladies-infectieuses/coronavirus/professionnels-de-sante/article/protection-des-professionnels-de-sante-face-au-covid-19>
- https://solidarites-sante.gouv.fr/IMG/pdf/deconfinement-protocole_-_consignes-essms-personnes-agees-usld-covid-19.pdf
- 100 million masks per week are being distributed

Monitoring infections and deaths

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

Note: The Departments are divided in green/orange/red

- General information on Covid-19:
<https://www.gouvernement.fr/info-coronav>



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

Innovative treatment methods

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>

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

The image features a large, stylized representation of the Danish flag, which consists of a white Scandinavian cross on a red field. The flag is positioned on the right side of a black rectangular area. In the top-left corner of this black area, there is a small orange horizontal bar.

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://lccovid.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.

Testpolicies

- 10,000 tests daily available: persons with symptoms, as well as employees of hospitals and nursing homes and patients admitted to hospital, even if they do not have symptoms.
- 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

- 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.

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.

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.

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.

Innovative treatment methods

Good practices

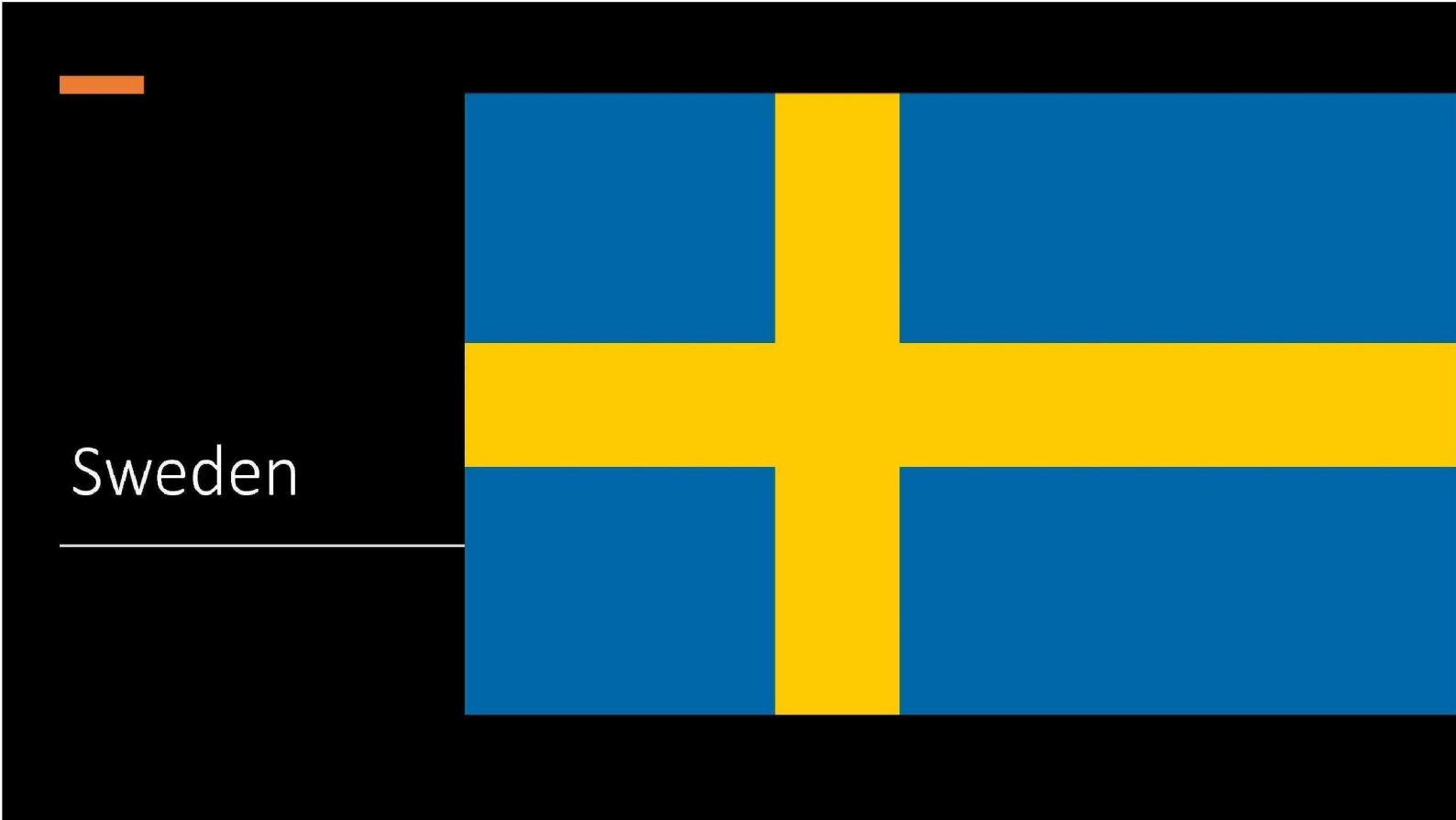
- On May 1st a Parliamentary agreement across party lines resulted in additional funding of 100 million DKK to the municipalities for organizing initiatives aimed at nursing home residents and frail older people living in their own home.
 - to create new solutions for maintaining social relations and 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

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.



Visitor guidelines

- 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.pdf>)
- 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>)
- 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>

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>)

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.
- Facemasks or shields were not regarded as necessary in long-term care. Only very recently (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

- 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 a 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)

Innovative treatment methods

Good practices

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/>