

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 inspiratie uit te halen. 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 ziekehuishouding. Na enkele weken werd duidelijk dat de langdurige zorg ook handgegrepen 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 bezoekverbod voor ouderenzorginstellingen. Deze werden over het algemeen tussen half maart en begin 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 bezoeken te vermijden.

In de meeste landen werd in april de testopstelling in de langdurige zorg opgeschald. 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 regulatieve 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 zorghersoneel geïntroduceerd. In Duitsland is er ook een tijdelijke inkomenscompensatie voor ouders die hun kind in een bevoegd thuis hebben verzorgd.

Bezoekingen
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 gehandicapssector 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 (England)	SWEDEN	FRANCE	NORWAY
27th First case COVID-19 in Bavaria.				31st First case COVID-19 in England.	31st First case COVID-19 in Sweden.	24th First case COVID-19 in Bordeaux.	

February

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

March

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

April

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
2nd Ban on visitors to care and nursing homes was put in place in many federal states.	3rd It was decided to deliver tests to residential care homes. It was the ambition to give every care facility the opportunity to test.		4th All visitors are banned from nursing homes, except in cases of a visitor's ban, or terminally ill.	4th Long-term care received services attention and testing was possible in small amounts.	4th The government advises on visiting care homes, there are no strict guidelines.		

May

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
14th In North Rhine Westphalia the ban for visitors was lifted in time for Mother's Day.	15th Everybody in nursing homes has been tested.	15th The Robert Koch Institute has developed recommendations for visitors in residential care settings.	15th A revised version of the guidelines emphasizing that visitors were not included in the ban on new cases were found.	11th As a pilot, in 26 nursing homes visitors are allowed under strict conditions.	11th Home testing became available for all remaining adult care homes with a dementia.	7th 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.	6th The restrictions were eased in Oslo this evening was postponed to begin with individual considerations were taken into account.

June

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
16th Corona-Warn-App is launched.	16th Homes for people with a disability, no longer based on a visitor's ban, but on the right to visit.	22th Visits should be outdoors if possible, unless residents, due to their condition, cannot receive visitors outdoors - then they may be visited by one or two persons.	14th All citizens in the Netherlands with any of the symptoms of COVID-19 can get tested.	7th Eligibility is extended for whole home of all care homes with a remaining adult care homes, residents and asymptomatic staff via a digital portal.	13th The national ban on visits to the elderly in care homes will be extended until August 31.	22nd A new protocol, as much as possible, back to normal.	2nd The City of Oslo will allow more visitors to nursing homes.

July

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
15th Every resident can be visited every day. Each care home should develop a protocol for homebound care. Robert Koch Institute develops some criteria.	15th Homes for people with a disability, no longer based on a visitor's ban, but on the right to visit.	15th General visitor restrictions have now been lifted, except for people with a disability in indoor and outdoor. With general hygiene recommendations.	15th All long-term care facilities are open for visitors who have no infected residents.	15th The dashboard shows the pieces of PPE that are distributed across the UK since February 25.	15th There has been a scarcity of PPE and test kits in Sweden in general and in elderly care in particular.	15th The national ban on visits to the elderly in care homes will be extended until August 31.	22nd A new protocol, as much as possible, back to normal.

August

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
	24th New visitors guidelines. Hospitals are no longer based on a visitor's ban, but on the right to visit.				20th The government has decided to extend the ban on nursing homes until 30 September.		

PERSONAL PROTECTIVE EQUIPMENT (PPE)



Capacity

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
North-Rhine Westphalia: The company Dr Fest Automotive Bielefeld GmbH (DFA Bielefeld) has been commissioned by the state government of North-Rhine Westphalia to produce 29 million mouth-nose protective masks.	March 21 some equipment was shipped to Belgium. Hospitals were given priority for obtaining personal protective equipment.	26th April guidelines recommended that staff wear PPE.	In the beginning there were difficulties with PPE. There was not enough PPE available especially in the longterm care in the hospitals.	At this time there is no shortage anymore on PPE.	The dashboard shows the pieces of PPE that are distributed across the UK since February 25.	There has been a scarcity of PPE and test kits in Sweden in general and in elderly care in particular.	In the beginning there was not enough PPE. 100 million masks per week are being distributed from now on. Masks have been made by fashion factories in France. At this time there is no shortage anymore on PPE.

Way of distribution

GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
The Federal Ministry of Health distributes supplies to the federal states and to the Association of Statutory Health Insurance Physicians (Kassenärztliche Vereinigung).	Because of the disruption in the supply chain and the lack of personal protective equipment (PPE) the government centralised 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).	May 6: the National 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).	Decentralised. The Agence Régionale de Santé is responsible for the distribution of the PPE in their region.	National distribution of PPE among the hospitals and municipalities, which is based on reports of PPE.

MONITORING INFECTIONS AND DEATHS



GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
Daily situation report: CLICK HERE	Daily situation report on national level: CLICK HERE	There is no analysis on excess mortality at nursing homes.	Dashboard of de Dutch government, with some specific information on nursing homes.	Care homes are required to report new COVID-19 outbreaks to Public Health.	There is no analysis on excess mortality at nursing homes.	Dashboard of the French government: CLICK HERE	Here you find the information on monitoring and deaths: CLICK HERE

POLICIES FOR SIDE EFFECTS

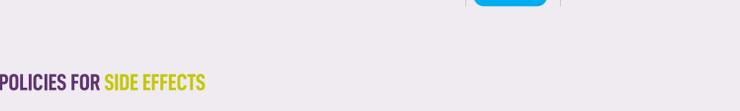


GERMANY	UNITED KINGDOM	FRANCE
On 27 March the German Ministry of Health (Bundesgesundheitsministerium) announced a funding and support package to help care institutions during the COVID-19 pandemic. The measures outlined include: <ul style="list-style-type: none"> Suspension of equality assessments for 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. Long-term care insurance will reimburse institutions providing care that incur additional costs or loss of revenue due to the COVID-19 outbreak. 	<ul style="list-style-type: none"> Examples of long-term care facilities that have alternatives for visitors with a disability in a social carers. On their website, the Dutch government shares some good practices every week, like digital daycare. Here you find some more information on practices used in care homes, such as how can you still exercise in times of quarantine or how you can hold on to daily routines. 	Nursing home which gives a list of useful information.

Much less use of regular health care (LH), 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 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



GERMANY	BELGIUM	DENMARK	NETHERLANDS	UNITED KINGDOM	SWEDEN	FRANCE	NORWAY
	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.	On May 1st a Parliamentary agreement across party lines resulted in additional funding of DKK 100 million to the municipalities for organic initiatives.	There are several examples of long-term care facilities that have alternatives for visitors with a disability in a social carers.	Care home group reveals how it has managed COVID-19 free.			

For staff, students and volunteers NRW adds to the corona premium by 50% in addition to the national premiums of Euro 1,000, Euro 687 and Euro 334 (free of taxation per full-time equivalent, depending on the intensity of direct involvement in caring tasks 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 on 10 weeks if they care as a couple.

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DISCLAIMER

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