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Germany and the COVID-19 long-term care situation

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ltccovid.org

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1. Key points

- The German government has issued financial support and loosened monitoring for care providers during this pandemic so that the residential and ambulatory care that people receive can be maintained. As part of this approach, long-term care insurance will reimburse institutions providing care that incur additional costs or loss of revenue due to the COVID-19 outbreak.
- The German government has announced an increase in care workers' wages. In addition, care workers across Germany will receive a one-off bonus.
- The German government has extended existing support for people with care needs and their unpaid carers.
- Residential care settings across Germany have started to allow their residents to have visitors. The care settings must develop and implement complex safety protection plans to facilitate this.
- The Robert Koch Institute (RKI) provides regularly updated guidance, recommendations and advice for specific care settings. This includes the establishment of zones to physically separate residents during outbreak and contact tracing.
- The RKI issues a daily update on the number of confirmed and recovered COVID-19 cases as well as of the number of COVID-19 related deaths.
- There is a lack of information and advice regarding the care of people living with dementia.

2. Impact of COVID19

2.1 Number of positive cases in population and deaths

The **Robert Koch Institute (RKI)** monitors infectious and non-communicable diseases in Germany. It also conducts research and advises relevant ministries, especially the Ministry of Health. The RKI is involved in the development of guidelines and norms. According to their daily update (as of 25 May 2020), there had been 178,570 confirmed cases of COVID-19 in Germany (an increase of 289 in comparison to the day before). Of the confirmed cases, 19% were in people aged 70 years or older. Out of all confirmed cases an estimated 161,200 have recovered and 8,257 people (4.6%) have died. Of those who have died, 86% of people were aged 70 or older (1).

The RKI estimates that the 7-day reproduction number for Germany on 25 May 2020 was $R=0.84$ (95% prediction interval: 0.77-0.94). The means that on average every person with a COVID-19 infection infects one other person and that the number of newly infected people is showing a small reduction.¹

2.2 Population-level measures to contain spread of COVID-19

From 23 March until 20 April 2020 a ban on public assembly has been in place across Germany as an effort to slow the spread of the infection. Gatherings of more than two people, with few exceptions, were forbidden. This did not apply to families and persons who

¹ https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/2020-05-25-de.pdf?__blob=publicationFile

live in the same household. In addition, restaurants and businesses for body care (e.g. hairdressers, cosmetic studios) had to close (2,3). The Federal State of Bavaria had enforced a curfew from 20 March 2020 (starting at midnight) until 5 May 2020 (4)².

On 27 March 2020, the Federal Council (*Bundesrat*) agreed to the new legislation on the protection of the population during an epidemic situation of national significance (*Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite*) that had passed the German lower chamber (*Bundestag*) on 25 March 2020 (5). The law alters the usual organisation and competences of the Federal Ministry of Health (*Bundesministerium für Gesundheit*) by allowing it to declare an 'epidemic situation of national significance'. This declaration enables the Federal Ministry of Health to issue regulations and bills concerning the basic supply of medication, including narcotics, medical products, laboratory diagnostics, aids, protective equipment and products for disinfection, and to increase healthcare resources (personnel) without requiring approval from the Federal Council (*Bundesrat*). The German lower chamber and the Federal Council can ask to cancel this law and the federal government is required to rescind these special powers as soon as they are longer required. Measures taken under the epidemic situation law to respond to the epidemic then lose their validity (6). It is understood that declaring an epidemic situation of national significance overrides the authority of the federal states that are usually in charge of managing infectious diseases.

As of 1 April 2020, the RKI changed its advice and recommended the wearing of mouth-nose protection (community non-medical masks) in public. The wearing of community masks is recommended in situations where the protective distance cannot always be maintained (such as in shops). The institute maintains that the best way to protect oneself and others from an infection with COVID-19 is good hand hygiene, adhering to rules regarding coughing and sneezing and to keep a distance of at least 1.5 meters from others (7,8).

The districts (*Landkreise*) Jena and Nordhausen City (*Stadt*) were the first to make the wearing of a cover of mouth and nose mandatory in shops, public transport and official buildings (e.g. town halls) (9). By 22 April 2020 all federal states have moved from recommending the wearing of mouth-nose protection in public to announcing their mandatory use in public transport and/or shops and in some states also on markets. This includes Baden-Württemberg, Bavaria, Berlin, Brandenburg, Bremen, Hamburg, Hessen, Mecklenburg-Western Pomerania, Lower-Saxony, North Rhine-Westphalia, Rhineland-Palatinate, Saarland, Saxony, Saxony-Anhalt, Schleswig-Holstein and Thuringia (9).

On 20 April 2020, Chancellor Merkel announced that the Federal Ministry of Health will finance the training of mobile teams that will be established to support the local health authorities with contact tracing (10). The aim is to establish a 5 person contact tracing team for every 20,000 residents (11). These teams will be hosted within the health authorities and will be supported by police officers. The people employed on the contract tracing teams have started receiving online training since 6 April 2020. After that they will receive training specific to the context of the health authority to which they are deployed (12). In addition, a service unit at the RKI will be established to enable a continuous point of contact for local health authorities(10).

² <https://www.spiegel.de/politik/deutschland/coronakrise-bayern-beschliesst-exit-fahrplan-a-7eab9983-c0d4-4c2c-9195-62798f565b78>

From 20 April onwards first steps were taken to lift some restrictions. In many federal states' shops started to open. At the beginning of May next steps were taken to prepare towards the opening of playground, museums, zoos and places of worship and some federal states ease some of the contact restrictions. In early May agreements were made to loosen some contact restrictions and to enable the opening of restaurants and cafes. Since mid-May borders between Germany, Austria, Switzerland and France have started opening up again.³⁴ Some contact restriction as well as hygiene and distancing rules can be expected to remain in place until 5 June and large events are prohibited until 31 August.⁵

On 19 May the second bill on the protection of the population during an epidemic situation of national significance (*zweites Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite*) was enacted. It contains a number of measures to enable more testing and to detect infectious chains early, to financially recognise care workers, to support people with care needs receiving domiciliary and unpaid care, to support public health services, to offer more flexibility for apprentices and students in the health sector, to offer more flexibility and less bureaucracy for the insured, administration and health services and to offer more solidarity with European neighbours.⁶

2.3 Rates of infection and mortality among long-term care users and staff

On 21 May 2020 the RKI reported that 15,757 residents and 8,935 staff with confirmed COVID-19 infections have been recorded in care settings. These numbers include the number of cases in care setting for older people, people with special needs, people with care needs, homeless people, people living in residences for asylum seekers, other forms of mass accommodation and prisons. Among this group, 3,138 residents and 46 members of staff have been reported to have died (1). The number of staff that died in care settings is higher than that of staff in health care settings (13).

The RKI also records COVID-19 cases among health care staff. Of the confirmed cases, 12,393 people (73% female, 27% male) worked in hospitals, doctors' surgeries, dialysis centres, ambulatory care services or in the ambulance service. The reported median age for this group is 41 years (14). There were 20 COVID-19 related deaths recorded among health care workers. However, information is missing from around 29% of recorded cases. This means that the true numbers of people infected with COVID-19 and those that have died as a result of the infection in health and long-term care setting may be higher.⁷

There is no information available about how many people in receipt of community-based care, or their unpaid or paid carers have been infected or how many have died

Over the last couple of months several outbreaks of COVID-19 in care and nursing homes across Germany have been reported in the media. Following a report by the ARD-

³ <https://www.faz.net/aktuell/gesellschaft/gesundheit/coronavirus/ein-virus-breitet-sich-aus-chronik-der-corona-epidemie-16652824.html>

⁴ <https://www.dw.com/de/europas-grenzen-%C3%B6ffnen-sich-wieder/a-53462610>

⁵ <https://www.bundesregierung.de/breg-de/themen/coronavirus/corona-massnahmen-1734724>

⁶ <https://www.bundesgesundheitsministerium.de/covid-19-bevoelkerungsschutz-2.html>

⁷ https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/2020-05-25-de.pdf?__blob=publicationFile

programme FAKT (television) at least 520 nursing homes across Germany have been affected by COVID-19 infections. This information is based on a survey the journalists conducted among Ministries of Health across the 16 federal states. However, no information could be obtained from Saarland and Saxony-Anhalt.⁸

3. Brief background to the long-term care system

Germany has a population of 83.1 million. In 2018, 17.9 million people were aged 65 years and older (22% of the population) (15). According to the German Federal Statistical Office (Destatis), in 2017 there were 3.4 million people with long-term care needs, 63% women. 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) (15).

Support for long-term care needs is organised through care providers and financed largely through the long-term care insurance that every working German, irrespective of whether they are insured through a sickness fund or through a private provider, has to pay. People with long-term care needs can decide whether they prefer financial and/or in-kind support. The main goal of the insurance system is to enable people with care needs to live a self-determined life. However, the long-term care insurance usually does not cover all care related costs. This is where people with long-term care needs experience out-of-pocket expenditure (16).

In the German long-term care system care needs are classified into five categories, ranging from low (level 1) to severe needs (level 5). People are assigned to the different categories following an assessment of six core areas of living (mobility, cognitive and communicative abilities, behaviour and psychological issues, ability to take care for oneself independently, handling of illness and therapy as well as illness related strain, and therapy and organisation of everyday life and of social contacts). The assessment lists 64 criteria. The care needs must persist over at least six months. Depending on their level of need people receive different levels of support (17).

⁸ <https://www.mdr.de/nachrichten/politik/inland/covid-infektionen-pflegeheime-deutschland-100.html>

4. Long-Term Care policy and practice measures

4.1 Whole sector measures

4.1.1 Funding package by the federal government

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.

The care insurance providers will additionally support providers to avoid gaps in supply of paid home care (18).

Where care providers (ambulatory and residential) are no longer able to meet the services they are due to provide they have to contact the care insurances immediately and search for alternatives in collaboration with health and regulatory authorities to ensure that people's care needs can be met in (19).

On 3 March, **the National Association of Statutory Health Insurance Funds** (*GKV Spitzenverband*) issued a statement on the rescue package to support care providers during the pandemic. Besides outlining the different components of the new legislation, the association also provides information on estimated costs. According to health ministry estimates, the association expects to spend approximately an additional €10 per month per person with care needs for protective equipment. Assuming additional costs for seven months for four million people with care needs, this results in an additional cost of €280 million.

The association states that costs for additional carers for ambulatory care and care in residential settings cannot be estimated yet. In the example provided, the monthly costs of an additional care assistant in an institutional setting for the employer is estimated to be around €2,200, while the cost of a qualified carer in an ambulatory care setting is estimated to be €3,300. It cannot be predicted how many additional carers and care assistants are likely to be required.

In addition, the National Association of Statutory Health Insurance Funds outlines how people with care needs can be supported in cases where the usual ambulatory care or replacement care cannot be provided. The document states that the cost of support through other people can be reimbursed for up to three months. In the first example provided, a care recipient (care level 5) who usually receives care through an ambulatory care provider and without direct family support receives support from an employee of a temporarily closed day care institution. The care recipient can claim up to €1,995 to cover the cost of the replacement support. The second example describes the situation of a person with care level 2 who usually receives care from her daughter as well as from an ambulatory care provider. The care recipient receives direct payments (60%) and in-kind support (40%). In this hypothetical case, the ambulatory care provider is unable to provide

its services due to quarantine or illness of the carer and the daughter is unable to step up her care commitment due to employment. A neighbour steps in to provide the 40% the ambulatory service would have covered. The neighbour in this case can bill the care insurance for support she or he has been providing for up to €275 (40% in-kind support).⁹

Thuringia and Berlin are starting an initiative to increase the basic security pay for people in need. This recognises that people that usually rely on support of food banks and other supportive interventions cannot access these services, which may make life even more expensive. This top-up will benefit people of all ages.¹⁰

Schleswig-Holstein will support their health authorities with €5million over the next 12 months. This should enable the recruitment of 100 new members of staff. The additional staff members could support contact tracing activities.¹¹

4.1.2 Improving care workers' wages

On 23 April the German government announced minimum wage for nursing assistants will be increased from 1 May 2020 to 1 April 2022 in four steps until they reach €12,55 across Germany. Qualified assistants that have undergone a one-year apprenticeship will receive a minimum wage of €12,50 (West) or €12,20 (East) as of 1 April 2021. From 1 April 2022 minimum wage across Germany for this group will be €13,20. For care workers with three-year apprenticeship minimum wage will be €15 as of 1 April 2021. This will increase to €15,40 by 1 April 2022. In addition to the vacation days workers are legally entitled to, all care workers will receive additional paid days off (20).

4.1.3 Other funding related measures

The Bavarian Minister for Health and Care and the Bavarian Minister of Finance announced that the catering for all staff in health and care setting (hospital, care or nursing homes) will be financially supported (€6.50 per member of staff per day) as a sign of appreciation of their role in responding to the pandemic (as of 1 April 2020) (21).

On 7 April 2020, it was reported the Bavarian cabinet had decided that around 250,000 paid carers working in care and nursing homes as well as in care settings for people with special needs will receive a single payment of €500 (tax-free) in recognition of the work they have been providing during the pandemic. This will cost the federal state of Bavaria €126 million (22). As part of the updated measures, the Bavarian Ministry for Health and Care announced that care workers in care and nursing homes, hospitals, rehabilitation hospitals, care settings for people with special needs, ambulatory care services and ambulance staff who regularly work more than 25 hours per week can apply to receive €500. Those regularly working 25 hours or fewer per week can apply to receive €300. This money comes out of a special fund put together to respond to COVID-19 (12).

The trade union *VERDI* reported on 6 April 2020 that following meetings with the federal association of employers in the care industry (*Bundesvereinigung der Arbeitgeber in der Pflegebranche (BVAP)*) they had agreed on key points for a special payment for care workers

⁹ https://www.gkv-spitzenverband.de/media/dokumente/pflegeversicherung/2020-05-05_Erlaeuterungen_Pflegerettungsschirm_150_Abs.3u5_SGB_XI.pdf

¹⁰ <https://www.tmasgff.de/medienservice/artikel/100-euro-mehr-fuer-besonders-beduerftige>

¹¹ https://schleswig-holstein.de/DE/Landesregierung/VIII/_startseite/Artikel_2020/II/200514_staerkung_gesundheitsdienst.html

in institutional long-term care settings and ambulatory care to reflect the additional burden during the pandemic. According to this agreement, the parties have agreed that full-time staff should receive a single payment of an additional €1,500 as part of their July pay. Part-time workers should receive the premium proportional to their hours worked and apprentices should receive €900. The organisations will continue working towards the implementation of this plan (23).

The second law for the protection of the population during an epidemic situation of national significance (*zweites Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite*), which was accepted on 14 May includes financial recognition of staff in residential and ambulatory care setting:

- All people employed in old age care will be able to make a staggered claim on a one-off bonus payment (*Corona-Prämie*) of up to €1,000. The highest bonus payment will be made to full-time staff providing direct care and support.
- Apprentices, people providing voluntary services, workers during their voluntary social year agency workers and workers in service companies shall receive a bonus payment.
- The social care insurance will reimburse employers for the bonus initially. During the second half 2020 the Federal Ministry of Health (*Bundesministerium für Gesundheit*) and the Federal Ministry of Finance (*Bundesministerium für Finanzen*) will decide over the extent of a government grant for health and care insurances to enable the stabilisation of the contributions rate.
- The federal states and employers in care can increase the one-off bonus up to the tax and social security tax free amount of €1,500.¹²

The federal states of **Saarland** (13 May), **Hamburg** (14 May), **Rhineland-Palatinate** (19 May) and **Schleswig-Holstein** (24) announced to increase the one-off carer bonus to up to €1,500.¹³¹⁴¹⁵ (see [Annex](#))

4.2 Care coordination issues

4.2.1 Hospital discharges to the community

General criteria for the discharge from hospital into community settings have been provided by the RKI. This guidance was updated 15 May 2020. People can be discharged into isolation at home where, following medical assessment, ambulatory support can be provided and if they meet relevant criteria (i.e. medical assessment concludes mild degree of illness, person does not fall into groups at risk of complications, such immunosuppression, relevant chronic illnesses, old age, can care for themselves, can adhere to recommended behaviours,

¹² <https://www.bundesgesundheitsministerium.de/covid-19-bevoelkerungsschutz-2.html>

¹³ https://corona.saarland.de/DE/service/medieninfos/_documents/pm_2020-05-13-sonderpr%C3%A4mie.html

¹⁴ <https://www.hamburg.de/coronavirus/pressemitteilungen/13915746/2020-05-14-bgv-coronavirus-pflegebonus/>

¹⁵ <https://corona.rlp.de/de/aktuelles/detail/news/News/detail/rheinland-pfalz-beschliesst-aufstockung-des-pflegebonus-auf-bis-zu-1500-euro-1/>

possibility to stay in single room that can be aired, ambulatory medical support available, contact to local health authority, availability of support from a health person (without risk factors))¹⁶. Discharge without further restrictions is possible if the patient has not had relevant symptoms for at 48 hours and had two negative tests (one oropharyngeal, one nasopharyngeal) taken at the same time.¹⁷

4.2.2 Hospital discharges to residential and nursing homes

People with long-term care needs who have been living in care or nursing homes or those that require care in residential settings following hospitalisation pose the greatest care coordination challenge. Due to the vulnerability of residents living in care and nursing homes, as outlined above, many care home providers fear an outbreak. Some larger care homes, such as a care home in Kiel, have freed up short-term spaces specifically for people discharged from hospital. However, the isolation of residents following hospitalisation poses challenges for smaller institutions (25).

The **RKI** outlines the following criteria for hospital discharge in nursing homes (updated version from 20 May 2020). First, there has to have been clinical improvement that, based on medical assessment, allows for continued ambulatory support in isolation in the care home as well as a requirement that the environment in which the patient will be looked after is appropriate. Patients discharged from hospitals into a care home can only be released from isolation in the care home after at least 14 days following hospital discharge, and if the patient has been free of COVID-19 related symptoms for at least 48 hours. A medical consultation for this decision is required. If patients are being discharged from hospital they only do not have to be quarantined in nursing homes if they have been free of COVID-19 related symptoms for at least 48 hours and had 2 negative polymerase chain reaction (PCR) tests (one oropharyngeal, one nasopharyngeal) taken at the same time.¹⁸

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 outlined above. An overview of the specific responses by the different Federal States can be found in the [Annex](#).

4.2.3 Admission of new residents from the community

The RKI recommends that care homes should coordinate the admission of new residents from the community with the relevant health authority.

Recommendations for asymptomatic persons: People without any symptoms of COVID-19 should ideally be isolated in the care home for 14 but at least for 7 days. If the person develops symptoms of COVID-19 testing should take place as soon as possible. Even for asymptomatic, people testing for COVID-19 is recommended. Particularly towards the end

¹⁶ https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/ambulant.html

¹⁷ https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Entlassmanagement.html

¹⁸ https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Entlassmanagement.html

of the incubation period a test should be able to pick up an infection in an asymptomatic person.¹⁹

4.3 Care homes (including supported living, residential and nursing homes, skilled nursing facilities)

The high risk of infection to people living in care and nursing homes has been recognised and different bodies across Germany have issued guidance and recommendations.

4.3.1 Prevention of COVID19 infections

The latest update of the recommendations regarding prevention and management of COVID-19 in long-term care settings for older people and people with special needs by the RKI (as of 20 May 2020) recommends that the managers of care homes and the relevant health authority work together to develop a COVID-19 plan. This plan should follow the regulations issued by the relevant state government (*Landesregierung*) in each federal state. Aspects that should be considered in the development of the plan include:

- Putting together a team with designated responsibilities for specific areas (e.g. hygiene, communication, acquisition of materials)
- Informing residents, their relatives and staff of relevant protective measures
- Informing and training staff regarding the use of protective measures and equipment
- Training of all staff, especially cleaners, in hygiene, physical distancing and other relevant procedures
- Organising measures to reduce the numbers of contacts within the institutional setting
- Setting and implementing rules for visitors and external providers (e.g. hair dressers, chiropodists, physiotherapists, people in pastoral capacity)
- Under specific circumstances, and in collaboration with the relevant health authorities, care settings can impose a ban to take on new residents.
- If possible, providing alternative ways for communication
- Implementing regulations around staff absence
- Small groups of designated residents should be organised for activities that need to be done collectively. This reduces the number of contacts in case of a COVID-19 infection.
- Staff should work, if possible, in designated, independent teams.

The updated document further provides detailed information on hygiene measures as well as for infection control in residential care settings.

- Basic hygiene rules, including hand hygiene (hand washing before and after preparing meals, before eating, after using the toilet, after having been outside, after touching jointly used surfaces (e.g. door handles) should be strictly adhered to. This includes adhering to coughing and sneezing rules, people should avoid touching their faces (especially mouth and nose), remaining physical distancing (1.5-2m), reducing contact with others (residents, visitors)
- All staff with direct contact to particularly vulnerable people should be wearing mouth-nose protection to protect patients, even when they are not engaging in direct care tasks.

¹⁹

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

- In addition, when caring for people at risk who display respiratory symptoms, the person cared for should also wear mouth nose protection, if tolerable.

Furthermore, a number of recommendations have been made regarding the provision of single use tissues, location of bins, types of disinfectants to be used, daily disinfection routine and medical equipment.

The RKI also provided recommendations around preventative measures for care workers:

- The health status of staff should be monitored daily.
- Staff should monitor their own health and inform management if they experience relevant symptoms.
- Leave of staff due to respiratory symptoms, a confirmed COVID-19 infection or due to quarantine/isolation following contact with an infected person should be recorded.
- There should be a low threshold for testing of care and nursing home staff and testing should be done without delay.
- If there is sufficient testing capacity it could be considered in collaboration with the local health authority to regularly test staff (weekly or more frequently) (26).
- In high risk institutions (very large care settings with dense occupancy or in regions with high COVID-19 incidence) the possibility for regular (weekly or more frequently) testing before shift commences should be explored ²⁰

While the RKI offers information based on epidemiological studies, binding guidelines and directives, as well as recommendations, are provided by the ministries responsible for health and by the *Landesgesundheitsämter* (health authorities) in each of the 16 federal regions (*Bundesländer*).

From 2 April bans on visitors to care and nursing homes were put in place in many federal states. These include **Baden-Württemberg, Bremen, Brandenburg, Hamburg, Mecklenburg-Western Pomerania, Rhineland-Palatinate, Saxony, Saxony-Anhalt, Schleswig-Holstein and Thuringia** (3). **Berlin** operated under more relaxed rules. From May 2020 all federal states lifted some of the restrictions and enabled people living in residential care settings to have some visitors (see 4.4.2).

An overview of responses implemented during the full closure of residential care settings by Federal States can be found in the [Annex](#).

4.3.2 Controlling spread once infection is suspected or has entered a facility

In the extended advice document (as of 20 May 2020) the RKI provides information on measures regarding space and personnel in care homes.

- Residents that have tested positive or are suspected of having COVID-19, residents with symptoms and their contacts should be moved into single rooms, ideally with their own wet room. These residents must not participate in activities with residents that have tested negative.

²⁰

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

- If there is evidence of COVID-19 in an institution, the institution (space and staff) should be separated into three areas: one area for those without symptoms and without contact with affected people; one area for those with suspected cases (residents showing symptoms or who have been in close contact with infected residents) who have not yet had test results; and one area for people who have tested positive for COVID-19. The guidance states that should additional infectious diseases be prevalent (e.g. influenza), additional areas need to be established. Staff should only be working in one of the designated areas.
- Staff supporting residents with suspected and confirmed cases should be trained and not be asked to care for others.
- Staff caring for residents with suspected and confirmed cases should wear personal protective equipment including mouth-nose protection or preferably FFP2 masks, protective gown, safety goggles and single use gloves. For all activities that involve aerosol production breathing masks (FFP2 or higher) should be worn.
- Personal protective equipment should be put on before entering the room of the resident and taken off before leaving the designated decontamination area or the resident's room.
- Protective equipment and information for its use should be placed immediately at the entrance to living quarters.
- Due to the experience of asymptomatic cases it should be considered for staff working on a ward affected by a COVID-19 outbreak to wear personal protective equipment. It is recommended to expand hygienic measures early across the ward.
- Bins for the disposal of single-use equipment should be placed on the inside by the door.
- Single use gloves should be disposed of before leaving the room into a closed container.

There is also guidance regarding hand hygiene and the type of disinfectant to be used.

The document further describes procedures for the cleaning and disinfection of the surrounding environment (e.g. surfaces), of medical products, crockery, mattresses, bedding and laundry as well as for waste disposal.

Information on strategies to protect residents should be made available to staff, residents and their visitors.

The guidance document also provides specific advice for moving residents infected with COVID-19 within as well as outside the institutional care setting:

- The destination should be informed regarding the arrival ahead of time (if this is an external transfer the receiving institutions is to be informed about the suspected/confirmed COVID-19 infection).
- Only one person should be transported, and the person should wear mouth-nose protection as far as their health status allows for this.
- Contact with other residents or visitors should be avoided.
- The means of transport as well as other contact surfaces should be disinfected immediately after transport.²¹

²¹https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?blob=publicationFile

The RKI document emphasises that currently there is no confirmed evidence when people with COVID-19 stop being infectious.²²

The institution's hygiene expert in collaboration with the company doctor and the health authority should also inform and train medical staff on the correct use of protective equipment and self-monitoring of symptoms. They should ideally exempt staff providing care for COVID-19 cases from caring for other patients/ care recipients and centrally document results of the self-monitoring of symptoms and record test results (if applicable) obtained within 14 days of contact to the confirmed case. The health authority should be informed about exposed staff. Should a member of staff develop symptoms they should immediately stop duty and possible situations of exposure should be explored. The health authority needs to be provided with the name of the affected member of staff and the relevant person should be self-isolating until there is diagnostic clarity of their situation (availability of test results).

Medical/care staff working with confirmed COVID-19 cases are encouraged to maintain a diary in which they record self-checking of symptoms (examples of diary are available on the RKI website²³). Medical staff should also immediately inform the company doctor and the health authority if they have been exposed without adequate protective equipment or realised that protective measures were impaired. Depending on judgment of risk it may be appropriate to self-isolate at home.²⁴

4.3.3 Contact tracing and testing in residential care settings

The RKI guidelines also 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.

The Robert Koch Institute has provided an overview for contact tracing in the case of COVID-19 infection. The local health authority has to be informed about each suspected and confirmed case of COVID-19.²⁵ The health authority is the responsible for contacting the person, identifying potential contacts, providing them with information and establishing preventive measures.

The RKI recommends that all contacts a COVID-19 case has had until up to two days before symptoms began should be listed. These contacts are categorised into category 1 category 2 and category 3.

Category 1 contacts are people that have cumulatively been exposed to at least 15 minutes face-to-face contact or where there has been direct contact of secretion or body fluids of the infected person (for medical and care personnel exposure without protective equipment). These contacts are deemed as at high risk of having been infected. Their details will be registered with the health authority and there will be a follow-up investigation.

²²https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?blob=publicationFile

²³https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Kontaktperson/Tagebuch_Kontaktpersonen.html

²⁴https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Kontaktperson/Management_Download.pdf?blob=publicationFile

²⁵ https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Empfehlung_Meldung.html

Category 1 contacts will be asked to isolate at home away from other household members, to maintain frequent handwashing and coughing etiquette, to monitor their body temperature twice a day, to keep a diary and to inform the relevant health authority on a daily basis.

If this person previously was registered as a COVID-19 case, they can be considered as category 3 contact. If there are no symptoms, where possible testing should be undertaken 5-7 following the first contact to the confirmed case. If the exact contact time is unknown testing on day 1 and 7-10 days following the contact tracing is recommended. This advice is also given for specific circumstances, such as for people in care and nursing homes.

Category 2 contacts are people that had less than 15 minutes face-to-face contact (i.e. people in the same room) and that had no direct contact to secretion or body fluids. The health authority is not required to register the contact's name, but may provide information on the disease and routes of infection. Category 2 contacts should reduce contacts to third parties where possible, they should maintain hand hygiene and adhere to coughing etiquette, they should check for symptoms once a day and maintain a diary. If contacts develop symptoms they must self-isolate, contact the health authority and may be require medical consultation and adhere to advice from the health authority.

Category 3 contacts are medical/care staff that had contact with a confirmed case ($\leq 2\text{m}$, for example while providing care or as part of a medical examination) while wearing adequate protective equipment throughout the entire contact time as well as medical staff with contact ($>2\text{m}$) without direct contact with secretion, excretions or aerosol exposure.²⁶

Testing for this at-risk population should be done at a low threshold (more details in the guidance document) and the local health authority is to be informed regarding suspected, confirmed and deceased cases of COVID-19. In collaboration with the local health authority regular testing (e.g. twice per week) could be implemented to monitor the ongoing situation in the institution.²⁷

The RKI also announced that teams are supporting outbreak containment measures in care and nursing homes in several federal states (3).

Some differences between federal states can be observed regarding testing of residents and staff in residential care settings. An overview of the different approaches can be found in the [Annex](#).

A media report from 14 May 2020 suggests that over 60 per cent of health authorities were unable to meet the requirements for contact tracing. Following a survey to which 46 per cent of health authorities responded, 67 per cent reported that they did not have enough staff to ensure that all close contacts of COVID-19 cases could be traced. Only 24 per cent were able to adhere to the requirements. The remaining authorities did not respond.²⁸ This report does not focus on contact tracing in care settings. It is therefore impossible to comment whether contract tracing in care settings is being delivered following the recommendations.

²⁶ https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Kontaktperson/Management.html

²⁷ https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?blob=publicationFile

²⁸ <https://www.tagesschau.de/investigativ/ndr-wdr/corona-gesundheitsaemter-103.html>

4.3.3.1 Protective equipment

The Federal Ministry of Health has become involved in the procurement of protective materials. 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. Some states have provided information on their distribution system and given insights into the amount of equipment provided to health and social care providers. An overview can be found in the [Annex](#).

4.3.4 Advanced directives and COVID-19 infections in care homes

So far we are only aware of guidelines on the use of advanced directives from Baden-Württemberg. They state that if a resident develops a severe form of COVID-19, the advance directive to exclude artificial respiration should be considered critically as an infection, such as COVID-19 and its related survival and recovery chances, may not have been considered by the person when signing the document. (27)

4.3.5 Managing staff availability and wellbeing

The RKI has released recommendations for leave procedures during a COVID-19 outbreak in care and nursing homes with both regular and reduced staff availability. Details can be found in the [annex](#).

An initiative across federal states and organisations has developed the website 'care reserve' (*Pflegereserve*) where people with care qualifications can register²⁹. Similar initiatives have also been undertaken in Bavaria (28), Bremen (29) and Rhineland-Palatinate (30). In Berlin people with care-related professions who qualified abroad will be prioritised when applying for permission to work in Germany (31). The Minister of Health in North-Rhine-Westphalia suggested that people undertaking a one-year apprenticeship to become a care assistant (Pflegeassistenz) should be required to receive a regulated training allowance. So far apprentices in hospitals receive such allowance, while for apprentices in long-term care settings this remains unregulated. This could support making the profession more attractive. Details can be found in the [Annex](#).

4.3.6 Maintaining care during the COVID-19 pandemic

The RKI guidance emphasizes the importance of monitoring the situation in institutional care settings. It is recommended that a trained person should be responsible for clinical monitoring. This involves (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. Additional symptoms to be monitored include muscular and joint pain, headaches, nausea/vomiting, diarrhoea, loss of appetite, weight loss, conjunctivitis, skin rash, apathy and somnolence. This information should be put together with other relevant information of the individuals. If there are

²⁹ <https://pflegereserve.de/#/login>

specific members of staff responsible for specific residents this may mean that there is more sensitivity around changes to residents' health status. Residents and staff should be encouraged to self-report if they experience respiratory symptoms or they feel feverish³⁰.

In the Federal State of Saarland all people living and working care homes are being tested twice for COVID-19 to get a comprehensive picture of the current situation. The first round of testing started on 21 April 2020, the second round of testing was due to start on 12 May 2020. Following the first round of testing (started on 21 April 2020), all 130 care settings were free of COVID-19.³¹

In Lower-Saxony 14,500 nursing homes have received tablets to enable regular medical consultations by video call. In addition, the tablets are anticipated to be used for social calls with the residents' families.³²

4.3.7 Opening-up strategies in residential care settings

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.³³

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.³⁴

³⁰https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?blob=publicationFile

³¹https://corona.saarland.de/DE/service/medieninfos/_documents/pm_2020-05-12-stand-corona-massnahmen.html

³²https://www.ms.niedersachsen.de/startseite/service_kontakt/presseinformationen/tablets-fur-niedersachsens-pflegeheime-projekt-videosprechstunde-startet-187917.html

³³https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/C/Coronavirus/BMG_C-19_200316_info_BW_Pflegeheim.pdf

³⁴https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?blob=publicationFile

All 16 federal states have implemented regulations that enable people living in residential care settings to have some visitors. Across federal states care settings will need to develop protection plans for each care setting taking their specific layout and environment into consideration. Visitors will have to make appointments, register for contact tracing, wear mouth-nose protection and adhere to distancing and hygiene rules. In some federal states' visits should take place outdoors, in others visiting rooms are preferred. Others again enable visits in resident's rooms. There is also variation in frequency and length in which residents have visitors. In some federal states, residents can have visitors on a daily basis, while in others this is only once a week. Details can be found in the [Annex](#).

4.4 Community-based care

Updated guidance from 22 April further outlines that carers providing ambulatory care in people's homes (having direct contact with the at risk population) should wear mouth-nose protection even when they are not directly caring for a patient (32).

The guidance further recommends that:

- If a person develops a respiratory illness or fever this should be followed up with medical consultation
- If relevant, care staff should advise the care recipient or people in their personal environment that the care recipient should not be receiving visitors, especially not if they have an acute respiratory illness or other infectious disease
- When caring for people with fever and respiratory disease, protective equipment in line with recommendations should be worn. The required protective equipment should be available to care staff
- The health status of long-term care staff should be monitored
- Staff with respiratory diseases should stay at home
- If a person is being moved from or to a different care environment, information regarding respiratory illness or a suspected COVID-19 infection should be shared ahead of time. (32)

Federal states have picked up on the guidelines and also provide additional rules and recommendations. An overview can be found in the [Annex](#).

In addition, interventions, such as by the medical service of the health and long-term care insurances (*medizinischer Dienst der Krankenversicherung*) in Berlin-Brandenburg provides an advisory telephone services for ambulatory and residential care providers. This gives care professionals an opportunity to ask questions around COVID-19 (33).

4.4.1 Measures to support people with long-term care needs living in the community during the COVID-19 pandemic

On 14 May the federal government agreed the second law for the protection of the population during an epidemic situation of national significance (*zweites Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite*).

This law enables people at care level 1 to use the €125 of financial support (*Entlastungsbetrag*) they are entitled to for wider purposes than would be allowed in normal circumstances. For example, normally this funding has to be used for services to relieve unpaid carers and to enhance the independence of people with care needs. Now this financial support can also be used for other purposes, such as for help with the household.

This will remain in place until 30 September. Information about the availability of financial support and reduced barriers to enter the scheme have also been provided by the states of **Saxony** and **North-Rhine Westphalia** (see Table 8) (34).

People with care needs (all care levels) can use support services that have not been used (that have been save-up) until 30 September 2020.³⁵

People with care needs can also claim up to €60 (normally €40) per month for protective material and disinfectant. The additional funding is available retrospectively until 1 April 2020 and for as long as the COVID-19 pandemic lasts. This aims to reflect the increase in prices for some products.³⁶

4.4.2 Measures to prevent spread of COVID19 infection

4.4.2.1 Day and night care

Across Germany day and respite centres have closed. This is in line with RKI recommendation that non-residential care settings should not be looking after people who have tested positive for COVID-19 (26).

Where possible, people's care needs would have been addressed through unpaid and ambulatory care. However, in cases where alternative arrangements are not feasible, day care centres in most states can provide emergency care. Relevant reasons for needing of emergency care include the next of kin being a key worker. An overview can be found in the [Annex](#).

4.5 Impact on unpaid carers and measures to support them

The **Senate Administration for Health, Care and Equality Berlin** (*Senatsverwaltung für Gesundheit, Pflege und Gleichstellung – Abteilung Pflege*) has developed recommendations for people with care needs and unpaid family carers in the context of the COVID-19 pandemic. This was updated on 20 May 2020³⁷

They include information transmission, symptoms, therapy and diagnostic of COVID-19. COVID-19 related testing only takes place if there is reason to suspect infection. The recommendations also provide information about people at high risk as well as protective measure (adherence to hygiene rules, physical/social distancing, vaccination to avoid double infection for people in risk groups).

There are also specific recommendations regarding care:

- The document recommends that people at high risk should minimise the number of visitors, which means that children aged 16 years and younger and people with symptoms of illness should not be visiting.
- Care that does not require contact, such as conversation, preparation of medication or meals, cleaning or documenting care tasks, should be performed following thorough

³⁵ <https://www.mags.nrw/coronavirus>

³⁶ <https://www.mags.nrw/coronavirus>

³⁷ <https://www.berlin.de/sen/pflege/pflege-und-rehabilitation/coronavirus/pflegebeduerftige-und-pflegende-angehoerige/#vereinbarkeit>

disinfection of the hands and with 2 meters physical distance or behind closed doors. It is recommended that the person with care needs stays in a different room while the carer performs these activities.

- Personal care tasks, such as body hygiene, dressing or wound dressing, should only be performed following thorough disinfection of the hands, with gloves and where possible with mouth-and-nose protection. The carer should not speak to the care recipient while performing these tasks. Duration and extent of these tasks should depend on consideration about need and care user protection.
- Social contacts, where possible, should be maintained via regular telephone calls, online chats or videoconferencing. Handwritten letters are also mentioned as a possibility to stay in touch.
- It should be ensured that emergency calls can be made.
- Should ambulatory care providers not be ensuring the care of the person with care needs, it should be considered who in the family or neighbourhood could take on these tasks. The number of people providing support should be as small as possible.

The importance of any appointments outside the own home should be considered carefully and it should be explored whether they could be replaced through telephone or online activity. If an appointment is necessary people should avoid the use of public transport and instead use taxis or private cars. An outing with a wheelchair maybe a suitable alternative provided the person is dressed appropriately.

Updated advice on support from neighbours recognises the many initiatives that aim to support at risk population with shopping and running of errands. While people are encouraged to contact these sources of support, they are urged to focus on infection protection.

The Senate of Berlin also provides a list of sources with support and advice for family carers (35,36). Similarly, the **Bavarian Ministry for Health and Care** referred unpaid carers to the 110 offices for unpaid carers which have been in place in Bavaria for 20 years. Those offices have been advised to provide advice via telephone and email (28).

The guidance from Berlin also refers to the latest legal changes to support unpaid carers. As part of the second law for the protection of the population during an epidemic situation of national significance (*zweites Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite*) (14 May) additional provisions for unpaid carers were implemented. This includes that until 30 September 2020 family carers can receive care support money (*Pflegeunterstützungsgeld*) for up to 20 days in situations where a gap in the community care their relative normally receives occurs. Under normal circumstances, this is the case for up to 10 days to compensate for a loss of income if a sudden care need emerges within the family and the person needs to organise care in the community. The right to stay away from work due to an acute care situation within the own family will also be extended from 10 to 20 days until 30 September 2020. Additional measures to make the caregiver leave act (*Pflegezeitgesetz*) the family care leave act (*Familienpflegezeitgesetz*) more flexible to respond to the pandemic are being undertaken.³⁸

An overview of responses across the different federal states can be found in the [Annex](#).

³⁸ <https://www.bundesgesundheitsministerium.de/covid-19-bevoelkerungsschutz-2.html>

Organisations such as the Germany Alzheimer's Society and other charitable organisations and interest groups call for recognition of family carers, financial support, protective equipment and prioritised testing (37).

4.6 Impact on people living with dementia and measured to support them

4.6.1 The added complexity of caring for people with dementia in care homes

Many people with dementia benefit from routines and may seek close contact with others. This makes adhering to hygiene protocols difficult. Some people may find it difficult to understand why they should stay in isolation and they may find it difficult to adjust to disruption in their daily routines.

Where care homes predominantly look after people with dementia, such as in the situation in Wolfsburg described above, the challenge of responding to an outbreak in the care home is even more complex. In response to that situation, the residents who tested negative were separated from those who tested positive.

In Wolfsburg, the care home initially considered evacuating those that were not infected, but as this may have caused considerable disruption to residents' lives, it was decided instead to move residents who tested negative to a separate floor, where they continued to be tested every three days to monitor the spread of the virus (38).

Alzheimer's Societies in Germany have developed material (documents, podcasts and videos) to support people with dementia and their family carers during the pandemic. The organisations also provide telephone helplines.^{39 40 41}

5. Lessons learnt so far

5.1 Short-term calls for action

- In response to the infection of care home residents, the professional association of carers in Lower Saxony (*Pflegekammer Niedersachsen*) has called for care staff to join doctors and emergency services in communal crisis management groups. The association has further been demanding that care recipients should regularly be tested for COVID-19. The association argues that this would be important because even though visitors have been banned from care homes, staff could still carry the virus unknowingly into a care home. For this reason, the association was also critical of the loosening of quarantine guidance for care staff by the RKI. The length of isolation specified in this guidance for medical personnel has been reduced from 14 to 7 days if the person concerned does not show any symptoms although this is only in the case of staff shortage and in agreement with the health authority (39).

³⁹ <https://www.deutsche-alzheimer.de/ueber-uns/presse/aktuelles-zur-corona-krise/haeufige-fragen-und-antworten-zu-corona-und-demenz.html>

⁴⁰ <https://www.alzheimer-bw.de/>

⁴¹ <https://www.alzheimer-gesellschaft-rhpf.de/demenz-und-corona/>

- On 24 April the German Society for Gerontology and Geriatrics (*Deutsche Gesellschaft für Gerontologie und Geriatrie*) published a statement paper on enabling the participation and social involvement of older people despite the COVID-19 pandemic. This statement has ten key demands:
 - *Chronologic age cannot not be an argument to withhold social participation.*
There are no scientific reasons for excluding older people disproportionately and blanket measures are ageist. It is a form of age discrimination.
 - *Countering stigma through the message that older people are an indispensable part of society.*
Older people as grandparents, partners, workers, volunteers, friends and consumers are an important part of society.
 - *Social participation in employment and volunteering*
Workers and volunteers should not be excluded based on chronologic age. It is important that based on a professional risk assessment hygiene measures are consequently implemented in work environments. Flanked by altering the work environment for workers with health risks these measures protect all workers and prevent ageist working culture. Organisations and institutions that work with volunteers should communicate the risks involved in volunteering and where appropriate help finding satisfying alternatives for people to pursue volunteering activities.
 - *Social participation of older people during the COVID-19 pandemic through radio and television*
Currently media report mostly about older people. It would be welcomed if older people would be given a voice in the media and if they were to be addressed as active people, able to take decisions and actions.
 - *Maintaining support structures even under the protective measures of the COVID-19 pandemic*
Service providers and authorities are requested to build up and expand innovative access especially to delivery-structures. This could include pharmacy, physiotherapy, ergotherapy, psychotherapy, delivery services or social services. Technical possibilities as well as social innovations are to be taken into consideration. The development and awareness raising around emergency numbers and emergency help to support older people in emergency situations should be part of the measures that should urgently be implemented so that older people and professional support providers can ensure people's participation and care.
 - *Enabling opportunities for participation of people receiving care in the community and their relatives*
For the virus not to have dramatic consequences it is crucial that protective equipment becomes available without delay for people with care needs as well as for both unpaid carers and paid carers providing ambulatory care.
 - *Enabling social participation of older people living alone*
Especially for this group it can be assumed that lacking social participation will not just lead to loneliness and depressive symptoms but may also cause considerable physical and cognitive damage through inactivity, malnutrition, lack of fluids, mismedication and medical under provision. This is also a risk for people in residential care settings focusing on autonomy and optional

support structures. Locally organised support programmes in all areas of support for older people needs to be better coordinated. In addition to ambulatory care and the expansion of care service points, the provision of neighbourhood support and civic support play important roles in responding to the many new and diverse challenges that have occurred in the context of the COVID-19 pandemic.

- *Enabling social participation of older people in residential care settings*
The organisation demands to expand quickly the digitalisation of residential care settings and to also enable the use and usability of these resources through, for example, especially trained companions.
Social participation can also be enabled if the occupancy rate gets temporarily reduce to create conditions in which the recommended physical distancing can be maintained. It should be checked whether there are possibilities for mobile residents to temporarily move into rehabilitation settings or empty hotels. This would enable receiving visits from relatives and close friends. Protected areas could be established for these visits as they are known from infection wards in hospitals.
Concepts to support people with dementia and adequate forms of communication for people with dementia should be considered especially in the daily care routine during this crisis (e.g. through specific training of staff)
- *Enabling social participation in hospitals*
The concern around COVID-19 should not keep older patients from attending hospitals if they are in need of treatment, such as for cancer, severe heart disease or other illness that require hospital treatment. Hospitals are encouraged to make the development and implementation of intelligent and flexible concepts a priority to reduce social isolation to a minimum.
- *Avoiding paternalism and encouraging self-determination*
Older people need to be supported through balanced (not anxiety inducing) information to make a differentiated assessment of their situation including their individual resources and risk profile. Self-determination based on weighing-up their options should be supported (40).

6. ANNEX 1.

Measures adopted to prevent and manage COVID-19 infections in care homes

Measures to support care homes in preparing and dealing with outbreaks

National task force to coordinate COVID-19 response in care homes

Notification of suspected cases to Public Health authorities
Medical doctors, care workers and manager of facilities have to inform the local relevant health authority of a suspected, confirmed and deceased COVID-19 case. ⁴²

Strike forces/ Rapid response teams	
Bavaria	Should there be a COVID-19 infection in an institution, the Infectiology Task Force will be mobilised.
Lower-Saxony	In Lower Saxony nursing homes can request the support from mobile teams of qualified hygienists to support an outbreak of COVID-19. The teams are facilitated through a cooperation between the Ministry of Social Affairs, Health and Equality in Lower Saxony (<i>Niedersächsisches Ministerium für Soziales, Gesundheit and Gleichstellung</i>), the medical service of the health and long-term care insurances (<i>medizinischer Dienst der Krankenversicherung</i>) in Lower Saxony and the state health office. ⁴³
RKI	RKI staff support infection containment in care and nursing homes across Germany ⁴⁴

Reducing care home occupancy to facilitate management of potential outbreaks
<i>Care homes not to take in new residents</i>
<i>Short-term transfer of residents to alternative accommodation</i>

Loosening regulation and inspections
On 27 March the German Ministry of Health (<i>Bundesgesundheitsministerium</i>) announced a funding and support package to help care institutions during the COVID-19 pandemic. The measures outlined include

⁴² https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Empfehlung_Meldung.html

⁴³ https://www.ms.niedersachsen.de/startseite/service_kontakt/presseinformationen/mobile-teams-zur-unterstuetzung-von-pflegeheimen-bei-covid-19-ausbruechen-eingerichtet-kooperation-mit-medizinischem-dienst-der-krankenversicherung-188513.html

⁴⁴ https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/2020-05-21-de.pdf?__blob=publicationFile

that domiciliary and residential care will be relieved by suspending quality assessment as well as changes to assessment and the waiving of obligatory advisory visits to people with care needs (18).

Funding to boost staff numbers: funding for additional workforce supply funding and to supplement viability of care homes

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 that long-term care insurance will reimburse institutions providing care that incur additional costs or loss of revenue due to the COVID-19 outbreak (18).

On 3 March, **the National Association of Statutory Health Insurance Funds** (*GKV Spitzenverband*) issued a statement on the rescue package to support care providers during the pandemic (41).

Measures to prevent COVID-19 infections from entering a home

Preparatory measures

The RKI (as of 20 May 2020) recommends that the management of residential institutions together with the relevant health authority should develop a COVID-19 plan.

This plan should follow the regulations issued by the relevant state government (*Landesregierung*) in each federal state. Aspects that should be considered in the development include:

- Putting together a team with designated responsibilities for specific areas (e.g. hygiene, communication, acquisition of materials)
- Informing residents, their relatives and staff of relevant protective measures
- Informing and training staff regarding the use of protective measures and equipment
- Training of all staff, especially cleaners, in hygiene, physical distancing and other relevant procedures
- Organising measures to reduce the numbers of contacts within the institutional setting
- Setting and implementing rules for visitors and external providers (e.g. hair dressers, chiropodists, physiotherapists, people in pastoral capacity)
- Under specific circumstances, and in collaboration with the relevant health authorities, care settings can impose a ban to take on new residents.
- If possible, providing alternative ways for communication
- Implementing regulations around staff absence
- Small groups of designated residents should be organised for activities that need to be done collectively. This reduces the number of contacts in case of a COVID-19 infection.
- Staff should work, if possible, in designated, independent teams.

The updated document further provides detailed information on hygiene measures as well as for infection control in residential care settings.

- Basic hygiene rules, including hand hygiene (hand washing before and after preparing meals, before eating, after using the toilet, after having been outside, after touching jointly used surfaces (e.g. door handles) should be strictly adhered to. This includes adhering to coughing and sneezing rules, people should avoid touching their faces (especially mouth and nose), remaining physical distancing (1.5-2m), reducing contact with others (residents, visitors)
- All staff with direct contact to particularly vulnerable people should be wearing mouth-nose protection to protect patients, even when they are not engaging in direct care tasks.
- In addition, when caring for people at risk who display respiratory symptoms, the person cared for should also wear mouth nose protection, if tolerable.

Furthermore, a number of recommendations have been made regarding the provision of single use tissues, location of bins, types of disinfectants to be used, daily disinfection routine and medical equipment.

The RKI also provided recommendations around preventative measures for care workers:

- The health status of staff should be monitored daily.
- Staff should monitor their own health and inform management if they experience relevant symptoms.
- Leave of staff due to respiratory symptoms, a confirmed COVID-19 infection or due to quarantine/isolation following contact with an infected person should be recorded.
- There should be a low threshold for testing of care and nursing home staff and testing should be done without delay.
- If there is sufficient testing capacity it could be considered in collaboration with the local health authority to regularly test staff (weekly or more frequently) (26).
- In high risk institutions (very large care settings with dense occupancy or in regions with high COVID-19 incidence) the possibility for regular (weekly or more frequently) testing before shift commences should be explored ⁴⁵

Bavaria	<p>The guidance from the Bavarian Ministry for Health and Care (<i>Bayerisches Staatsministerium für Gesundheit und Pflege</i>) (as of 3 March 2020) includes:</p> <ul style="list-style-type: none"> • Every institutional care setting should name a commissioner for the pandemic who coordinates measures in the case of an outbreak and also acts as a contact person for the authorities. • As soon as there is suspicion of an infection, appropriate prevention and protection mechanisms need to be put in place. • Should there be a COVID-19 infection in an institution, the Infectiology Task Force will be mobilised (73).
Saarland	<p>Authorities in Saarland have also developed a “protection plan” for residential care settings. This document, as the documents found in other federal states, is largely in line with RKI recommendations (42).</p>

Isolation within facility for all residents

Hamburg	<p>Guidance from Hamburg adds that contact between staff and residents should be reduced as much as possible and the number of people one carer support should also be lowered (43).</p>
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Measures to restrict visitors to care homes

Baden-Württemberg	<p>Ban of visitors maintained; visitors can be allowed if appropriate protective measures against infection have been put in place, and can be use for example for relatives of a person at the end of their life; Group activities have been stopped (17.04.2020 – 15.06.2020)</p> <p>Residents can only leave their residential care setting to take up medical services, to go shopping for items of daily needs if these needs are not met by the institution, for a walk (alone or with one other person), however, only if there is not enough space for</p>
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https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?_blob=publicationFile

	<p>outdoor physical activity on the premises of the care setting (07.04.2020-03.05.2020) (44).</p> <p>Visitors should wear mouth-nose protection, gloves and an overcoat and a 2meter physical distance must be adhered to. If physical aid is required for the resident, staff should be sought out for help (27).</p>
Bavaria	Ban of visitors maintained (12). People at the end of their lives can be visited by their closest relatives (45).
Berlin	<p>No events with external people (46).</p> <p>Visits should be limited to necessities. Residents can have one visit per day for one hour. Visitors must be 16 years or older and not have respiratory illness. There should be visiting times so that visitors can be listed and introduced to hygienic measures (46).</p> <p>Residents can enter and leave the house as they please but should be advised not to attend events or gatherings of people; going for a walk outdoors does not cause concerns. Residents should avoid travelling (46). Residents that have returned from a risk area should stay 14 days in isolation (no symptoms) (46).</p>
Brandenburg	No visitors, unless they attend to someone at the end of their life (17.04.2020) (47).
Bremen	Visitors are not allowed unless they attend to someone at the end of their life (48).
Hamburg	Visitors cannot be accepted unless they come to visit a person nearing the end of their life (43).
Hessen	Visitors are not allowed in care and nursing home. This is expected to last until 3 May 2020. Visitors may be permitted to be with a resident at their end of life. Visitors must adhere to hygiene rules and the length of the visit may be limited. A person that has entered Germany in the last 14 days is not allowed to be a visitor (49).
Mecklenburg-Western Pomerania	Ban of visitors maintained (20.04.2020) (50).
Lower Saxony	<p>The Ministry for Social Affairs and Health of Lower Saxony (<i>Niedersächsisches Ministerium für Soziales, Gesundheit und Gleichstellung</i>) had already (effective 16 March) declared a ban on visitors in care and nursing homes, unless they are the loved ones of a person receiving palliative care. This document remains in force until 18 April. On 17 March, the health authority in Lower Saxony (<i>Landesgesundheitsamt Niedersachsen</i>) recommended care and nursing homes to pause community activities and for staff to avoid close contact with each other.</p> <p>Recommendations from the health authority suggest that residents living in institutional care settings should not leave the premises, such as to visit their relatives or to go shopping. It was further recommended that care homes should postpone taking in new residents (non-urgent cases) to free up spaces for patients released from hospital (see recommendations 20 March 2020) (51) (52).</p>
North-Rhine Westphalia	<p>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 (53).</p> <p>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 (53).</p>
Rhineland-Palatinate	The visiting of residents in care and nursing homes is not permitted. Spouses, Fiancées or Life partners are permitted to visit. Exceptions can be made for people who are gravely ill or nearing the end of their life. The care settings have to ensure that hygienic standards are being maintained throughout the visits. Children under 16 are not

	<p>allowed. These people need to be healthy and not have been in contact with a COVID-19 infected person (54).</p> <p>Residents can leave the care setting if they are healthy and there is not sufficient outdoor space as part of the care/nursing home. Residents are only allowed to go outside with one other person or member of staff to be walking on the premises or its near surrounding. Residents and staff should be wearing mouth-nose protection and gloves. Residents are not allowed to have contact with people outside the care setting. If this cannot be ensured, the resident concerned is required to be quarantined for 14 days (55).</p>
Saarland	<p>Visits in residential care settings are not allowed. A maximum of one person (registered) per visitor per day for a maximum of one hour can be made. Visitors must adhere to hygiene rules. Exceptions can be made for residents nearing the end of their lives or for other medical or ethnic-social reasons (56).</p>
Saxony	<p>Ban of visitors maintained (17 April 2020); exceptions can be made following agreement with management of the institution and adhering to relevant terms;</p> <p>Residents can have contact with closest relatives outside when adhering to physical distancing & hygiene rules, up to 5 visitors are allowed to be with a resident at the end of life (57).</p>
Saxony-Anhalt	<p>Visitors in care and nursing homes are not allowed. There can be exceptions for patients receiving palliative care, however, visitors cannot enter if they are infected with COVID-19, have been a contact person (I and II according to RKI criteria) or have been abroad (58).</p>
Schleswig-Holstein	<p>Visitors are not allowed in care and nursing homes. Exceptions may be given on a case by case basis. If visitors enter, they need to be registered and can stay for up to one hour, adhere to hygiene and personal protection rules. The time limit does not apply to visitors of people receiving palliative care. Visitors with respiratory illness are not allowed to enter the care settings (31.03.2020) (59).</p>
Thuringia	<p>Visitors are not allowed to enter care or nursing homes. Management of care and nursing homes can allow visitors under special circumstances. In these cases, they are required to ensure protective and hygienic measures. Visitors are not allowed to enter if they had contact with a COVID-19 case (60).</p>

Measures to reduce risk of staff passing on infections to residents
<i>Travel restrictions for care staff</i>
<i>Restrictions on staff entry into care homes</i>
<i>Ensuring care staff only work in one care home</i>
<i>Staff remain in care homes, usually for at least 2 weeks</i>
Use of Personal Protection Equipment (PPE)
RKI recommendations (20 May 2020):

- Staff supporting residents with suspected and confirmed cases should be trained and not be asked to care for others.
- Staff caring for residents with suspected and confirmed cases should wear personal protective equipment including mouth-nose protection or preferably FFP2 masks, protective gown, safety goggles and single use gloves. For all activities that involve aerosol production breathing masks (FFP2 or higher) should be worn.
- Personal protective equipment should be put on before entering the room of the resident and taken off before leaving the designated decontamination area or the resident's room.
- Protective equipment and information for its use should be placed immediately at the entrance to living quarters.
- Due to the experience of asymptomatic cases it should be considered for staff working on an ward affected by a COVID-19 outbreak to wear personal protective equipment. It is recommended to expand hygienic measures early across the ward.
- Bins for the disposal of single-use equipment should be placed on the inside by the door.
- Single use gloves should be disposed of before leaving the room into a closed container.⁴⁶

Provision of Personal Protection Equipment (PPE)

Baden-Württemberg	<p>The provision of protective equipment is usually organised by the provider or institutional management. Due to shortages, the federal government and the state are supporting the provision. Distribution is organised through local authorities. Care providers that are running low on protective equipment can communicate their need for support through dedicated regional e-mail contacts (27).</p> <p>Since 26 March, 300,000 protective gloves and more than 300,000 protective masks of different categories were provided. Daimler provided 110,000 FFP2 masks that in part have already been distributed to local authorities (61).</p>
Bavaria	<p>Residential care homes will be supplied with mouth-nose protective equipment as hospitals and doctor surgeries (62). The health authority will put in place a task force to support authorities and care and nursing homes in combating COVID-19. As far as available, all people in residential care settings should be wearing mouth-nose protection (62).</p> <p>Following RKI guidance, mouth-nose protective equipment can be reused if resources are scarce (62). If no single use disposable smock available, reusable smock can be used. They need to be washed in a disinfection laundry process (62).</p>
Brandenburg	<p>Brandenburg has received 2 million mouth-nose protective equipment and 80,000 litres of disinfection liquid. In Brandenburg police distributes the supply. The provision of material was organised through the "task force supply" of ministry coordination group "Corona" of the government of Brandenburg (63). Suppliers of protective equipment can register their offers with the police on a dedicated website, so that they can be purchased and organised centrally (63).</p>
Mecklenburg-Western Pomerania	<p>Weekly improvement of equipment available; production of equipment in Mecklenburg Vorpommern starting (50).</p>
North-Rhine Westphalia	<p>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</p>

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

	<p>320,000 masks to the state government on a daily basis for a cost of around €17 Million (64).</p> <p>The protective masks are being distributed to care settings via local authorities and communal crisis teams (64).</p> <p>So far (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 (64).</p>
Rhineland-Palatinate	<p>Protective equipment so far has been distributed through the Authority for Social Aspects, Youth and Care (<i>Landesamt für Soziales, Jugend und Versorgung</i>) to health and care settings that experienced shortages. Now a regular supply will be provided. Prior to the delivery each institution was presented with an overview of materials allocated and had the opportunity to alter the figures according to need. Many institutions have lowered the number of equipment needed (65).</p>
Saarland	<p>The Ministry of Health as provided 11,200 FFP2 masks (30 March) and 30,00 simple surgery masks (3 April) to the Saarland Society of Care (66).</p> <p>Special controls by the Saarland authority for residential care (<i>saarländische Heimaufsicht</i>) are planned. This is supposed to check the occupancy of the institution and staffing. If relevant, this may have to be controlled in the premises.(42)</p>
Saxony	<p>The Red Cross has distributed 182,000 mouth-nose protective mask provided by the federal government in equal shares to the different districts from where they can be further distributed (1 April) (67).</p>
Thuringia	<p>Protective equipment in Thuringia is ordered centrally to the office for consumer protection (<i>Landesamt für Verbraucherschutz</i>). Information on the supply needed is regularly obtained. In the care sector, supply is distributed through organisations such as the Red Cross (68).</p>

Measures to ensure that new or returning residents do not bring in the infection	
<i>Quarantine for people discharged from hospital</i>	
Baden-Württemberg	<p>New residents and residents returning from hospital should be treated as persons suspected of COVID-19 (27).</p> <p>The 14 days “quarantine care” can also take place in other care settings should the care or nursing home be unable to meet the quarantine requirements (27).</p>
Bavaria	<p>Since 4 April 2020 care and nursing homes in Bavaria do not take on any new residents. Exceptions can only be made if the institution can ensure that the new resident can be quarantined for 14 days and if the relevant health authority agrees to the arrangement (12,62).</p> <p>Return from residents following hospitalisation is also only allowed if the person can be isolated for 14 days and if there is sufficient protective equipment available. Otherwise the person has to go into short-term care settings, such as in rehabilitation hospitals where this care can be provided in the form of short-term care (12,62).</p>
Berlin	<p>The Senate Administration for Health, Care and Equality Berlin points out that people discharged from hospitals into institutional care settings cannot be routinely tested due to limited capacity. It is further noted that a negative test result at the point of discharge does not mean that a person not showing symptoms (without respiratory infection) will not develop symptoms later on. For this reason, it is not suggested that nursing homes</p>

	<p>should stop receiving people discharged from hospitals that have not been tested (6 April 2020) (69). The responses from other federal states can be found in Table 1.</p>
Hamburg	<p>Unless care homes have received order to stop taking on new residents or they have no capacity they are expected to take in new residents (70).</p> <p>Before receiving a new resident, the relevant doctor has to confirm that a negative COVID-19 test has been obtained relevant to the timing of entering the care setting.</p>
Lower Saxony	<p>Care and nursing homes are not allowed to accept new residents (52).</p> <p>Exceptions can be made if care homes can ensure that the new residents will be accommodated separately from other residents and kept in quarantine.</p> <p>People discharged from hospitals can be discharged into care settings or rehabilitation clinics that have been prepared for this type of care and have been approved for the provision of short-term care. Other exceptions are possible following communication with the health authority (52).</p> <p>This new rule was issued following the COVID-19 outbreak in a care and nursing home in Wolfsburg (71).</p> <p>There are around 80 rehabilitation hospitals that can support the care of people with care needs (72).</p> <p><i>Care and nursing homes can accept new residents as long as the care setting can ensure that the new residents will be placed under quarantine for 14 days.</i>⁴⁷</p>
North-Rhine Westphalia	<p>The hospitals are responsible to test the persons discharged to residential care setting for COVID-19. Hospitals also have inform receiving care or nursing about possible COVID-19 symptoms in writing. Tests should be marked for priority testing.</p> <p>New residents have to be tested for COVID-19. Tests should be marked for priority testing.</p> <p>In general people who have newly entered or returned to a residential care setting should be placed in quarantine or isolation from other residents for 14 days in areas appropriate in size to the number of resident.</p> <p>It is planned that those infected and people without symptoms, but without a negative test result, will be housed separately.</p> <p>Care staff who are only look after people in the isolated or quarantined areas will be tested by the company doctor depending on risk. As above, these tests should receive priority (73)</p>
Rhineland-Palatinate	<p>People discharged from hospital can return to their care or nursing homes unless there is an explicit stop or if there is no capacity in the receiving care setting.</p> <p>Isolation and quarantine areas need to be prepared for new residents and those returning following hospitalisation (54).</p>
Saarland	<p>The plannable admission of new residents should be reduced or paused to enable capacity for COVID-19 patients (56).</p> <p>All new admission to care and nursing homes immediately require testing for COVID19. These tests should be prioritised (42).</p>
Saxony	<p>When residents did not have a COVID-19 infection/suspected infection a written statement responding to three questions is required by the hospital/relative:</p> <p>Q1: Has the person been in an at-risk area within the last 14 days?</p>

⁴⁷ <https://www.niedersachsen.de/Coronavirus/vorschriften-der-landesregierung-185856.html>

	<p>Q2: Has the person had contact to a person suspected of or with a confirmed COVID-19 infection in the last 14 days?</p> <p>Q3: Has the person had symptoms during the last 48 hours that could indicate a COVID-19 infection?</p> <p>It is recommended that residents should stay in a single room for ideally 14 days, but at least for 7 days (74).</p>
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Measures to monitor potential infections

Systematic symptom monitoring	
<ul style="list-style-type: none"> The health status of the staff should be monitored. (RKI recommendations, 20 May 2020) Medical staff working with confirmed COVID-19 cases are encouraged to maintain a diary in which they record self-checking of symptoms (examples of diary are available on the RKI website). (RKI recommendations, 20 May 2020) <p>The 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. Additional symptoms to be monitored include muscular and joint pain, headaches, nausea/vomiting, diarrhoea, loss of appetite, weight loss, conjunctivitis, skin rash, apathy and somnolence. This information should be put together with other relevant information of the individuals. Templates for the monitoring will soon be provided. Residents and staff should be encouraged to self-report if they experience respiratory symptoms or they feel feverish.⁴⁸</p>	
Hamburg	<p>People with care needs in residential care settings and those living at home in receipt of domiciliary care should have a daily temperature check (for those receiving multiple domiciliary care visits at each visit). Novel coughs, change in breathing frequency and hoarseness are to be document. If pathological changes are being observed the relevant GP should be contacted. If symptoms occur the person with care needs should be isolated as far as possible.⁴⁹</p>

Testing care home residents and staff	
Baden-Württemberg	<p>One medical doctor in charge of testing for a whole institution that can respond quickly if necessary (27). Tests can only be conducted if there is a reasonable suspicion of an infection (following RKI recommendations). All residents and staff that develop symptoms should be tested as soon as possible. Residents should also be tested if they develop unspecific symptoms or if their general state is deteriorating. As soon as there is awareness of an infection, contact persons (category 1) will be tested. If there are several cases, other asymptomatic residents and staff can be tested (27).</p>
Bavaria	<p>If there a suspicion that there may be several persons infected within one care or nursing home, testing among residents and staff should happen immediately (12,62). Bavaria pursues the strategy to test persons where there is a reasonable suspicion that they may have a COVID-19 infection and their contact persons. Staff working in health and long-term care should be prioritised (12).</p>
Berlin	<p>If there is a suspected COVID-19 case, residents to be isolated in their room in the care setting until testing result available (currently it takes 1 day) (46). If close contacts are</p>

⁴⁸https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?blob=publicationFile

⁴⁹<https://www.hamburg.de/verordnung/>

	being tested depends on the situation and will be decided on a case by case basis. Staff who have been classed as close contact and who are needed in care will be tested (46).
Hamburg	<p>If a COVID-19 infection has been confirmed in a resident or member of staff, the care provider is required to test all care recipient and all staff immediately for COVID-19 and to repeat this at a useful time interval (70).</p> <p>If staff shortage, quick testing of staff if there have been cases; staff from other institutions (i.e. closed day care centres) can be used (43).</p>
Mecklenburg-Western Pomerania	Preventing testing of care-home staff to be increased (20.04.2020). Priority testing of symptomatic patients & testing of care- and nursing homes and ambulatory carers if they are possible contact of a COVID-19 case (50).
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 (73).
Rhineland-Palatinate	<p>The company doctor (or other relevant doctors) need to ensure that staff working in the isolation and quarantine areas depending on risk are being tested for COVID-19 (55).</p> <p>If a resident is diagnosed with COVID-19, all other residents that had contact with that person 48 prior to the development of initial symptoms need also be communicate to the local health authority. The local health authority is in charge of allocating the risk categorisation for each contact.</p> <p>If there are more than two cases in one care home all residents should ideally be accommodated in single rooms, particularly if they are in the high risk group (75).</p> <p>Screening of all staff can be considered. All organisational measures need to be coordinated with the local health authority (75).</p> <p>If a member of staff is urgently needed but has had contact with a COVID-19 case or experiences symptoms, they need to have swabs taken on day 3,5 and 7 as well as day 14. In addition, they need to wear mouth-nose protection, which has to be changed at least every 2 hours or as soon as it becomes moist (75).</p>
Saarland	<p>According to a news report the health ministry Saarland and the University hospital Homburg have developed a concept to test all resident and staff in care and nursing homes. They are starting with 116 out of 157 care and nursing homes. The residents will be checked twice (one-week time difference between tests) and staff continuously twice per week. The initiative starts with care settings that so far have not experienced COVID-19 cases.</p> <p>The testing of residents will be conducted by staff in the care and nursing home. The staff have received specific online training. The swabs are supposed to be done using a procedure developed by institutes that reduce the amount of material required. As soon as an anti-body test becomes available, carers and residents shall we tested as a second step (66).</p>
Saxony	<p>If there is a COVID-19 infection among staff or residents in a residential care setting, all staff with possible and all residents will be tested. If there is spatial separation between groups, only those in the affected group will be tested, otherwise the whole institution requires testing. Testing is coordinated through the relevant health authority.</p> <p>If a carer experiences symptoms, they have to be tested before starting their shift. Until results have arrived the person is only allowed to work wearing protective equipment. If residents show symptoms they need to be tested immediately. (17 April 2020) (67).</p> <p>The federal state of Saxony carries the costs for testing. Costs of tests for residents and care staff with symptoms are covered by the GKV. If tests are requested without there having been a positive case, the institution carries the cost.</p>
Comprehensive testing of all people living and working in residential care settings	

Saarland	The Federal State of Saarland together with the University Homburg have initiated comprehensive testing of all people living and working in residential care settings. Since 21 April over 20,000 people have been tested. All 130 care settings that have been tested were free of COVID-19. A second round was started in the week of 12 May. ⁵⁰
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Training of care staff in recognizing atypical symptoms

Measures to control the infection once it has entered the facility

Contact tracing and isolation based on contact

The RKI guidelines also recommend contact tracing of contact persons in cooperation with the local health authority.

- The local health authority has to be informed about each suspected and confirmed case of COVID-19 has. (76).
- The RKI recommends that all contacts a COVID-19 case has had until up to two days before symptoms began should be listed.
- Category 1 contacts are people that have cumulatively been exposed to at least 15 minutes face-to-face contact or where there has been direct contact of secretion or body fluids of the infected person (for medical and care personnel exposure without protective equipment). These contacts are deemed as at high risk of having been infected. Their details will be registered with the health authority and there will be a follow-up investigation. Category 1 contacts will be asked to isolate at home away from other household members, to maintain frequent handwashing and coughing etiquette, to monitor their body temperature twice a day, to keep a diary and to inform the relevant health authority on a daily basis.

If this person previously was registered as a COVID-19 case, they can be considered as category contact. If there are no symptoms, where possible testing should be undertaken 5-7 following the first contact to the confirmed case. If the exact contact time is unknown testing on day 1 and 7-10 days following the contact tracing is recommended. This advice is also given for specific circumstances, such as for people in care and nursing homes.

- Category 2 contacts are people that had less than 15 minutes face-to-face contact (i.e. people in the same room) and that had no direct contact to secretion or body fluids. The health authority is not required to register the contact's name, but may provide information on the disease and routes of infection. Category 2 contacts should reduce contacts to third parties where possible, they should maintain hand hygiene and adhere to coughing etiquette, they should check for symptoms once a day and maintain a diary. If contacts develop symptoms they must self-isolate, contact the health authority and may be require medical consultation and adhere to advice from the health authority.
- Category 3 contacts are medical/care staff that had contact with a confirmed case ($\leq 2m$, for example while providing care or as part of a medical examination) while wearing adequate protective equipment throughout the entire contact time as well as medical staff with contact ($>2m$) without direct contact with secretion, excretions or aerosol exposure.⁵¹
- Testing for this at-risk population should be done at a low threshold (more details in the guidance document) and the local health authority is to be informed regarding suspected, confirmed and

⁵⁰ https://corona.saarland.de/DE/service/medieninfos/_documents/pm_2020-05-12-stand-corona-massnahmen.html

⁵¹ https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Kontaktperson/Management.html

deceased cases of COVID-19. In collaboration with the local health authority regular testing (e.g. twice per week) could be implemented to monitor the ongoing situation in the institution.⁵²

RKI recommendations for care workers

Under regular staffing levels, staff identified as contact person category 1 (higher risk of infection = at least 15 minutes face-to-face contact with a COVID-19 case and/or direct contact to body fluids or secretion) have to isolate at home for 14 days. This includes physical distancing from other household members, regular handwashing and adhering to coughing and sneezing hygiene rules. Until the 14th day of isolation, contact persons in category 1 must monitor their temperature twice a day, maintain a diary and inform the local health authority on a daily basis.

A person identified as risk category 2 (low risk = less than 15 minutes face-to-face contact with a COVID-19 case and no direct contact to body fluids or secretion) can continue to work with mouth and nose protection as long as they don't develop any symptoms. Staff in risk category 2 will be asked to monitor and document their health for up to 14 days after exposure. They should strictly adhere to all hygiene recommendations and where possible maintain a distance of at least 1.5 metres from others, including during breaks. If they develop symptoms, there should be an immediate test.

Staff without contact with an infected person, but who exhibit symptoms of a cold, should stay at home and can only start working if they have been symptom-free for at least 48 hours. If possible, they should be tested for COVID-19.

In the case of any of the staff testing positive for COVID-19 they should stay at home in quarantine for at least the time they experience symptoms or for 14 days. They can start working again once they have been symptom-free for 48 hours and had two negative tests 24 hours apart.

In case of staff shortage, the recommendations only change for staff identified as risk category 1. These staff should then stay at home and quarantine for at least seven days but can return to work afterwards if they remain symptom free and wear mouth-nose-protection during the entire time they spend at work. Otherwise the routines continues as for staff identified as risk category 2 (77).

Schleswig-Holstein	Schleswig-Holstein will support their health authorities with €5million over the next 12 months. This should enable the recruitment of 100 new members of staff. The additional staff members could support contact tracing activities. ⁵³
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Isolation measures

Isolation of residents with possible, probable and confirmed COVID19 (risk zones)

- If there is evidence of COVID-19 in an institution, the institution (space and staff) should be separated into three areas: one area for those without symptoms and without contact with affected people; one area for those with suspected cases (residents showing symptoms or who have been in close contact with infected residents) who have not yet had test results; and one area for people who have tested positive for COVID-19. The guidance states that should additional infectious diseases be prevalent (e.g. influenza), additional areas need to be established. Staff should only be working in one of the designated areas. (RKI 20 May 2020).⁵⁴

Isolation of residents with symptoms in single room/separate part of the facility

⁵²https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?__blob=publicationFile

⁵³ https://schleswig-holstein.de/DE/Landesregierung/VIII/_startseite/Artikel_2020/II/200514_staerkung_gesundheitsdienst.html

⁵⁴https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?__blob=publicationFile

	<ul style="list-style-type: none"> Residents that have tested positive or are suspected of having COVID-19, residents with symptoms and their contacts should be moved into single rooms, ideally with their own wet room. These residents must not participate in activities with residents that have tested negative. (RKI 20 May 2020)⁵⁵ Staff supporting residents with suspected and confirmed cases should be trained and not be asked to care for others (RKI 20 May 2020).⁵⁶
Bavaria	To stop chains of infections, affected residents should immediately be isolated and/or those who have become ill should be moved into hospitals or other institutions (28).
Lower Saxony	The health authority in Lower Saxony (<i>Landesgesundheitsamt Niedersachsen</i>) on 17 March recommended that care and nursing homes strictly separate those suspected of COVID-19 and non-infected residents (51).
<i>Removing residents who test positive to quarantine centres</i>	
<i>Removing residents without symptoms of COVID19 to other accommodation</i>	
Saxony	In Saxony 53 institutions have been prepared to provide short-term care in case care or nursing homes are being placed under quarantine (3 April 2020)(78)

Ensuring access to health care for residents who have COVID-19

Telehealth visits from healthcare providers	
Lower-Saxony	<p>1,400 nursing homes in Lower-Saxony have received tablets to enable regular medical consultation by video call. This reduces the risk of infection and support maintaining residents' health. In addition, the tablets are anticipated to be used for social calls with the residents' families.</p> <p>Lower-Saxony pays around €200,000 to supply the tables and the platform used for the medical consultations. General Practitioners involved receive the necessary software free of charge.</p> <p>Nursing homes interested in this initiative can apply until 30 June 2020.⁵⁷</p>

Access to palliative care

Advanced directives
Only guidelines from Baden-Württemberg have been found to specifically reflect on the issue of the use of advanced directives. They state that if a resident develops a severe form of COVID-19, the advance directive to exclude artificial respiration should be considered critically as an

⁵⁵https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?blob=publicationFile

⁵⁶https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?blob=publicationFile

⁵⁷https://www.ms.niedersachsen.de/startseite/service_kontakt/presseinformationen/tablets-fur-niedersachsens-pflegeheime-projekt-videosprechstunde-startet-187917.html

infection, such as COVID-19 and its related survival and recovery chances, may not have been considered by the person when signing the document. (27)

Deploying additional healthcare staff to care homes

Ensuring care homes have adequate supplies of medicines & equipment

Managing staff availability and wellbeing

Government (local, national or regional) takes over funding/running of care home

Funding to boost staff numbers: retention bonus paid to staff

Federal Government	The second law for the protection of the population during an epidemic situation of national significance (<i>zweites Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite</i>) outlines that all people employed in old age care will be able to make a staggered claim on a one-off bonus payment (<i>Corona-Prämie</i>) of up to €1,000. The highest bonus payment will be made to full-time staff providing direct care and support. The social care insurance will reimburse employers for the bonus initially. During the second half 2020 the Federal Ministry of Health (<i>Bundesministerium für Gesundheit</i>) and the Federal Ministry of Finance (<i>Bundesministerium für Finanzen</i>) will decide over the extent of a government grant for health and care insurances to enable the stabilisation of the contributions rate. The federal states and employers in care can increase the one-off bonus up to the tax and social security tax free amount of €1,500. ⁵⁸
Bavaria	On 7 April 2020, it was reported that the Bavarian cabinet had decided that around 250,000 paid carers working in care and nursing homes as well as in care settings for people with special needs will receive a single payment of €500 (tax-free) in recognition of the work they have been providing during the pandemic. This will cost the federal state of Bavaria €126 million (22). As part of the updated measures, the Bavarian Ministry for Health and Care announced that care workers in care and nursing homes, hospitals, rehabilitation hospitals, care settings for people with special needs, ambulatory care services and ambulance staff who regularly work more than 25 hours per week can apply to receive €500. Those regularly working 25 hours or fewer per week can apply to receive €300. This money comes out of a special fund put together to respond to COVID-19 (12).
Hamburg	On 14 May, Hamburg announced that long-term care workers will receive a one-off care bonus of up to €1,500. In Hamburg around 25,400 employees will receive the bonus. Hamburg will contribute about €8.2million. ⁵⁹

⁵⁸ <https://www.bundesgesundheitsministerium.de/covid-19-bevoelkerungsschutz-2.html>

⁵⁹ <https://www.hamburg.de/coronavirus/pressemitteilungen/13915746/2020-05-14-bgv-coronavirus-pflegebonus/>

Rhineland-Palatinate	On 19 May the federal state of Rhineland-Palatinate announced that they will top up the bonus payment for care workers up to €1,500. There are around 55,000 care workers employed in long-term care settings for older people in Rhineland-Pfalz. The costs of the carer bonus payment for the federal states is estimated to amount to between 18 and 22 Million Euro. ⁶⁰
Saarland	On 13 May, the federal government of Saarland has announced to increase the one-off care bonus by €500 so that care workers in long-term care for older people can receive up to €1,500. ⁶¹
Schleswig-Holstein	It has been reported that In Schleswig-Holstein all 20,000 care workers will receive a COVID-19 care bonus of €1,500. The government will pay this out of its own household if no nationwide agreement can be arranged (24).

Financial protection of frontline care workers

On 23 April the German government announced minimum wage for nursing assistants will be increased from 1 May 2020 to 1 April 2022 in four steps until they reach €12,55 across Germany. Qualified assistants that have undergone a one-year apprenticeship will receive a minimum wage of €12,50 (West) or €12,20 (East) as of 1 April 2021. From 1 April 2022 minimum wage across Germany for this group will be €13,20. For care workers with three-year apprenticeship minimum wage will be €15 as of 1 April 2021. This will increase to €15,40 by 1 April 2022. In addition to the vacation days workers are legally entitled to, all care workers will receive additional paid days off (20).

Recruitment of additional staff

Recruitment of qualified workforce

An initiative across federal states has created the website 'Pflegereserve' where people with a care-related qualification but not currently working in this area can register. They can be connected to health and long-term care settings in their area that experience staff shortages.⁶²

Bavaria	'Carepool' (<i>Pflegepool</i>): Since 23 March Bavaria has a website where people who have a qualification or experience in health and social care, that do not fall into an increased risk group and are not currently actively employed in care related jobs can register. The volunteers are being allocated centrally according to need. Volunteers employed in other jobs will be freed from their duty and continue to receive their income; the self-employed will receive compensation for their loss of business (28).
Berlin	People with a qualification in a care-related profession from abroad will be receiving priority over other health related qualification when applying for permission to work in Germany (31). Over 400 newly qualified care professionals could be employed in Berlin as examinations could be completed following RKI recommendations (31).
Bremen	In Bremen people with health and care qualifications are encouraged to register with the city government. This doesn't mean that they have to work in care related jobs. It offers the opportunity to contact potential additional support in case of staff shortages (29). People are also encouraged to register with volunteering portals (29).

⁶⁰ <https://corona.rlp.de/de/aktuelles/detail/news/News/detail/rheinland-pfalz-beschliesst-aufstockung-des-pflegebonus-auf-bis-zu-1500-euro-1/>

⁶¹ https://corona.saarland.de/DE/service/medieninfos/_documents/pm_2020-05-13-sonderpr%C3%A4mie.html

⁶² <https://pflegereserve.de/#/login>

Rhineland-Palatinate	The nursing council Rhineland-Palatinate encourages care professionals (people with relevant qualifications) to register with the care pool in Rhineland-Palatinate. Service providers urgently requiring staff can contact the care insurances. They, together with the advice and auditing authority assess the situation. Following this people registered from the 'volunteer pool' can be allocated. Currently there are 344 persons registered in the pool (30).
Recruitment of staff that are new to the sector	
North-Rhine-Westphalia	<p>The health minister in North-Rhine Westphalia suggested on 19 May that people undertaking a one-year apprenticeship to become a care assistant (Pflegeassistent) should be required to receive a regulated training allowance. So far apprentices in hospitals receive such allowance, while for apprentices in long-term care settings this remains unregulated.</p> <p>The minister emphasises the important of ensuring qualified care workers to ensure the provision of quality long-term care in future.</p> <p>In addition, the government of North-Rhine Westphalia is planning on streamlining the qualification so that those who would like to obtain further qualifications can use the one-year apprenticeship as a recognised building block.⁶³</p>

Rapid response teams

Loosening staff regulations
On 27 March the German Ministry of Health (<i>Bundesgesundheitsministerium</i>) announced a funding and support package to help care institutions during the COVID-19 pandemic. The measures outlined include that 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 (18).
Allowing staff with restricted work visas to work more hours
Recruiting volunteers

Supporting care home staff with accommodation and practical measures	
Bavaria	The Bavarian Minister for Health and Care and the Bavarian Minister of Finance announced that the catering for all staff in health and care setting (hospital, care or nursing homes) will be financially supported (€6.50 per member of staff per day) as a sign of appreciation of their role in responding to the pandemic (as of 1 April 2020) (21).

⁶³ <https://www.land.nrw/de/pressemitteilung/minister-laumann-die-ungleichbehandlung-bei-der-verguetung-der-pflegeassistenten>

Psychological support to care home staff who may have experienced traumatic situations

Measures to compensate for impact of physical distancing in care homes

Methods to combat loneliness in residents

Methods to enable visitors in residential care settings

<p>Baden-Württemberg</p>	<p>Baden-Württemberg is relaxing the ban of visitors in care and nursing homes.</p> <p>So far close relatives were allowed to visit their relatives in residential care settings under appropriate measures to prevent infection (i.e. wearing of protective equipment) if the resident otherwise would have suffered physical or mental damage through social isolation.</p> <p>From 18 May onwards each resident can have one visit of a maximum of two persons (There can be exceptions for people at the end-of-life) and the care setting can put a time limit to the length of a visit. If a wish to visit cannot be accommodated, the institution has to offer an alternative within reasonable time.</p> <p>Visits can only take place in a resident's room, a visitor room or other suitable areas for visitors. Care settings can ban visits in a resident's room if other suitable visitor areas are available. Care settings should enable visits in the resident's room for a bedridden person, a person with special needs or visitors of a person nearing the end-of-life.</p> <p>People wishing to visit a person living in a care setting should notify the care setting to enable visitor management. It is not possible to visit a person in a care setting without the approval of the institution.</p> <p>Visitors will need to be registered by the care setting in case contact tracing becomes necessary.</p> <p>Visitors can only enter care settings following disinfection of their hands. Visitors also need to wear a mouth-nose protecting during their entire visit in the care setting unless there are health reasons or other important reasons why they cannot do this. Visitor will need to keep at least 1.5 metres distance to persons within the care setting, unless they visit a person nearing the end-of-life.</p> <p>Care setting have to produce a, institution specific concepts for visitors that outlines how visits can take place taking local conditions into consideration.</p> <p>From 18 May professional visits to care settings through hairdressers, physiotherapists or speech therapists or for pastoral visits can take place provided appropriate protective measures are in place and the care settings agrees to these visits.⁶⁴</p>
<p>Bavaria</p>	<p>In Bavaria the ban of visits in residential care settings was lifted on 9 May. Residents are allowed to have one visit per day from a close family member or a further designated person at a fixed time. Visitors need to wear a mask and have to, where</p>

⁶⁴ <https://www.baden-wuerttemberg.de/de/service/presse/pressemitteilung/pid/besuchsverbote-in-krankenhausern-und-pflegeheimen-werden-schrittweise-gelockert/> (Accessed 19 May 2020)

	possible, maintain at least 1.5 metres distance. In addition, care settings need to develop a protection and hygiene concept. ⁶⁵
Berlin	<p>People living in residential care settings in Berlin can have one visitor per day. Visitors with respiratory illness are not allowed to visit. Providers of residential care settings can limit visiting rules of ban visits should a COVID-19 case be confirmed within the care setting. Limitations on visiting rules need to be made in accordance with the relevant health authority and need to be limited in time.</p> <p>Severely ill and dying people can have visitors without restrictions. Similarly, visitors are not limited for people in hospices.⁶⁶</p>
Brandenburg	<p>People living in residential care settings in Brandenburg can have one visitors if it can be ensured that entrance to care settings is managed and unnecessary physical contact between visitors, residents and staff can be avoided and as far as possible effective protection of residents from infection can be ensured (since 9 May). These limitations do not apply to seriously ill people and those nearing the end-of-life and for visits for therapeutic or pastoral reasons. People with respiratory illness cannot visit a residential care setting and visits can be banned if a COVID-19 case if confirmed within the care setting. All people must adhere to instructions by the care setting and existing hygiene plans.⁶⁷</p>
Bremen	<p>People living in residential care settings in Bremen can have one visitor per week for a maximum of 45 minutes (the visitor cannot change). There has to be an agreed appointment for a visit. Both visitor and resident must not display COVID-19 related symptoms, visitors must be at least 16 years old, have registered when entering the care setting, have received information on hygiene practices and this has been documented and staff must be present when resident and visitor meet. Visitors have to disinfect their hands when entering an leaving the care setting. Visitors are not allowed to bring food and food and drinks cannot be consumed during the visit. Visits should ideally not take place in the resident's room; sufficiently large rooms should be made available. This does not apply if residents are bedbound or have specific special needs. Residents can have contact with one visitor in the outdoor area of the care facility if hygiene and distance rules as well as regulations of the care setting are maintained.⁶⁸</p>

⁶⁵ <https://www.stmgp.bayern.de/coronavirus/massnahmen/>

⁶⁶ <https://www.berlin.de/corona/massnahmen/krankenhaeuser-und-pflege/>

⁶⁷ <https://www.brandenburg.de/cms/detail.php/bb1.c.666295.de>

⁶⁸ https://www.gesetzblatt.bremen.de/fastmedia/832/2020_05_12_GBl_Nr_0034_signed.pdf

<p>Hamburg</p>	<p>From 19 May every person living in residential care settings is allowed to have one chosen person visiting them once a week for at least one hour. Further visits by this person up to a maximum of two hours per week can be permitted by the care provider. Visits of people at the-end-of-life should be allowed. Visitors are only allowed to enter the care setting with an appointment and following registration. The care provider is responsible that only as many visitors are allowed that hygiene and distance rules can be maintained. Visitors need to be registered to enable contact tracing. Visitors must confirm that they have not knowingly been in contact with a COVID-19 case, they themselves have not been tested positively for COVID-19 and do not currently have symptoms of a respiratory illness. Children younger than 14 years, people with respiratory symptoms and people who are Contact persons category 1 or 2 following RKI contacting tracing advice are not allowed to enter care settings. Visitors are only allowed in the outside area or specifically determined areas for visits. Resident's rooms are only be allowed to be entered by visitors due to limited mobility of the residents or due other reasons why the resident cannot attend visitor areas. Care providers need to provide opportunities for hand disinfection in dedicated meeting areas and surfaces (doors, doorknobs..) that frequently get touched by visitors need to be cleaned repeatedly during the day. Care providers need to ensure that contact between visitors and other residents is minimised. If available, it would be advised to use separate entrances and to provide dedicated routes within the care setting. Visitors need to be informed in writing, with signs and orally at their first visit of required hygiene measures. Visitors need to wear mouth-nose protection during their entire time in the residential care setting.</p> <p>Care providers need to develop a care setting specific visitor concept and to adjust their hygiene concept accordingly.</p> <p>There is no restriction for therapeutic, medical, judicial or pastoral visitors if they wear mouth-nose protection from entering to leaving the care setting, unless these people are contact persons of category 1 or 2 (RKI guidance).⁶⁹</p>
<p>Hessen</p>	<p>In Hessen each resident can have visit per week for one hour by one relative or a person that is important to them if the residential care setting has a concept to protect residents from infection through visitors and a hygiene plan. The contact details and visiting times of each visitor need to be documented.</p> <p>Visits are not allowed to take place if a COVID-19 case is confirmed within a care setting.</p> <p>During their visit, visitors must maintain a distance of at least 1.50m to the resident, wear a mouth-nose protection provided by the care setting or accepted by them (at least surgery mask) and follow the hygiene rules set out by the care setting. These rules do not apply to people visiting a person at the end-of-life.</p> <p>Visitors who have entered Germany by land, sea or air are not allowed to enter residential care settings in Hessen.⁷⁰</p>
<p>Mecklenburg-Western Pomerania</p>	<p>From 15 May residents of residential care settings are allowed to have one fixed visitor per day for a maximum of one hour.</p> <p>The care setting has to have developed an infection protection concept and can ensure the maintenance of hygiene standards. These measures have been communicated with the local health authority.</p> <p>Every visitor is required to provide their contact details on their first visit and visiting times at consecutive visits.</p>

⁶⁹ <https://www.hamburg.de/verordnung/>

⁷⁰ <https://soziales.hessen.de/gesundheits/infektionsschutz/corona-hessen/besuchsverbot-fuer-bestimmte-einrichtungen>

	<p>Every visitor needs to be informed of relevant protective and hygiene measures before their first contact with the resident they visit.</p> <p>The visitor needs to confirm that they are symptom free ahead of each visit.</p> <p>The care settings need to maintain a daily symptom diary for residents and staff.</p> <p>Provided there is no active COVID-19 infection in the care setting.⁷¹</p>
Lower Saxony	<p>Already since 17 April visits in residential care settings are possible in Lower Saxony if they are in line with individual and hygiene concepts approved by the local health authority. From 27 May onwards residents will have the right to have visits by one named person. Adherence to strict hygiene rules needs to be maintained. The regulation is due to be implemented on 20 May.⁷²</p>
North-Rhine Westphalia	<p>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.</p> <p>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.</p> <p>All visitors will be registered, screened briefly for COVID-19 and informed about relevant protective measures.⁷³</p>
Rhineland-Palatinate	<p>Visits in residential care settings are possible since 7 May. Resident can have one hour-long visit per day from a relative or otherwise close person. Visitors need to wear mouth-nose protection during the visit, disinfect their hands and maintain a distance of at least 1.4 metres.</p> <p>In addition, residents are allowed to leave the care setting on their own, accompanied by a relative or other resident, if they are not infected with COVID-19.⁷⁴</p>
Saarland	<p>Since 4 May residents in residential care settings can meet relatives and friends outdoors. During the visits everyone needs to adhere to 1.5 metres distancing rule and wear a mouth-nose protection.</p> <p>Visits inside the residential care setting are only possible if the care provider has provided a protection concept. This may involve specific visiting areas within the care setting with plexiglass panes.⁷⁵</p> <p>The updated regulations allow one registered visitor per resident per day for up to one hour. Visitors need to adhere to protective measures and information on hygiene measures needs to take place regularly.⁷⁶</p>
Saxony	<p>In Saxony visitors are only allowed to visit residents in long-term care settings following registration and approval. Entrance depends on adherence to hygiene and organisational measures put in place by the care provider. Visitors need to be limited in</p>

⁷¹ https://www.regierung-mv.de/serviceassistent/ php/download.php?datei_id=1624298

⁷² <https://www.ms.niedersachsen.de/startseite/aktuelles/presseinformationen/besuchsmoeglichkeiten-in-pflegeheimen-und-krankenhausern-werden-ausgeweitet-188458.html>

⁷³ <https://www.land.nrw.de/pressemitteilung/aufhebung-des-generellen-besuchsverbots-einrichtungen-der-pflege-und-der>

⁷⁴ <https://corona.rlp.de/de/aktuelles/detail/news/News/detail/aktuell-6203-faelle-besuche-in-alten-und-pflegeheimen-wieder-moeglich/>

⁷⁵ https://corona.saarland.de/DE/service/medieninfos/ documents/pm_2020-05-12-stand-corona-massnahmen.html

⁷⁶ https://corona.saarland.de/DE/service/downloads/ documents/corona-verfuegungen/dld_2020-05-03-rechtsverordnung-neufassung.pdf? blob=publicationFile&v=2

	<p>numbers and time. The care provider can coordinate the implementation of measures with the local health authority.</p> <p>Residents can meet visitors outdoors as long as they adhere to distancing and hygiene rules. This regulation only applies if there are no reasons against allowing these visits, such as quarantine measures. Residents are not allowed to spend time at another place (i.e. a relative's flat) unless they have received prior approval by the care provider.⁷⁷</p> <p>On 20 May Saxony announced enable visits in residential long-term care settings for close relatives.⁷⁸</p>
Saxony-Anhalt	<p>From 11 May residents in long-term care settings were allowed to have one visit per day for one hour. Children younger than 16 years, people with respiratory illness cannot be permitted, people with a COVID-19 infection, people identified as contact persons category 1 and 2 (RKI) or who have been abroad (14 days since return). Hygiene and distancing rules must be adhered to during visits. The management of the residential care setting can limit or ban visits following a risk assessment. The relevant authority needs to be informed if a visitor ban is invoked.</p> <p>Visits for legal, pastoral, therapeutic or medical reasons are allowed.</p> <p>All visitors need to wear medical mouth-nose protection.⁷⁹⁸⁰</p>
Schleswig-Holstein	<p>Schleswig-Holstein announced plans to allow visitors in residential settings already on 30 April.</p> <p>All residential care settings need to develop a concept for visitors for each specific care setting based on current regulations. The relevant health authority needs to be informed about the concept for visitors.</p> <p>Residents can only have one visitor (under specific circumstances one additional person may be allowed to accompany the visitor). Visits need to be defined for a specific period (maximal 2 hours per day). The number of visitors permitted at the same time depends on the size of the care setting as distancing and hygiene rules need to be adhered to. The entrance ways to the care setting need to be limited (ideally only one entrance). Visitors should only be allowed in specific areas and should be signposted along specific routes. Visits need to be arranged telephonically. Visitors with acute respiratory illness and fever are not permitted. Hygiene and distancing rules need to be communicated appropriately and maintained. Disinfectant and information on their use must be available at the entrance. Visitors must register prior to the visit and sign that they will adhere to hygiene and distancing rules during their visit. If visitors do fail to adhere to these rules following a reminder, staff can ask visitors to leave and invoke a visitor ban for the relevant person. Gifts and exchange of laundry needs to be agreed with the member of staff responsible for hygiene. Visitors and residents (if possible) must wear mouth-nose protection. Bins must be available for single-use items. Visitors should be guided by a member of staff or a specially trained person to the visitor room.</p>

⁷⁷ <https://www.coronavirus.sachsen.de/download/SMS-Allgemeinverfuegung-stationaere-Einrichtungen-2020-05-12.pdf>

⁷⁸ <https://www.medienservice.sachsen.de/medien/news/237049>

⁷⁹ https://coronavirus.sachsen-anhalt.de/fileadmin/Bibliothek/Politik_und_Verwaltung/Geteilte_Ordner/Corona_Verordnungen/Dokumente/5.VO_2.5.2020.pdf

⁸⁰ https://coronavirus.sachsen-anhalt.de/fileadmin/Bibliothek/Politik_und_Verwaltung/Geteilte_Ordner/Corona_Verordnungen/Dokumente/Sachsen-Anhalt-Plan_19_Mai_2020.pdf

	The document provides guidance on ideal location, arrangement and organisation of visitor rooms. If it is not possible to use the visitor room, visits can take place in the resident's room under following a set of precautions. ⁸¹
Thuringia	<p>Since 13 May residents in residential care settings in Thuringia are allowed to have one registered visitor per resident per day for one to two hours.</p> <p>Visits are not allowed from people younger than 16 years, people with respiratory illness, people who are contact persons to a COVID-19 case (RKI). Visits are not allowed if there is a current COVID-19 infection within the care setting.⁸²</p>

Measures to support domiciliary care workers

Methods to protect care workers	
Baden-Württemberg	<p>Staff that has been travelling from a high-risk area within the last 14 days should not be working. Staff with respiratory symptoms are not allowed to work. In these cases, there should be testing for COVID-19.</p> <p>If no single use disposable gown available, reusable gown can be used. They need to be washed in a disinfection laundry process.</p> <p>It can be useful to have the same staff on the same routes and to avoid rotation. Visiting COVID-19 patients at the end of the tour could reduce the risk of spreading (not obligatory).</p>
Berlin	<p>Care and support that doesn't require physical contact should be performed following hand disinfection and by maintaining 2m distance. While these activities take place the person with care needs should be in a different room (35).</p> <p>Personal care should be performed following hand disinfection with gloves and mouth-nose protection. During the care the carer should not speak with the care recipient. Length and extent of the tasks should be based on need and patient protection (35).</p>
Brandenburg	Ambulatory care workers in Brandenburg have received special permission until 30 June 2020 to park in certain restricted areas for up to two hours while they provide care services (79).
Hamburg	<p>Contact between carer and care recipient needs to be minimised as professionally required; the number of carers per care recipient should be minimised (70).</p> <p>Care staff has to reduce contact among each other as much as possible(70)</p> <p>Care recipients and their household should be reminded not to have receive visitors. If other members of the household become ill they should consequently adhere to prevention measures or if that no possible wear mouth nose protection. Care recipients and their household members or other unpaid carers should inform the ambulatory care services if there is a suspicion of a potential COVID-19 infection (80).</p> <p>In case of staff shorting, ambulatory services should make use of the extended regulation around working hours, use staff from other parts of the organisation, use agency staff, indicate need for staff to health authority (80).</p> <p>If ambulatory services are unable to provide all care services needed, they should explore whether some care recipients may be able to receive care from family members.</p>

⁸¹ https://schleswig-holstein.de/DE/Schwerpunkte/Coronavirus/Erlasse/Downloads/handlungsempfehlungen_besuchskonzept_pfege.pdf;jsessionid=5D27786FB196409697C47297EA8958D6.delivery1-master?_blob=publicationFile&v=2

⁸² <https://corona.thueringen.de/behoerden/ausgewaehlte-verordnungen#c14180>

	Care service points may be able to support families in navigating support structures; the relevant authority should be informed in these cases (80).
Rhineland-Palatinate	<p>Care staff can be allocated to work in ambulatory as well as residential care setting to enable great flexibility in planning (81).</p> <p>If relative or others are to take on medical care tasks this needs to be coordinated with the relevant medical doctor and the care recipient (81).</p> <p>If medical care services cannot be provided the provider needs to inform the care recipient or their legal carer, the prescribing GP and the health insurance immediately. The ambulance services are to be contacted in medical emergencies (81).</p>
Thuringia	A newspaper report stated that ambulatory care providers in Thuringia struggle as the number of clients drop. In many cases, relatives are staying home due to the COVID-19 pandemic and take on relevant care tasks. This may in part be to reduce financial costs in the family but also to reduce the risk of infection. Several providers already had to apply for reduced work hours (<i>Kurzarbeit</i>) to get their companies through this situation ⁸³ (82).

Support for domiciliary care providers

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 that the the care insurance providers will additionally support providers to avoid gaps in supply of paid home care (18).

On 3 March, **the National Association of Statutory Health Insurance Funds** (*GKV Spitzenverband*) issued a statement on the rescue package to support care providers during the pandemic (41).

Measures to support care workers of people with intellectual disabilities and autistic adults

Guidance for care workers to support people with intellectual disabilities and adults in the autistic spectrum

Advice for paid carers if COVID-19 symptoms occur

Measures to support unpaid carers

Methods to support unpaid carers

Thuringia/ Berlin	Thuringia and Berlin are starting an initiative to increase the basic security pay for people in need. This recognises that people that usually rely on support of food banks and other
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⁸³ The federal government has enabled a law to make the use of short-term work easier for long-term care providers. Only 10 per cent of employees of a company need to be affected by loss of work for the company/service provider to apply for short-term work (19).

	supportive interventions cannot access these services, which may make life even more expensive. This top-up will benefit people of all ages. ⁸⁴
Federal Government	<p>On 14 May the federal government agreed the second law for the protection of the population during an epidemic situation of national significance (<i>zweites Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite</i>). This law includes additional provisions for unpaid carers</p> <ul style="list-style-type: none"> • Under normal circumstance family members can receive up to 10 days financial support to compensate for a loss of income if a sudden care need emerges within the family and the person needs to organise care in the community. The new law will apply until 30 September 2020 and will provide family carers with care support money (<i>Pflegeunterstützungsgeld</i>) for up to 20 days in situations where a gap in the community care their relative normally receives occurs. <p>The right to stay away from work due to an acute care situation within the own family will also be extended from 10 to 20 days until 30 September 2020. Additional measures to make the caregiver leave act (<i>Pflegezeitgesetz</i>) the family care leave act (<i>Familienpflegezeitgesetz</i>) more flexible to respond to the pandemic are being undertaken.⁸⁵</p>
Bavaria	For 20 years there have been specialist agencies in Bavaria to provide advice for unpaid carers. These agencies have been advised to be available via telephone and e-mail (12).
Berlin	<p>Testing only if there is a reasonable suspicion (symptoms & contact to COVID-19 case or recent stay in an at risk area in the past 14 days (35).</p> <p>There are a number of neighbourhood initiatives that offer support (35).</p> <p>Sources of support for people with care needs and unpaid carers are care support centres. These centres offer neutral advice free of charge. These services currently only happen over the telephone. The availability of these services has been extended in terms of hours and is also available on Sunday and on bank holidays (36).</p> <p>AOK (<i>sickness fund</i>) care academic: the provision of advice on care at home during the COVID-19 pandemic (36).</p> <p>Voluntary visits to people with care needs had to stop, however, contact is maintained via telephone and advice also remains available (36).</p> <p>Care in distress, this source of advice can help people experiencing violence of conflict in their care. The hours for advice have been extended to support unpaid carers during this period (36).</p> <p>Silvernet – A telephone support service for lonely and isolated people (36).</p>
Brandenburg	<p>During the COVID-19 pandemic (until 31.05.2020) people with care needs in their everyday life can now also receive financial support for services they receive telephonically. This services has been put in place to enable people with care needs to live independently for as long as possible and to provide support for unpaid carers.</p> <p>The minister of social affairs explains that support to enable everyday life for people with care needs usually is offered through group interventions or hourly support in their own home. Due to the risk of infection this is currently not possible. Some of this contact time, however, could alternatively be provided via telephone or virtually to reduce the risk of social isolation (83).</p>
North-Rhine Westphalia	People with care needs (levels 1 to 5) and are living at home can claim up to €125 per month from their care insurance for support or for relief of their unpaid carer. Those with

⁸⁴ <https://www.tmasgff.de/medienservice/artikel/100-euro-mehr-fuer-besonders-beduerftige>

⁸⁵ <https://www.bundesgesundheitsministerium.de/covid-19-bevoelkerungsschutz-2.html>

	<p>care level 2 to 5 can use up to 40 per cent of the value of in-kind support to finance support with daily living. This money can be saved up over several months and moved forward into the other half of the calendar year. This funding can be used for group or individual support, household help, company to go shopping, company for administrative, medical or religious appointments, support to enable social contacts, company to attend cultural events or other leisure activities. Due to COVID-19 eligible services have been expanded to 'services to the front door' (shopping, running errands, pick-up or delivery services, organisation of administrative matters, personal conversations via telephone, skype or e-mail) until 30.9.2020 (84).</p> <p>In addition, requirements for reimbursable neighbourhood help have been eased. The person providing neighbourhood support does not require to provide a certificate until 30.9.2020 (84).</p>
Rhineland-Palatinate	Advice for vulnerable groups: reducing visitors to a minimum. Reducing social activities (especially with relatives) (85).
Saxony	<p>People with care needs can claim up to €125 per month from their care insurance to reimburse neighbourhood supporters for their help (shopping, laundry, food delivery, running errands (post, pharmacy). Usually neighbourhood supporters need to have recognised skills (participation in course, proof of experience) to be eligible for the scheme.</p> <p>The requirement to complete a course to be eligible for reimbursement has been lifted until 30 September 2020 (34).</p>

Advice for unpaid carers if COVID-19 symptoms occur

Additional advice for unpaid carers of people with learning disabilities and autism

Community care services

Day and night care services

Baden-Württemberg	Day and night care settings had to close. They can only provide care for individual persons in emergency situations ⁸⁶ (18.03.2020-15.06.2020) (86).
Bavaria	Day care settings had to close. They can only provide care for individual persons in emergency situations (87)
Berlin	Day care settings had to close. They can only provide care for individual persons in emergency situations (69)

⁸⁶ This applies in when their unpaid carers work in critical infrastructure, when no alternatives can be arranged or if this loss of care would pose a (health) risk to the cared-for, there is a medical prescription for specific type of care.

Bremen	Day care options are closed .Services are available for in emergency situations ² (48). This emergency care must be kept to a minimum. It can also be provided to people who only recently developed care needs (48). <i>Day care continues to be closed, unless for people requiring emergency care (12 May)⁸⁷</i>
Hamburg	Day care settings have to close and can only provide emergency care ² (70). ⁸⁸
Hessen	Day and night care centres remain closed until at least 3 May. Emergency care can be provided if necessary ² . This does not apply if the care recipient develops symptoms, or have had contact with an infected person in the past 14 days (88).
Lower Saxony	Day care services are cancelled. Services can only be provided to people in emergency situations ² (52). ⁸⁹
Rhineland-Palatinate	Day care is open with a reduced offer and under responsibility of the care provider. ⁹⁰
Saarland	Part-time day or night time services remain closed (56). ⁹¹
Saxony	Day care centres remain closed unless for emergency care. ⁹²
Saxony-Anhalt	Day or night care services are closed, unless people have an emergency need ² . Management of the institution decides on case by case basis (58). ⁹³
Schleswig-Holstein	Day or night care services are closed, unless people have an emergency need ² (89).

⁸⁷ https://www.gesetzblatt.bremen.de/fastmedia/832/2020_05_12_GBI_Nr_0034_signed.pdf

⁸⁸ <https://www.hamburg.de/verordnung/>

⁸⁹ <https://www.niedersachsen.de/Coronavirus/vorschriften-der-landesregierung-185856.html>

⁹⁰ https://corona.rlp.de/fileadmin/rlp-stk/pdf-Dateien/Corona/Gestalten_in_der_Corona_Presseexemplar_13052020.pdf

⁹¹ https://corona.saarland.de/DE/service/downloads/_documents/corona-verfuegungen/dld_2020-05-15-verordnung-neu.pdf?_blob=publicationFile&v=2

⁹² <https://www.coronavirus.sachsen.de/download/SMS-Allgemeinverfuegung-Tagespflege-2020-05-12.pdf>

⁹³ https://ms.sachsen-anhalt.de/fileadmin/Bibliothek/Politik_und_Verwaltung/MS/MS/Presse_Corona/16_04_2020/16_04_2020_VO_Vierte_SARS-Co-2.pdf

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