International examples of measures to prevent and manage COVID-19 outbreaks in residential care and nursing home settings

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1. Key findings

- While both the characteristics of the population in care homes and the difficulties of physical distancing in communal living mean that care home residents are at high risk of dying from COVID-19, these deaths are not inevitable.
- Countries with low-levels of infection in the population typically also have low shares of infections in care homes.
- The response to COVID-19 in care homes needs to be coordinated across all relevant government departments and levels, and with the acute health sector response.
- Timely data on the impact of COVID-19 in care homes is essential to ensure that opportunities for preventing large numbers of deaths are not missed.
- Evidence of asymptomatic transmission and atypical presentation of COVID-19 in geriatric populations should be reflected in guidance documents and testing policies.
- While there are infections local to care homes, regular testing of residents and staff will be essential, ideally followed by contact tracing and effective isolation.
- Most countries have restricted visitors but this policy alone has not protected care homes from infection. Countries are increasingly considering how to make visits safer, recognizing their impact on wellbeing.
- Staff pay and living conditions may be an important barrier to effective infection controls, particularly if staff do not have access to sick pay or need to work in multiple facilities (or live in crowded accommodation).
- Access to healthcare and palliative care (in terms of personnel, medicines and equipment) needs to be guaranteed, particularly for homes without nursing or medical staff.
- Not all care homes are suitable as isolation facilities. Technical support and alternative accommodation may be required in some cases.
- Measures to address the psychological impact of the pandemic on both staff and residents need to be put in place, particularly as many staff and residents will have experienced trauma and grief. For some residents, particularly those with dementia, the disruption in their normal lives by the measures may have significant negative impacts.

2. Introduction

This document provides examples of policy and practice measures that have been adopted internationally to prevent COVID-19 infections in care homes and to mitigate their impact. The information has been gathered, mostly, from the country reports[1] on the COVID-19 long-term care situation published in the LTCcovid.org website for Australia, Austria, Brazil, Canada, China, Germany, Hong Kong, Ireland, Israel, Italy, Netherlands, Slovenia, South Korea, Spain and the United States, as well as from policy documents for England.

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[1] In a few cases this report may have information that is not yet in the published version of the country report, as their authors have provided feedback to this document before the next update.

This is a "live" document that will be updated regularly and expanded as more information becomes available. Comments, updates, suggestions and additional information are very welcome, please email a.comas@lse.ac.uk.

Future versions of this report will seek to incorporate emerging evidence on the success of those measures in controlling COVID-19 infections, their impact on care home residents and staff, their sustainability and costs.

3. Early evidence on symptoms, transmission of COVID-19 in care home residents and staff, and mortality

In part due to the characteristics of the residents, in terms of age and underlying health conditions, and in part due to the particular difficulties that living in a communal setting poses to physical distancing, there have been large numbers of deaths in care homes in many countries. In countries where the total number of deaths has been very high, as many as half of all COVID-19 deaths appear to have been among care home residents[2].

However, there are also countries, such as Hong Kong[3], where there have not been any COVID-19 infections in care homes yet, and others, such as Germany[4], where the share of deaths in care homes has been relatively low. While it is too early to come to firm conclusions and there are many difficulties with the data available, these differences suggest that having large numbers of deaths as a result of COVID-19 is not inevitable and that appropriate measures to prevent and control infections in care homes can save lives.

There is growing evidence of asymptomatic transmission in care homes[5]. In Belgium, for example, data from the national testing programme in care homes shows that **73% of staff** and **69% of residents** who tested positive were **asymptomatic**. This highlights the importance of regular testing in care homes instead of relying on symptoms to identify people with potential COVID-19 infections.

Geriatricians[6] are also raising concerns that, among care home residents, the symptoms of COVID-19 may not be the typical cough and fever that is covered in the guidance documents for care homes in many countries, but that a range of other symptoms (delirium (hypo and

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[2] https://ltccovid.org/2020/04/12/mortality-associated-with-covid-19-outbreaks-in-care-homes-early-international-evidence/

[3] https://ltccovid.org/wp-content/uploads/2020/04/Hong-Kong-COVID-19-Long-term-Care-situation-27-April-2020-1.pdf

[4] https://ltccovid.org/wp-content/uploads/2020/04/Germany_LTC_COVID-19-29-April-2020.pdf

[5] https://www.nejm.org/doi/full/10.1056/NEJMoa2008457

[6] https://www.bgs.org.uk/blog/atypical-covid-19-presentations-in-older-people-%E2%80%93-the-need-for-continued-vigilance and

hyperactive), diarrhoea, lethargy, falls and reduced appetite) are more frequent among care home residents with COVID-19.

Not all deaths among care home residents during the pandemic will be directly linked to the virus itself. A recent letter to the Journal of America Medical Director suggests that many deaths in a French care home[7] affected by COVID-19 appeared to be linked to the consequences of residents being isolated in their rooms, without adequate eating, drinking or medical support, and not to the virus itself.

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

Measures to prevent and manage COVID-19 infections in care homes need to strike a careful balance between maintaining the welfare and quality of life of both the people who live in the care home and the staff who work there, and preventing the spread of infection.

This section outlines key types of measures identified, this is followed by examples from the countries in section 5. The measures are grouped into four groups: measures to support care homes with preparation for outbreaks, measures to prevent COVID-19 infections from entering a care home, measures to control and manage infection and measures to support the wellbeing of residents.

4.1. Policies to support care homes in preparing for outbreaks

4.1.1. National taskforce to coordinate response

In most countries, care homes (and the long-term care system more generally) are not the responsibility of a single government department and quite often national, regional and local governments are also involved in their governance. Care is often delivered by private providers.

A number of countries have encountered problems in coordinating an effective response to COVID-19 for care homes and have created National Taskforces to bring together different government departments and levels and representatives from relevant bodies, including relevant expertise. A National Taskforce can also help ensure that the COVID-19 response in care homes is well coordinated with the other policies and measures at population-level and the acute health care system.

4.1.2. Information systems that monitor outbreaks in care homes and link care homes to supplies of PPE, additional staff and medication

Few countries have information systems that collect individual level data on the characteristics and health status of care home residents and link the information to the health and long-term

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[7] https://www.jamda.com/article/S1525-8610(20)30354-6/pdf

care system for planning and monitoring purposes. The lack of information systems may create barriers to ensuring that information on the population most at risk of the severe consequences of the pandemic is used for planning, and may also create difficulties in ensuring that resources are targeted to where there is most need. In many countries care homes were initially left out of the national priorities for testing, allocation of Personal Protection Equipment (PPE) and even out of the counts of COVID-19 cases and deaths.

Establishing information systems to monitor local outbreaks in and near care homes and ensuring that these are linked to the systems to establish access to testing, PPE and health care resources is vital to ensure that care homes are able to access the tools they require to be able to prevent and mitigate infections.

4.1.3. Develop guidance and deliver training for all care home staff

There are key specific characteristics of COVID-19 (such as asymptomatic transmission) that mean that guidance documents and training on infection control that had been developed for influenza or norovirus are not suitable. It is very important that guidance is reviewed and updated regularly to incorporate emerging evidence on COVID-19 and that staff are trained accordingly.

4.1.4. Preparation of rapid response teams

Because outbreaks among care home residents will also result in a relatively high proportion of staff becoming ill or needing to self-isolate, there is a risk that some homes may be too short-staffed. This may be happening at a time when, as a result of the infection or isolation processes, the residents require complex care or may be dying in relatively large numbers. Rapid response teams can be deployed to support care homes in that situation to ensure guarantee continuity of care.

4.1.5. Measures to reduce care home occupancy

Many countries have taken measures to reduce occupancy in care homes to facilitate isolation of residents who have confirmed or possible COVID-19 and to facilitate continuity of care if there is less availability of staff.

4.1.6. Ensure care homes are supported in assessing the feasibility of effective isolation in their current buildings

Care homes have not been designed to be isolation facilities and vary in their layout and facilities, this means that ideally they should have technical support in assessing the feasibility of effective isolation within their current buildings. If more isolation spaces are required than can be provided, contingency plans should be put in place, such as using adapted hotels or other accommodation.

4.1.7. Considering reviewing and updating advance care directives

This needs to be done appropriately and ensuring that, where residents lack capacity to understand and make a judgement, their families are consulted.

4.2. Measures to prevent COVID-19 infections in care homes

4.2.1. Measures to restrict visitors

One of the first measures countries have adopted has been to restrict visits to the care home by relatives and others, except in end of life situations. While this measure has been widely adopted, on its own it has not been sufficient to prevent infection, as staff (and sometimes new and returning residents) continue to come into the care home from outside. There is increasing awareness of the impact of this measure on both the residents and their families and many countries are considering measures to make visiting safer through the use of PPE and ensuring physical distancing.

4.2.2. Measures to ensure staff do not bring infection

Particularly while visitors have not been allowed, staff appear to have been a key disease vector in care homes. Measures to reduce the risk of staff bringing in infections include ensuring that staff only work in one home (ideally also one section of the care home), ensuring that staff have sick pay so they do not feel compelled to work while unwell, offering alternative accommodation to staff (particularly important where staff live in high-density accommodation). In some cases, staff have moved into the care home, typically voluntarily.

4.2.3. Measures to ensure new or returning residents do not bring infection

Many countries have taken measures to limit direct hospital discharges to care homes, sometimes using "step-down" quarantine centres before people are admitted into a care home. There is increasing recognition of the danger of discharging people directly from hospital into care homes without ideally two negative tests within 24 hours (due to the risk of false negative tests), even in the case of people who were not originally hospitalized for COVID-19.

Ideally, all new residents into care homes should be isolated and tested.

4.2.4. Measures to monitor potential infections

Measures to ensure that potential infections are detected in time include regular testing of care home residents and staff (particularly where there are local cases of COVID-19 in the community), contact tracing of staff and residents, and isolation.

Many countries recommend regular symptom assessments of both residents and that staff are trained in recognizing geriatric presentations of symptoms.

4.3. Measures to control and manage infection

Once a case of infection has been detected, all other residents and staff who have been in close contact with them should be considered as possible cases of COVID-19 and should isolate until test results can confirm whether or not they have the infection. Symptom monitoring (and ideally testing) should be done for all other residents and care staff.

Ideally care homes would be divided into risk zones for possible, probable and confirmed cases, and staff should only work in one of the zones. Where the facility layout and space does not make this possible, isolation outside the facility should be considered.

4.3.1. Measures to ensure access to healthcare and palliative care

While some care homes (particularly nursing homes and skilled nursing facilities or long-term care hospitals) may already have nursing and medical personnel, some care homes may not have access to in-house health care provision, at a time when residents with the virus have increasingly complex healthcare needs or require palliative care. Telehealth may be used for virtual visits by healthcare providers, and additional healthcare staff may be deployed to treat people with infection and provide palliative care. Ensuring adequate supply of medicines & equipment will also be required.

4.3.2. Deploying army or fire services to support care homes

This has sometimes involved support with disinfection or logistical support.

4.3.3. Measures to maintain staff availability and wellbeing

Many countries have increased pay and provided additional benefits to care staff, in recognition of the additional stress, workload and risk they are facing during COVID-19. In some countries staff have been offered free accommodation and priority for shopping and other services.

Where many members of staff are not able to work due to illness or need to self-isolate, additional staff may reduce the stress experienced by those who remain. A number of countries are providing psychological support for the trauma and grief experienced by many care home staff.

4.4. Measures to compensate for the impact of physical distancing on residents

There are many examples of the use of technology to facilitate virtual contact with families, although there is also evidence that not all care homes have access to the internet or the devices to facilitate this. There have been many examples in the press of window visits and entertainment being delivered from the windows, and of innovative ideas for activities that are compatible with physical distancing.

5. International examples of measures to prevent and manage COVID-19 infections in care homes

These tables provide examples of measures adopted by different countries to prevent and manage the impact of COVID-19 in care homes. This information has been gathered from country reports published in LTCcovid.org for Australia, Austria, Brazil, Canada, China, Germany, Hong Kong, Ireland, Israel, Italy, Netherlands, Slovenia, South Korea, Spain and the United States, as well as from policy documents for England.

Where possible, the date when policies were announced has been recorded but, if this information was not available, the date of the country report is used, as indicated by *. This table will be updated and expanded as more information becomes available.

5.1. Measures to support care homes in preparing and dealing with outbreaks

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

Austria: A Coronavirus task force was established at the Ministry of Social Affairs, Health, Care and Consumer Protection, including Ministerial staff and a wide range of consultants from various health professions and representing relevant stakeholders, but no representative for LTC with the exception of a representative of the Red Cross (28th February). However, crisis groups were also established by the regional governments that are actually responsible for LTC. The interest and umbrella organisations of care homes have also provided guidelines.

England: A Capacity Tracker to provide daily information on bed capacity, workforce absences, PPE levels and overall risks in care homes (15th April).

China: A steering committee for providing guidance and integrating resources set up under a government-led collaboration and mutual support among stakeholders (16th April*)

Israel: The Israeli government appointed a national-level team to manage the COVID-19 outbreaks in the LTCFs. This is called the "Mothers and Fathers Shield", it was initiated on April 12th, a week later, on April 20th issued its work plan.

Italy: No national task force but regional and local task forces, promoted by Local Health Authorities, are starting (April) their activities so to provide guidelines and monitor what is happening in nursing homes. This is happening (to our knowledge) in: Lombardy, Tuscany, Piedmont, Sardinia, etc.

Slovenia: The government published guidance about preventing infections. The Slovenia government appointed Expert Group that provides support to the Crisis Staff of the Republic of Slovenia for the containment and control of the COVID-19 epidemic.

Collaboration between care homes

China: An integrative IT system for information and data sharing between service providers and local governments. Care providers are encouraged to share experiences and exchange information promptly by messaging app, online meeting or phone contacts (16th April*).

Notification of suspected cases to Public Health authorities

Australia: Aged care providers have been told to notify the government if they have confirmed COVID-19 cases and the government will assist with PPE and staff supplementation and reimbursement (24th April*).

Austria: In case of suspected infection, the care home director is to be informed, upon which the authorities are duly notified and instructions are provided by the authorities. Care homes are called upon to develop guidelines for staff on how to deal with suspected cases.

Germany: Local health authority is to be informed regarding suspected, confirmed and deceased cases of COVID-19 (14th April).

England: Care managers need to inform the local Health Protection Team should they suspect an outbreak of COVID-19 (15th April*).

Ireland: Nursing homes required to notify HIQA of any COVID-19 outbreaks. This is if there is a single suspected case or one confirmed case (14th April*).

Israel: Any new case is reported to the District Health Bureau. In addition, the District physician investigates in case of a breakout in a LTCF. Debriefing must be documented using a unified form and copied to a National level team.

Italy: Nursing Homes need to notify suspected cases to Local health Authorities to proceed with testing (in the applicable cases)

Netherlands: Two electronic healthcare systems (i.e. Ysis and ONS) have collected the number of COVID-19 cases in nursing homes (24th April*). These electronic healthcare systems cover the majority of nursing homes in the Netherlands.

Slovenia: All public health and social institutions received instructions for treating persons suspected to have contracted novel coronavirus in primary health care, hospitals and care homes (9th April). All health and social care institutions will require to report the number of infected residents.

South Korea: Part of guidelines (26th March*).

Spain: Notification system where the public health system has early notice of outbreaks in care homes (3rd April*).

UK: The local Health Protection Team should be informed of two or more suspected cases within a care home. (2nd April).

United States: On April 17th, CMS announced they will require nursing homes to report the number of infected residents to the CDC. This does not include assisted living facilities or private care homes. On 30th April CDC announced training to nursing facilities on how to report number of infections.

Strike forces/ Rapid response teams

Germany (Bavaria): Should there be a COVID-19 infection in an institution, the Infectiology Task Force will be mobilised.

Slovenia: Mobile medical teams will be mobilised if there is a COVID-19 case (20th April)

United States: Preparation of strike forces, ready to reach out 'to assess, educate, test and support' nursing homes as they fight COVID-19 infection, but this is occurring on an ad hoc basis (24ᵗʰ April*) with differences at state and county level.

Reducing care home occupancy to facilitate management of potential outbreaks

Care homes not to take in new residents

Austria: There is some media report on freeze of admissions in individual care homes and recommendations by regional governments (13ᵗʰ March), but no general guidelines exist at national level in this respect.

Germany (Lower Saxony): Freeze of admission. Exemption only possible if institution can ensure a two-week quarantine of the new resident, those discharged from hospitals being sent to rehabilitation-hospitals (3ʳᵈ April).

Germany (Saarland): The planned admission of new residents should be reduced or paused to enable capacity for COVID-19 patients if needed (23ʳᵈ April*).

Italy: Many Regions banned new admissions to nursing homes. When this was not the case, nursing homes managers themselves opted for the freezing of new admission if isolation was not possible or in the absence of a negative test. In April, new admissions are re-starting in some Regions but only with the assurance of additional testing on new residents.

Short-term transfer of residents to alternative accommodation

Austria: Individual providers of care homes used different facilities to improve their capacity to isolate positively tested residents, but no general guideline was issued (28ᵗʰ April*).

Slovenia: Where possible, in case of infections in a care home, healthy residents will be relocated to other facilities. A few families (less than ten) have taken relatives out of care homes (9ᵗʰ April)

Spain: in Guipuzkoa the social services department guarantees that residents who move out of care homes voluntarily will retain the right to return once the COVID19 outbreak has ended (26ᵗʰ March). Also, use of hotels in Catalonia to house residents with lower care needs (29ᵗʰ March*).

Loosening regulation and inspections

Austria: During the pandemic, several regulations for health and therapeutic staff have been adapted, for instance paramedics are allowed to take swabs, and also people who have not fulfilled the necessary further training are allowed to work as paramedics. Physio- and other therapeutic and technical staff are allowed to practice, even if not (yet) registered, the same applies for nursing staff (including those waiting for acknowledgement). Laboratory tests can

be carried out during this period without medical prescription. Basic care can also be carried out by untrained staff with related documentation (28th April*).

England: If local authorities can no longer meet all of their statutory duties or require longer to meet them, the Coronavirus Act 2020 enables them to prioritise the most acute needs. Decisions need to communicated to care recipients, providers and the Department. In addition, the Care Quality Commission (CQC) has developed an Emergency Support Framework to work with care providers. CQC to explore any identified risks through conversations and provide support. Targeted inspections and enforcement action will only be initiated where absolute necessary (i.e. should there be concern about potential abuse) (15th April*).

United States: Centers for Medicare & Medicaid Services (CMS) is loosening requirement to collect minimum data set (MDS) on residents. Also, for Pre-Admission Screening and Annual Resident Review (PASARR). CMS is waiving 42 CFR 483.20(k) allowing states and nursing homes to suspend these assessments for new residents for 30 days (1st March).

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

Australia: Part of Government funding package announced 11th March. Aged care reforms relating to financing of residential care have since been put on hold (24th April*).

Austria: Individual regions (e.g. Upper Austria) have stipulated that care professionals from home care services (that have widely reduced their activities since mid-March) could be deployed in care homes, if appropriate (24th April). In the Tyrol, a centralised care staff pool has been established to balance available staff according to needs. Wages are taken over directly by the regional government until 30th June (11th April).

Canada: Government funding to employ extra part-time or temporary staff and using volunteers to perform work (23rd March).

Germany: Care insurance will support providers to avoid gaps in supply of paid home care and will also reimburse institutions providing care that incur additional costs or loss of revenue due to the outbreak (27th March). Where care providers are no longer able to meet the services they are supposed to, they have to contact the care insurances immediately to ensure people's care needs are met (23rd April*).

England: In March £1.6 billion were provided to local authorities. Part of this money can be used to backfill shifts, while also aiming to maintain the income for those that cannot work due to public health advice or distancing measures. The National Action plans asks for donations to organisations such as the Care Workers Charity to support social care workers in financial difficulty (15th April*). There has also been a call for volunteers. It may be decided that volunteers, depending on previous experience, could be involved in activities such as housekeeping, food preparation, wellbeing activities, and telephone befriending and care, depending on previous experience.

> _Netherlands:_ It has been agreed that regional Dutch long-term care offices, who purchase long-term care from nursing homes, can provide financial support to those long-term care providers that are confronted with additional costs due to the outbreak (24th April*).
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> _Spain:_ Central government has approved a fund to strengthen the long-term care systems (24th March).
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> _United States:_ Nursing homes are eligible to receive accelerated Medicare Payments (24th April*). Several states are providing enhanced funding to long term care providers through their Medicaid programs. For example, Rhode Island, Connecticut and Oregon have increased their Medicaid nursing home rates by 10 percent for the duration of the pandemic (27th April)

5.2. Measures to prevent COVID-19 infections from entering a home

Isolation within facility for all residents

Austria: There has been rising concern about prescribed isolation, loneliness and the fact that residents who left the care home have to remain 14 days in quarantine upon their return (9th April). During the lockdown, it has not been possible for OPCAT Commissions to enter care homes. This triggered a parliamentary inquiry about ensuring the work of the OPCAT Commissions during the pandemic and other measures to ensure human rights in care homes (5th May).

Hong Kong: All residents are advised to eat meals in their rooms and use only a designated toilet. They are also advised to avoid leaving their room and mixing with other residents. They are advised to put on a surgical mask if leaving their room and keep a clear pathway for transfer (27th March*).

Israel: Staff work in two 12-hour shifts; each staff member works at the same department, treating the same patients; employee teams do not meet but communicate by phone; residents are separated to groups of up to 10. Communal dining rooms are closed and meals are consumed in the residents' rooms. Frequent cleaning and disinfection of surfaces and medical equipment. No social activities (20th April).

South Korea: Cohort quarantine as a preventive measure in some facilities in Gyoeonggi (1st March) and Gyeongbuk (5th March) where confirmed cases had increased.

Measures to restrict visitors to care homes

Rules to restrict visitors

Australia: Limited visitors to two people a day, to be held in private rooms. No children under 16, no one who has travelled overseas within 14 days, no one who has been in contact with a confirmed case of COVID-19 in the last 14 days and no one with fever or respiratory symptoms (18th March). Large nursing home chains such as BaptistCare, Opal and Catholic

Healthcare introduced stricter rules, locking down facilities so that there are no visitors except for under special circumstances (24th April*).

Austria: Regional governments started closing retirement and nursing homes to visitors (21st March). With a reduced increase in COVID-19 infection rates, the stringent protection and hygiene measures for long-term care homes have been slightly released as of 4th May. Individual visitors can make appointments and a mouth-nose protection is obligatory. The care home user and the visitor should meet in a designated area, preferably outside the care home itself. Care homes are entitled to set their own regulations for visitors. Generally, children up to the age of 6 years are not allowed to visit. Specific regulation may apply for people receiving end-of-life or palliative care. In general, care homes are free to set their own regulations for receiving visitors (4th May).

China: Face-to-face visits by people from outside the care homes are prohibited during this period (16th April*).

Germany: Bans of visitors put in place in many states such as Bavaria, Hessen and Lower Saxony unless the resident is nearing the end of their life (2nd April). Suspending quality assessments and obligatory advisory visits (27th March). RKI recommends telecommunication rather than in-person visits (14th April).

Germany (Berlin): Advised that residents in nursing homes can receive one daily visitor for one hour. Excludes children under 16 years and people with respiratory infections. People receiving palliative care can receive visitors without restrictions (27th March).

Germany (Rhineland-Palatinate): Visiting of residents in care homes not permitted other than spouses, fiancés and life partners. Exceptions can be made for those nearing the end of their life (23rd April*).

England: Visitors are advised not to visit care home residents other than in exceptional circumstances (e.g. end of life). If visitors enter care homes, they should adhere to appropriate infection control measures during the visit (15th April*).

Hong Kong: No in-person visits from external services. Families only allowed to visit on compassionate grounds (27th March*).

Ireland: All visits other than for end of life are suspended (6th March). All routine inspections of nursing homes cancelled (12th March).

Israel: All visitors are banned from entering care homes (10th March). From April 20th, a single family member is allowed to visit on special cases approved by the facility management and subject to social distancing directives.

Italy: Suspended visits on 9th March but had three weeks with no restrictions. Suspension of visits has been confirmed until 4th of May.

Netherlands: On 19 March, strict visiting rules were imposed nationally. The Dutch government allows nursing home staff to make rare exceptions for close friends and relatives to visit clients when they receive end-of-life care (24th April*).

Slovenia: Complete ban on visits (9th April*).

South Korea: Restricting visitors (7th March).

United States: The Centers for Medicare & Medicaid Services restricted visitors to nursing facilities (13th March)

Measures to reduce risk of staff passing on infections to residents

Travel restrictions for care staff

Hong Kong: Recommendation that staff avoid all non-essential travel, all who travelled overseas in last 14 days are subject to compulsory quarantine for 14 days (27th March*).

Slovenia: Health professionals are prohibited from travelling abroad and their right to leave and strike is restricted (9th April)

South Korea: Ensuring exclusion of workers with a recent travel history to China or other affected regions (7th March).

Restrictions on staff entry into care homes

Austria: Various regulations and practices prevail according to regions and providers. For instance, in Vienna, care homes have established sheathes and entry into the care home is allowed only upon showing staff ID. In Upper Austria, temperature must be taken before entering. Volunteers that usually support staff by visiting and entertaining residents are not considered as staff and have therefore not been admitted during the lockdown regulations.

China: 14-day quarantine before check-in or returning to care homes for all residents, care workers and other staff. Staff often live in the care homes (16th April*).

South Korea: Stringent entry and exit management of workers and residents (7th March).

Ensuring care staff only work in one care home

Canada: Restriction of healthcare workers to employment at a single home and restricted movement between hospitals and care homes (27th March). Also restrictions of care workers to employment at a single home (23rd April*).

Ireland: Recommended that staff should be discouraged from working in different homes (31st March). Consideration is also being given to providing separate accommodation for some nursing home staff (21st April*).

Israel: Prohibiting staff members from working in more than one institution (April 20th).

United States: Some examples by private providers, but 17% of care home staff work two jobs

Staff remain in care homes, usually for at least 2 weeks

Austria: Recommendation to work in separated teams, working in bi-weekly shifts in designated units, avoidance of springers (reserve-pool employees).

Use of Personal Protection Equipment (PPE)

Australia: Government advice to use PPE (4th April). If confirmed case, government will assist with PPE (24th April*).

Austria: All staff are required to use a mouth-nose protection. When being in contact with a suspected case, a distance of minimum of 1 metre should be kept, or otherwise an FFP2 mask should be worn. When being in contact with a confirmed case, further PPE is to be used (gloves, single use equipment, eye protection, ventilator mask).

China: Provision of PPE, as well as medical resources and healthcare services, to care homes is fast-tracked. All staff are required to wear a mask when meeting with residents (16th April*).

Germany: Guidelines recommend that all personnel wear PPE while caring for vulnerable people, PPE equipment placed immediately at the entrance to living quarters. Bins for disposal of single use equipment on the inside of all doors. 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 cases (14th April).

Germany (Baden-Wuerttemberg, Bavaria, North-Rhine Westphalia, Rhineland-Palatinate, Saarland, Saxony, Thuringia): Many states support carer providers in the procurement of protective equipment during the COVID-19 pandemic.

Hong Kong: Residents with fever or respiratory symptoms are required to wear surgical masks. PPE to be used by cleaning staff (27th March*).

Ireland: Access to PPE, advice and training, is provided by the HSE (4th April).

Israel: LTC facility staff must use surgical masks, surgical gloves, disposable gown or disposable apron at all times. In case of COVID-19 contamination, staff must use N95 masks, VISOR glasses and waterproof gown. Training LTC facilities' staff in usage of PPE and reporting which facilities have had training. In any case of an outbreak, the institution management reports the stock levels and the District physician/Geriatric report to the National project team if PPE supplies are needed.

Italy: Shortage of PPE supplies in care homes. Workers and users have not been sufficiently protected from the COVID-19 spread (22nd April*). The situation is still the same as of the 30th of April. Nursing homes providers are buying PPE on their own. They report positive partnerships with local institutions (such as other care providers or local stakeholders) supporting them to find PPE through donations of funds or collection of PPE.

Netherlands: Use is strictly regulated due to shortage, can only be used under specific circumstances. Only those LTC personnel that are at risk receive PPE. The Dutch Health and Youth Inspectorate inquires whether the LTC providers have sufficient PPE (24th April*).

Slovenia: Shortage of PPE supplies in care homes. The minister said that the government has been making every effort to get this equipment in health facilities and care homes (20th April*). Major Slovenian textile companies and smaller textile workshops have joined forces to focus on the production of protective masks in response to market needs.

South Korea: All staff are provided with PPE (26th March*).

Spain: Mass purchasing of PPE (1st April*).

United States: Priority to assess current supply of PPE and initiate measures to optimise supply. Facilities are working with state and county health departments to obtain more PPE (15th April). New higher priority status for getting PPE to nursing facilities, on the 30th April announcement that the federal government will begin sending a seven-day supply of personal protective equipment (PPE) to over 15,400 nursing homes.

Measures to ensure that new or returning residents do not bring in the infection

Quarantine for people discharged from hospital

Brazil: Ideally people would only be discharged from hospital to a care home after testing positive for an immunity cure test (IgG), or 14 days after being hospitalized and having no other symptoms for 72 hours.

China: 14-day quarantine before check-in or returning to care homes for all residents, care workers and other staff (16th April*).

Germany: RKI recommends 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. If patients are being discharged from hospital they only do not have to quarantine 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 (17th April)

Germany (Lower-Saxony): People discharged from hospitals in Lower Saxony are now being sent to around 80 rehabilitation-hospitals that were asked to create extra spaces during the COVID-19 outbreak and that will be providing short-term care that is usually delivered in nursing homes

Germany (Baden-Wuerttemberg): New residents and residents returning from hospital should be treated as persons suspected of COVID-19

Germany (Rhineland-Palatinate): Isolation and quarantine areas need to be prepared for new residents and those returning following hospitalisation

Germany (Bavaria): Care homes do not take on any new residents unless they can ensure the new resident can be quarantined for 14 days and if the relevant health authority agrees to the arrangement (4th April).

Germany (Saxony): Written statement responding to three questions on potential exposure to COVID-19 required by hospital/relative. Isolation in single room recommended for ideally 14 days but at least for 7 days.

Germany (North-Rhine Westphalia): Requires hospitals to test patients at the point of discharge into care homes for COVID-19. New residents required to be tested (4th April).
Germany (Hamburg): 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.
Germany (Saarland): All new admissions to care and nursing homes immediately require testing for COVID19. These tests should be prioritised
England: Where the test results of a person discharged from hospital to care homes are being awaited, the person should be isolated as COVID-19 cases would be. Even if a test returns negative, isolation for 14 days is recommended. If a person with COVID-19 is being discharged from hospital they will be discharged to care providers who can provide appropriate isolation or cohorting strategies. If there is no local provider available, the local authority is responsible to secure alternative appropriate accommodation and care until the person requires no more isolation. In addition, in situations where new residents enter from the community the care home may agree with the new resident and their family to isolate the person for 14 days following admission (15th April*).
Israel: Any resident returning from home is quarantined for 14 days in a separate room in the facility and will be treated with adequate PPE. Any resident transferred from the hospital is also required to have a COVID-19 test.
Italy: Part of measures that Nursing Homes are adopting, often included in Local Health Authorities guidelines.
South Korea: Stringent entry and exit management of workers and residents (7th March).
Spain: Use of adapted hotels and other facilities as quarantine and rehabilitation facilities following hospital discharge
Testing of residents discharged from hospital
Israel: Testing of those who were discharged from a general hospital and transferred to a LTCF was also added to the Ministry of Health testing criteria.
England: Guidance requires that people discharged from hospital to care homes will be tested prior to admission (15th April).

5.3. Measures to monitor potential infections

Systematic symptom monitoring
Brazil: Staff need to have their temperature tested before entering the care home. Residents need to have their temperature checked daily as well as being monitored for respiratory symptoms.

China: Staff and residents in care homes required to have their health status checked every day, and sent to the hospital if symptoms noted (16th April*).

Germany: RKI recommends at least daily documentation of clinical symptoms among residents and staff including fever, coughing, shortness of breath, sore throats and sniffing. Residents and staff should be encouraged to self-report if they experience respiratory symptoms or feel feverish (14th April).

Ireland: The National Public Health Emergency Team requires that all staff have their temperature measured twice a day. The facility should ensure there is active monitoring of residents twice a day for signs and symptoms of respiratory illness or changes in their baseline condition (21st April*).

Israel: Daily temperature checks and health questionnaire to staff. Daily temperature checks to residents.

Italy: Nursing homes are doing this by their own initiative or following guidelines provided for the general population, so to ensure the safety of their residents. National guidelines for Covid-19 mention Nursing homes among those facilities that need specific training. No national or regional initiatives in terms of training have been implemented so far.

Slovenia: Staff should self-report if they experience symptoms of COVID-19

South Korea: Regular temperature checks (7th March).

Testing care home residents and staff

Austria: Systematic, nationwide testing of care home residents and staff, including people who will be discharged from hospital to care homes

Germany (North-Rhine Westphalia): New residents required to be tested (4th April).

Germany (Baden-Wuerttemberg, Bavaria; Saxony): If there is a suspicion that there may be several people infected within one care home, testing among residents and staff should happen immediately (23rd April*).

England: From the 12th of March testing was reserved for those in hospital, but on the 15th of April it was expanded to care home residents and staff with relevant symptoms. On 28th April it was announced that testing would be expanded to 'all NHS and social care staff and care home residents' irrespective of whether or not they have symptoms.

Germany (Hamburg): If a COVID-19 infection has been confirmed in a resident or member of staff, the care provider is required to test all care residents and all staff immediately for COVID-19 and to repeat this at a useful time interval.

Israel: Since the beginning of April all staff and residents at a LTCF with a COVID-19 patient are tested. Medical staff are instructed to test any resident with fever and respiratory symptoms for COVID-19. Any resident transferred from the hospital is also tested. Following

an outbreak, all employees and residents are tested immediately, and every week afterwards.

Italy: Testing needs to be allowed by Local Health Authorities in a case by case basis. Some Nursing Homes are starting to buy testing services on their own to assure the safety of their residents and workers (30th April).

Netherlands: New testing policy announced on 6th April that allows all healthcare workers (including LTC staff) to get tested when they develop symptoms.

Slovenia: Mobile medical teams are conducting coronavirus testing at nursing homes (20th April*).

South Korea: Diagnostic test for COVID-19 for 460 inpatients in long-term care hospitals who were being treated for unknown pneumonia (5th March).

United States: New guidance provided by the Centers for Disease Control (CDC) for testing long term care residents (27th April).

United States (Maryland): announcement of universal testing of all nursing homes as part of strategy to contain outbreak (30th April).

Training of care staff in recognizing symptoms and atypical symptoms

Israel: The national project team issued a presentation with directives regarding the training of the LTC institution staff. The trainings must be followed according to the provided procedure. Application began April 22nd. The training includes: expanded rules of conduct for each sector of workers entering the institution during their stay and departure; outbreak prevention such as the use of antiseptics and PPE and identifying disease symptoms.

5.4. Measures to control infection once it has entered the facility

Contact tracing and isolation based on contact

Austria: *Contact tracing* has been the latest focus of preventative measures to control infection since the alleviation of the lockdown measures at the beginning of May. Several teams are trying to ensure the isolation of positively tested persons, to trace contact persons and to isolate these too. Another method to trace 'clusters' has been used by the Austrian Agency for Health and Food Safety (AGES) with a sample of 3,822 (out of 15,500 positively tested) persons. The study found that more than a third of all identified clusters could be assigned to care homes (6th May).

Germany: RKI recommends contact tracing of contact persons in cooperation with the local health authority. The RKI has made a graphic available for contact tracing and management in care homes (14th April). RKI recommends that staff who have had 15 minutes face-to-face

contact with a COVID-19 case or direct contact with bodily fluids have to isolate at home for 14 days (14th April).

South Korea: Guidelines recommend anyone who has had contact with a positive case should self-isolate (26th March*).

Isolation measures
Isolation of residents with possible, probable and confirmed COVID19 (risk zones)
Austria: Created isolation wards for COVID-19 patients where possible (16th April*). *Brazil:* Isolation is challenging in Brazil because many institutions only have shared rooms, in that case residents who test positive can be transferred to hospital. *Germany:* If evidence of COVID-19, the institution should be separated into three areas: without symptoms, suspected cases, confirmed cases. Staff should only be working in one of the designated areas (14th April). *England:* Isolation of COVID-19 cases, appropriate measures will be agreed with authorities (15th April*). *Israel*: Any resident returning from home is quarantined for 14 days. Any resident with COVID-19 symptoms is tested immediately and quarantined until the test results come back. In order to ensure the range of health services for residents under quarantine, the facilities have opened special and separate departments for the treatment of COVID-19 patients (20th April). *Italy:* New admissions, suspected and confirmed cases need to be isolated in a specific COVID-19 area, while preserving COVID-19 clean areas. *Spain:* New guidance issued on 24th March extends isolation measures for residents and staff who are asymptomatic but may have been in contact with positive cases. Many care homes report that if they adhered to this they would need to send all staff home. *United States*: varies by State. Indiana and North Carolina are working on cohorting within the care homes. Some states, including Connecticut, Massachusetts, Oregon, and Indiana are also creating new COVID-only skilled nursing facilities in underused homes. This is superior to moving long-term care home residents out (22 April).
Isolation of residents with symptoms in single room/separate part of the facility
Australia: Government advice to isolate unwell residents in single rooms and assigning dedicated staff to these residents, as well as use of infection prevention control measures and PPE (4th April). *Austria*: Suspected COVID-19 patients are to be isolated in single rooms.

China: Care homes are required to prepare a temporary isolation room for people with symptoms (16th April*).

Germany: Guidelines recommend residents that have tested positive or are suspected of COVID-19 should be moved into single rooms ideally with their own wet room (14th April).

Hong Kong: Residents with symptoms are isolated within the facility (27th March*).

Ireland: Where there is capacity, residents with possible or confirmed COVID-19 should be placed in a single room with en-suite facilities. Residents who are contacts of a confirmed or possible case should be accommodated in a single room with their own bathroom. If this is not possible, cohorting in small groups (2 to 4) with other contacts is acceptable (21st April*).

Italy: Where there is capacity, depending on the characteristics of the home. It is recommended by Local Health Authorities and Nursing Home providers guidelines. COVID-19 clean areas are suggested for Nursing homes that have enough space to organize it.

Slovenia: When care home suspects one or more residents have COVID-19, they must immediately inform the selected doctor. Before the arrival of the doctor, the resident is placed in a closed room, separate from other residents.

_UK:_ Residents with COVID-19 symptoms should be isolated in a separate room with a separate bathroom where possible (2nd April).

**Removing residents who test positive to quarantine centres**
Israel: COVID-19 positive LTCF residents are transferred to LTC Corona wards (30th March). There are currently 11 LTCF Corona wards with 360 beds available in Israel (4th May). _South Korea:_ After being tested, people who need to isolate can enter quarantine facilities (26th March*).
**Removing residents without symptoms of COVID19 to other accommodation**
Austria: When infection has occurred in a facility, care homes have moved residents into other facilities, such as hospitals, or to designated units or to other care homes of the same provider (16th April*). _England:_ moving vulnerable residents at risk of infection to different locations may be considered if it 'becomes clinically and socially required'. _Slovenia:_ Where possible, in case of infections in a care home, healthy residents will be relocated to other facilities (9th April). _United States:_ Some states are dedicating facilities to COVID-19 patients. In Austin, a wing of an under-occupied care home has been added for COVID-19 patients. The proposal to move residents testing positive to new locations has largely been abandoned with very poor family and public reactions, e.g. NY, and the increased spread of the virus (15th April).

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

Telehealth visits from healthcare providers

Austria: Exploring provision of virtual care over the internet and phone (16th April*).

England: Care homes can now communicate through NHS Mail and MS Teams with healthcare providers. People living in care homes may be offered telemedicine consultations. It is encouraged that regular care home rounds (by GPs or multidisciplinary teams) should be delivered virtually unless physical presence is needed (15th April).

Hong Kong: Occupational Therapy for people with dementia delivered via telehealth (27th March*).

Italy: Only on voluntary basis.

United States: Expanded access to telehealth services for older adults in care homes through Medicare have been in effect since March. These allow licensed social workers, clinical psychologists, physical therapists etc. to conduct virtual check-ins. Healthcare providers can be reimbursed for these services by Medicare and some other 3rd party health insurers (not previously) (17th March).

Access to palliative care

Austria: Guidance is provided by a range of organisations. There has also been some mitigation for visits of residents/patients in palliative care during the period of visiting restrictions.

England: Where appropriate, palliative care support should be made available in collaboration with relevant health and social care providers (15th April).

United States: Recommendations and resources from CDC for those living with serious illness, and their caregivers. Helps clinicians to understand and provide recommended care. Guidance on care settings also available (24th April*).

Advanced directives

Germany (Baden-Württemberg): If a resident develops a severe form of COVID-19, the advance directive to exclude artificial respiration should be considered critically because an infection such as COVID-19 and its related survival chances, may not have been considered by the person when signing the document (23rd April*).

Deploying additional healthcare staff to care homes

Australia: Government is providing surge staffing through a healthcare company and social care staff agency.

Ensuring care homes have adequate supplies of medicines & equipment

Australia: Nursing homes have priority access to national PPE stockpile if there is an outbreak

United States: Efforts from the US federal agencies to use their supply chain and delivery to get medical supplies to nursing homes (24th April).

Referral system between hospitals and care homes

China: A referral system set up with specific care homes and designated hospitals for patients with COVID-19 (16th April*).

Providing emergency medical care

China: An emergency medical service plan for care home residents was launched locally to provide prompt medical care for all residents, not just those with COVID-19 (16th April*).

5.6. Managing staff availability and wellbeing

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

Ireland: Temporary COVID-19 Financial Support Scheme introduced by the government to support care homes. The scheme is aimed at providing immediate temporary assistance payment to support private and voluntary nursing homes to take measures to further mitigate against a COVID-19 outbreak. Funding based on the number of Nursing Home Support Scheme residents. When a nursing home has incurred significant further costs or undertaken necessary enhanced actions arising directly from COVID-19 outbreak, a nursing home can submit a separate business case for enhanced funding (4th April).

Israel: A Ministry of Health 'Arrow team' is ready to replace the staff of affected LTCF for 7 to 14 days.

Funding to boost staff numbers: retention bonus paid to staff

Australia: Part of Government funding package announced 11th March. Aged care reforms relating to financing of residential care have since been put on hold (24th April*).

Austria: Payment of premiums has been announced (5th April).

Germany: The German government has announced an increase in care workers' wages (23rd April).

Germany (Bavaria & Schleswig-Holstein): Bavaria provides financial support for catering in nursing homes (1st April). Bavaria (7 April) and Schleswig-Holstein (6 April) announced one-off bonus payments for staff working during COVID-19 pandemic.

United States: Some private firms giving bonuses.

Recruitment of additional staff

Recruitment of recent graduates and health students

Australia: Recruiting recent graduates and health students (9th March).

England: The government aims to attract 20,000 people into social care through a national recruitment campaign and target returners and new starters. Previously registered social workers will be temporarily re-registered and they can work (opt-out basis) if their name is on the list. Occupational therapists can temporarily re-register. Nurses can be deployed to support social care (15th April).

Israel: The Israel Ministry of Health is recruiting nurses, nursing students and medical students.

Netherlands: On 16 March, the Dutch Youth and Health Care Inspectorate allowed nursing home managers to recruit personnel beyond their traditional pool of employees, allowing them to hire personnel such as medical students.

United States: Medical and nursing students are being utilized in places hard hit like New York City (25th March and 20th April).

Recruitment of staff that are new to the sector

England: The government sought to attract 20,000 people into social care through a national recruitment campaign and target returners and new starters. People would receive online training and access to job opportunities through an online platform and key parts of the Care Certificate would be available free of charge. The government would enable furloughed workers from other sectors to undertake paid employment in social care. There would also be fast-tracking of the Disclosure and Barring Service (DBS) (15th April*).

Germany (Bavaria, Bremen & Rhineland-Palatinate): People with qualification or experience in health and social care and are not currently actively employed in care related jobs can register (23rd March).

Ireland: Launched a recruitment campaign, Be on Call for Ireland, asking all healthcare professionals who are not already working in the public health service to register (17th March). The HSE can redeploy existing HSE staff on a voluntary basis to work in private nursing homes (15th April).

Italy: On 22nd of April, a National Unit for the care sector has been established with the aim to manage 500 additional care workers in LTC services (in the national territory).

Slovenia: Where staff in nursing homes become exhausted or overwhelmed, medical teams will be deployed to these homes (9th April*). Assistance provided by local hospitals and regional coordinators (20th April*).

United States: Plans for calling in retired and inactive health care providers; calling in healthcare providers from other sectors to help with surges in LTC facility settings. Health systems are helping states Area Health Education Centres (AHEC) create plans for training and deploying additional RN/LPN/CAN staff to nursing homes (24th April*).

Rapid response teams

Australia: The government has employed healthcare delivery provider Aspen Medical to provide rapid response teams to residential care, deploying to facilities with COVID cases. The government also has an agreement with online aged care workforce supplier Mable to supply surge staffing (24th April*).

Israel: A Ministry of Health 'Arrow team' is ready to replace the staff of affected LTCF for 7 to 14 days.

Spain: *and* *US*: Various examples of care homes that have already experienced this, and also in Spain active planning to increase capacity of rapid response teams.

Loosening staff regulations

Austria: Allowing individuals with limited or no qualifications to provide basic care; mandatory registration of nurses has been suspended; increase workforce capacity from retired care professionals and those with formal training but work in another sector (10th April). Minimal requirements for staff have been made less stringent in care homes in Upper Austria and Styria.

Germany: Allowed to deviate from rules and operational frameworks around staffing levels (27th March).

Spain: Governments have new legal powers to recruit additional staff by temporarily suspending the accreditation requirements (1st April*).

United States: Professional organisations are recommending loosening scope of practice regulations for physician assistants, nurse practitioners and other providers, to increase efficiencies in healthcare (24th April*).

Allowing staff with restricted work visas to work more hours

Australia: The number of working hours a week allowed by international students will be temporarily lifted to 40 hours a week to fill shortages in residential care (24th April*).

Supporting care home staff with accommodation and practical measures

United States: Example from a private provider arranging grocery deliveries for staff

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

Slovenia: Psycho-social assistance network will be launched for care home staff who burnt out (16th April)

England: A free text messaging support service established for social care staff and a dedicated website containing resources around mental and physical wellbeing. The free support line available to healthcare workers should be extended to social care workers in due course (includes bereavement services, support to cope with anxiety and trauma). A support package is being prepared for Registered Managers. Supermarkets have been asked include care workers in special shopping hours available to healthcare workers (15th April).

5.7. Measures to compensate for impact of physical distancing in care homes

Methods to combat loneliness in residents

Australia: Facilities are trialling a range of methods to combat loneliness in residents including technologies such as video-chat with families, handwritten letters and window visits (24th April*).

Austria: A number of initiatives by public authorities and private non-profit organisations facilitated the acquisition of digital devices or online communication.

England: In partnership with Facebook, 2,050 Portal video calling devices to be made available for free, including to care homes (15th April*).

Ireland: Compiled a list of activities that staff could offer to nursing home residents and ways of ensuring residents could remain in contact with their families. Comfort Words, a national initiative encouraging children to reach out to older people in nursing homes during COVID-19 by writing to them, was launched on 23rd March.

Israel: From April 20th, a single family member is allowed to visit on special cases approved by the facility management and subject to social distancing directives.

Italy: The majority of Nursing Homes have organized digital systems guaranteeing video call or similar alternatives.

United States: The Cares Act included a $425 million appropriation to the Substance Abuse and Mental Health Services Administration (SAMHSA) to address mental health needs. Specifically, it allows for: Use of telehealth to address mental health through Medicare and private insurance; the VA to arrange for an expansion of mental health services to isolated veterans via telehealth or other remote care services (21st April).

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