



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

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Corrections and comments are welcome at info@Itccovid.org. This document was last updated on 2 May 2020 and may be subject to revision.

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1. 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 reports¹ on the COVID-19 long-term care situation published in the [LTCcovid.org website](https://ltccovid.org).

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.

This first version simply aims to list the measures described in the current country reports but future versions will also seek to cover early evidence (as and when it becomes available) of the success of those measures in controlling COVID-19 infections, their impact on care home residents and staff, their sustainability and costs.

2. 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 to the particular difficulties that living in a communal setting poses to physical distancing, in many countries there have been large numbers of deaths in care homes. 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 residents².

However, there are also countries, such as Hong Kong³, where there have not been any COVID-19 infections in care homes yet, and others, such as South Korea⁴ and Germany⁵, where the share of deaths in care homes have been relatively low. While it is early to come to firm conclusions and there are many difficulties with data, these differences suggest that having large numbers of deaths as result of COVID-19 is not inevitable and that appropriate measures to prevent and control infections in care homes can save lives.

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.

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/The-Long-Term-Care-COVID19-situation-in-South-Korea-27-April-2020.pdf>

⁵ https://ltccovid.org/wp-content/uploads/2020/04/Germany_LTC_COVID-19-29-April-2020.pdf

There is also growing evidence of asymptomatic transmission in care homes⁶, which highlights the importance of regular testing in care homes instead of relying on symptoms to identify people with potential COVID-19 infections.

Geriatricians⁷ 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 hyperactive), diarrhoea, lethargy, falls and reduced appetite) are more frequent among care home residents with COVID-19.

3. Measures adopted by different countries 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 the [country reports published in LTCcovid.org](#) Where possible, the date indicates when the measure was implemented. If this information was not available, the date of the report is used, as indicated by *. This table will be updated and expanded as more information becomes available.

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

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

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.

⁶ <https://www.nejm.org/doi/full/10.1056/NEJMoa2008457>

⁷ <https://www.bgs.org.uk/blog/atypical-covid-19-presentations-in-older-people-%E2%80%93-the-need-for-continued-vigilance> and

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*).

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

[Italy](#): Nursing Homes need to notify suspected cases to Local health Authorities so 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 institution 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 to 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

[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

[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

[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*)

[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*).

[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*).

[Spain](#): Central government has approved a fund to strengthen the long-term care systems (24th March).

[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)

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

Isolation within facility for all residents

[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*).

[South Korea](#): Cohort quarantine as a preventive measure in some facilities in Gyeonggi (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).

[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*).

[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 is suspended (6th March). All routine inspections of nursing homes cancelled (12th March).

[Israel](#): All visitors are banned from entering care homes (10th March).

[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

[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*).

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

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

South Korea: Measure included provision of financial incentives to staff, as well as PPE, automatic hand sanitizers, etc. This was done for all 564 care homes in the region (26th March*).

Also examples (usually voluntary) in Spain and the United Kingdom

Use of Personal Protection Equipment (PPE)

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

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 also used by cleaning staff (27th March*).

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

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

[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 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 (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 admission to care and nursing homes immediately require testing for COVID19. These tests should be prioritised

[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

3.3. Measures to monitor potential infections

Systematic symptom monitoring

[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 twice daily active monitoring of residents for signs and symptoms of respiratory illness or changes in their baseline condition (21st April*).

[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*).

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 recipient and all staff immediately for COVID19 and to repeat this at a useful time interval

Italy: Testing needs to be allowed by Local Health Authorities in a case by case basis. Some Nursing Homes are starting buying testing services on their own to assure the safety to 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 atypical symptoms

No examples identified yet

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

Contact tracing and isolation based on contact

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*).

[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).

[Italy](#): New admissions, suspected and confirmed cases need to be isolated in 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).

[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

South Korea: After being tested, people who need to isolate can enter quarantine facilities such as the Human Resources Development Institute (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 (16th April*).

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).

3.5. 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*).

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

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).

3.6. 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).

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*).

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).

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

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*).

[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).

[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)

3.7. 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*).

[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.

[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).

4. References

This document draws on the LTCcovid.org country reports, the latest versions are available here: <https://ltccovid.org/country-reports-on-covid-19-and-long-term-care/>

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