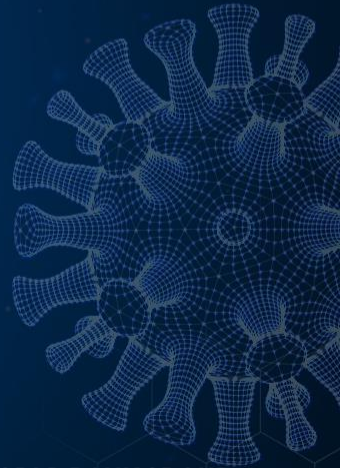
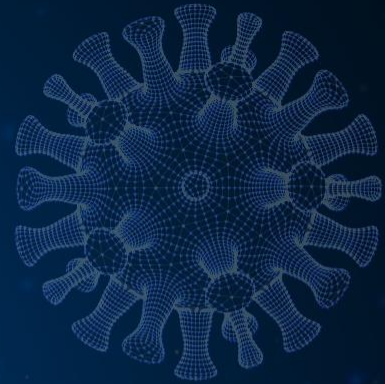


COVID-19 and Protecting the Elderly Dependent on Long Term Care (LTC)

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ELDERLY DEPENDENT ON LTC ARE AT A HIGH RISK DUE TO COVID-19

- Worldwide, between 1/3 and 1/2 of countries' COVID-19 related death occurred in care homes
- Age is linked to susceptibility to infection and worse prognoses for recovery;
- Spaces with high population densities are more susceptible to the transmission;
- The long-term care dependent population is more likely to have underlying health conditions (compounding the increased risk associated with age);
- Caregivers are one unwitting source of the COVID-19 infection;
- A shortage of staffing and resources including personal protective equipment (PPE) and testing resources make care workers more vulnerable to infection and to the risk of transmitting the virus.



REVIEW OF INTERNATIONAL MEASURES TO PROTECT THE ELDERLY DEPENDENT ON LTC

- The review is based on experiences of eleven countries - Australia, Canada, China (mainland), France, Germany, Hong Kong SAR (China), Japan, South Korea, Taiwan (China), the United Kingdom (UK), and the United States (US).
- The review also considered the guidelines issued by 3 international organizations - the World Health Organization (WHO), the European Centre for Disease Prevention and Control (ECDC), and the HelpAge International.
- For further information see “The Elderly Care Response to Covid-19: A Review of International Measures to Protect the Elderly Living in Residential Facilities and Implications for Malaysia. <http://documents.worldbank.org/curated/en/770271591601451349/The-Elderly-Care-Response-to-Covid-19-A-Review-of-International-Measures-to-Protect-the-Elderly-Living-in-Residential-Facilities-and-Implications-for-Malaysia>



IMMEDIATE-TERM POLICY RESPONSES

Key Elements	Policy Measures
1.Prevention	<ul style="list-style-type: none">• Inform residents, staff and visitors of following personal hygiene and social distancing requirements• Screen body temperatures and symptom signs of residents and staff daily• Adopt visitor restriction and physical distancing by following instructions from local health authorities based on the assessment of the spread risks
2.Control	<ul style="list-style-type: none">• Strengthen infection management following the principle of early detection, recognition, and isolation and quarantine• Carry out isolation and quarantine for suspected/confirmed cases and those have close contacts with them• Clean and disinfect residential facilities thoroughly and dispose waste with protective measures
3.Resources (human and financial)	<ul style="list-style-type: none">• Train staff the steps, measures, and actions to deal with different scenarios• Purchase PPE to strengthen staff protection• Provide financial support for the infection prevention and control
4.Coordination	<ul style="list-style-type: none">• Coordinate between the government agencies and between social and health sectors• Coordinate between care homes, health agencies and hospitals
5.Management	<ul style="list-style-type: none">• Strengthen leadership, planning and coordination at the facility level• Assign care home managers or an IPC focal point to lead and coordinate IPC activities
6.Reporting	<ul style="list-style-type: none">• Carry out daily monitoring of the infection status to keep the information publicly available• Report to local health authorities and follow their instructions immediately if a suspected/confirmed case is found
7.Communication	<ul style="list-style-type: none">• Awareness campaign to increase the awareness of the risks and actions to be taken• Communicate externally with visitors and family members to update the status• Educate residents to take actions for personal hygiene, social and physical distancing
8.Planning	<ul style="list-style-type: none">• Develop national/local preparedness plans in preparation for a pandemic outbreak• Introduce national/local guidelines for infection prevention and control• Simplify policy procedures and legislations to support rapid response• Start planning for the response to the second wave of COVID-19 impact



IMMEDIATE-TERM POLICY RESPONSES

PREVENTION

Personal hygiene. Some countries mandate increased cleaning/disinfection regimes (Australia, Hong Kong SAR / China, Australia)

Visitor restrictions. Nearly all countries have implemented visitor restriction policy (Australia, Canada, China, France, Germany, Taiwan (China), the UK, the US).

Screening of residents and staff's health status. Guidelines for resident and staff screening and self-isolation (Canada Germany, the UK, the US, Australia).

Social and physical distancing. physical distancing via restricting activities within care homes (Germany, Hong Kong SAR / China, Japan, Taiwan / China).

Other measures. “point of care risk assessments” (Canada), deploying mobile geriatric and palliative teams (France), and designating local respiratory virus isolation centers (the US).



IMMEDIATE-TERM POLICY RESPONSES

Control (testing, early identification, isolation) - Australia, Canada, China, France, Germany, Hong Kong SAR (China), Japan, Taiwan (China), the UK and the US have detection/reporting requirements or guidelines for confirmed or suspected cases.

Resources (human and financial) - adequate staffing, training, screening; sick leave pay. Also, relaxation of visa requirements for care workers, increased compensation for aged care workers, provision of PPE; financial support to help residential facilities to purchase PPE. Dedicated funding packages for the long-term care sector - Australia, US, Netherlands

Coordination reporting of cases to public health or other government officials, coordination between hospitals and care facilities to safely transfer critical patients, designation of specific national and local authorities to provide leadership and coordination, designation of in-house medical care coordinators or an outbreak team, and support to coordination with family doctors.



IMMEDIATE-TERM POLICY RESPONSES

Management China, France, France Germany, Japan, Taiwan / China implemented a clear leadership structure in charge of implementing infection prevention and control measures.

Reporting Part of a real-time monitoring system to share information and notify the facility management/the IPC focal point and relevant authorities of any suspected or confirmed COVID-19 cases for further actions.

Communication Within facilities, with external parties, and with the public at large. Australia, China, the US - post signs in facilities about symptoms and hygiene; Canada, Taiwan / China, the US, Canada, Germany, Japan - implemented awareness campaigns through care providers.

Planning Australia, Hong Kong SAR (China), Taiwan (China), Japan, and the UK developed preparedness plans, given the possibility of the second wave of COVID-19 impact in the upcoming fall and winter.



STRUCTURAL, MEDIUM-TERM RECCOMENDATIONS

Strengthen Government stewardship of the care market

Agenda for countries which already have provisions for social pensions and health care insurance and are thinking about developing structures for financing and provision of care.

- Countries with pre-existing publicly supported systems mounted a more effective response by building on these delivery systems
- Good government stewardship is characterized by systems with functional funding channels, systems for measuring and enforcing quality of care, and information systems that transmit data upwards and downwards, among others.
- Leaving primary responsibility to the family or other private means imposes a high toll on the prime-aged familial cares (and women are overrepresented among them) and leads to inefficient use of medical resources.
- The role of the family caregivers and private payment will remain important

STRUCTURAL, MEDIUM-TERM RECCOMENDATIONS

Develop home-based care: formal care and support for familial caregivers. Crisis exposed the inherently high vulnerability of residents in institutional care, therefore all means possible should be deployed to allow people stay at home

Continue improvements in quality of care in residential facilities. Human resources are the key determinants of quality. COVID-19 revealed pre-existing quality of care as a major predictor of the efficacy of facilities' responses. (wages, guaranteed full sick leave pay, and training)

Adopt IT solutions to ensure continuity of care and battle isolation. (Telemedicine monitoring of vital signs, reminders, communication devices)



ADDITIONAL RESOURCES

<https://ltccovid.org/>

https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf

<https://www.ecdc.europa.eu/en/publications-data/infection-prevention-and-control-covid-19-healthcare-settings>

<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-infection-prevention-and-control-healthcare-settings-march-2020.pdf>

<https://www.helpage.org/what-we-do/protecting-older-people-during-the-coronavirus-covid19-pandemic/>