

WEBINAR **SERIES**



**Promoting
health throughout
the life-course
during the
COVID-19
pandemic**

**WEBINAR-7:
LONG-TERM CARE OF OLDER PEOPLE
DURING COVID-19**

**Preventing and managing
COVID-19 across long term
care services: WHO Guidance**



Dr Zee-A Han
Responsible Officer for Long-term care
Ageing and Health Unit
Department of Maternal, Newborn, Child &
Adolescent health & Ageing (MCA)
WHO, Geneva



Long-term care of older people during COVID-19

Health throughout the lifecourse Webinar Series
30 September 2020

Zee-A Han MD, PhD

Responsible officer for Long-term care

Ageing and Health Unit

Department of Maternal, Newborn, Child and Adolescent
Health and Ageing(MCA)

WHO HQ, Geneva

Introduction

- The COVID-19 pandemic has affected older people disproportionately, especially those living in long-term care facilities.
- In many countries, evidence shows that more than 40% of COVID-19 related deaths have been linked to long-term care facilities, with figures being as high as 80% in some high-income countries.

DEFINITIONS

Long-term care

Services to ensure that people with or at risk of significant loss of physical and mental capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity (1). These services typically involve care and assistance with everyday tasks (including dressing, bathing, shopping, cooking and cleaning), support with social participation, and management of advanced chronic conditions through community nursing, rehabilitation and end-of-life care. Services are provided by both unpaid caregivers (typically family but also volunteers) and paid care staff.

Long-term care facilities

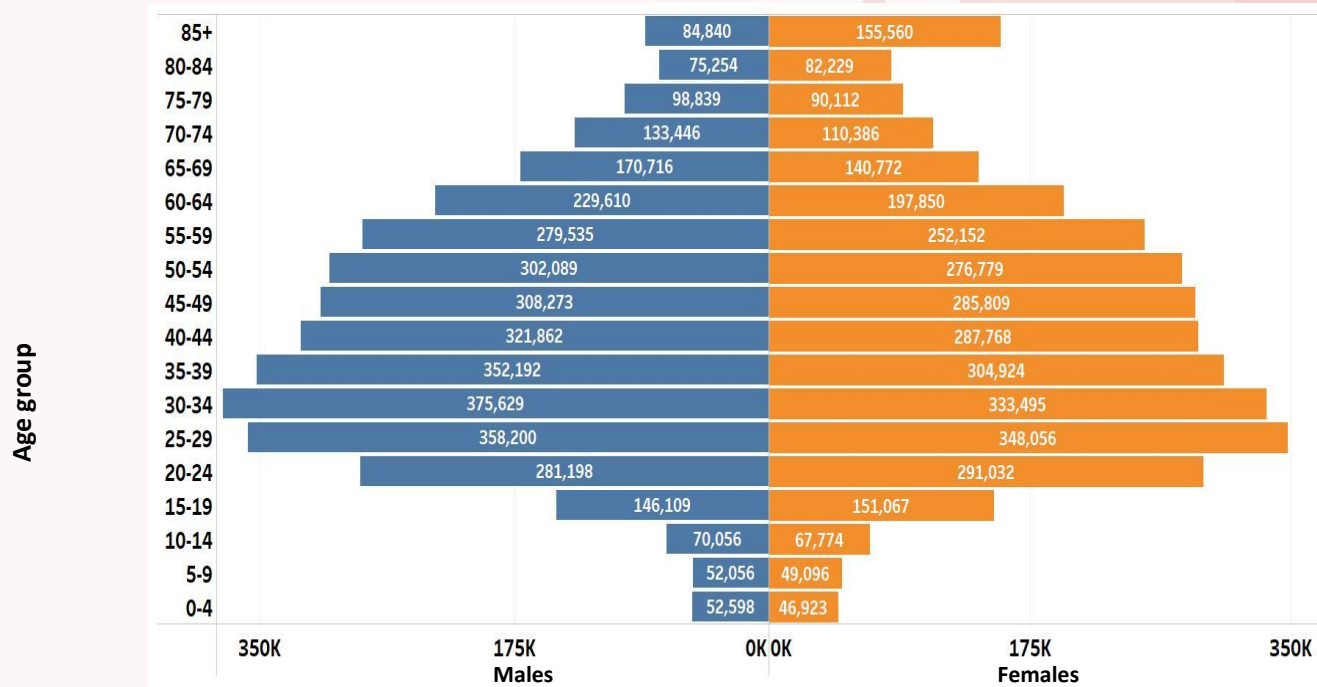
Long-term care facilities may vary by country. Nursing homes, skilled nursing facilities, assisted living facilities, residential facilities and residential long-term care facilities are collectively known as long-term care facilities that provide a variety of services, including medical and assistive care, to people who are unable to live independently in the community. The use of the term “long-term care facilities” does not include home-based long-term care, community centres, adult day care facilities or respite care.

Objectives

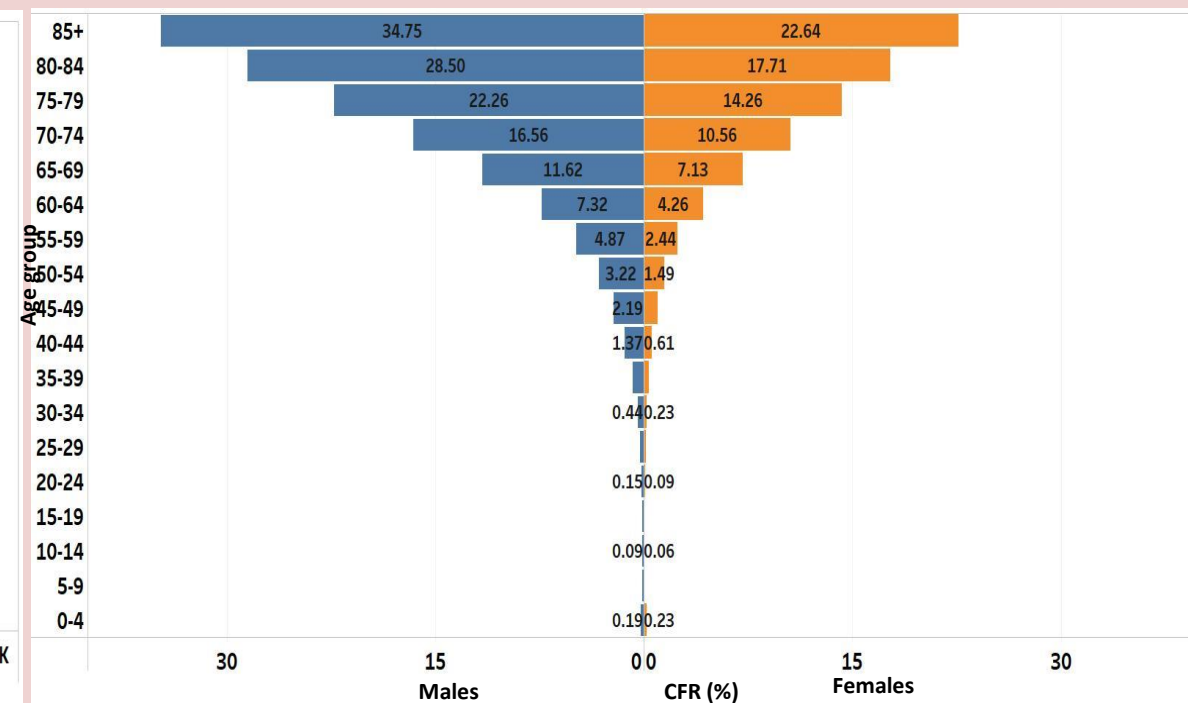
- Present key findings from a systematic review and compiled country reports
- Brief introduction of WHO IPC guidance for long-term care facilities in the context of COVID-19
- Brief introduction of WHO Preventing and managing COVID-19 across long-term care services with focus on long-term care facilities

As Persons get Older there is an Increased Risk of Death

Confirmed cases of COVID-19 disease with recorded age and sex as of 08 September 2020. Data from 135 countries reporting **7,164,286** cases to the WHO by age and sex



Case fatality ratios (%) from COVID-19 by age and sex as of 08 September 2020 from 71 countries reporting at least 1 death with recorded age and sex.

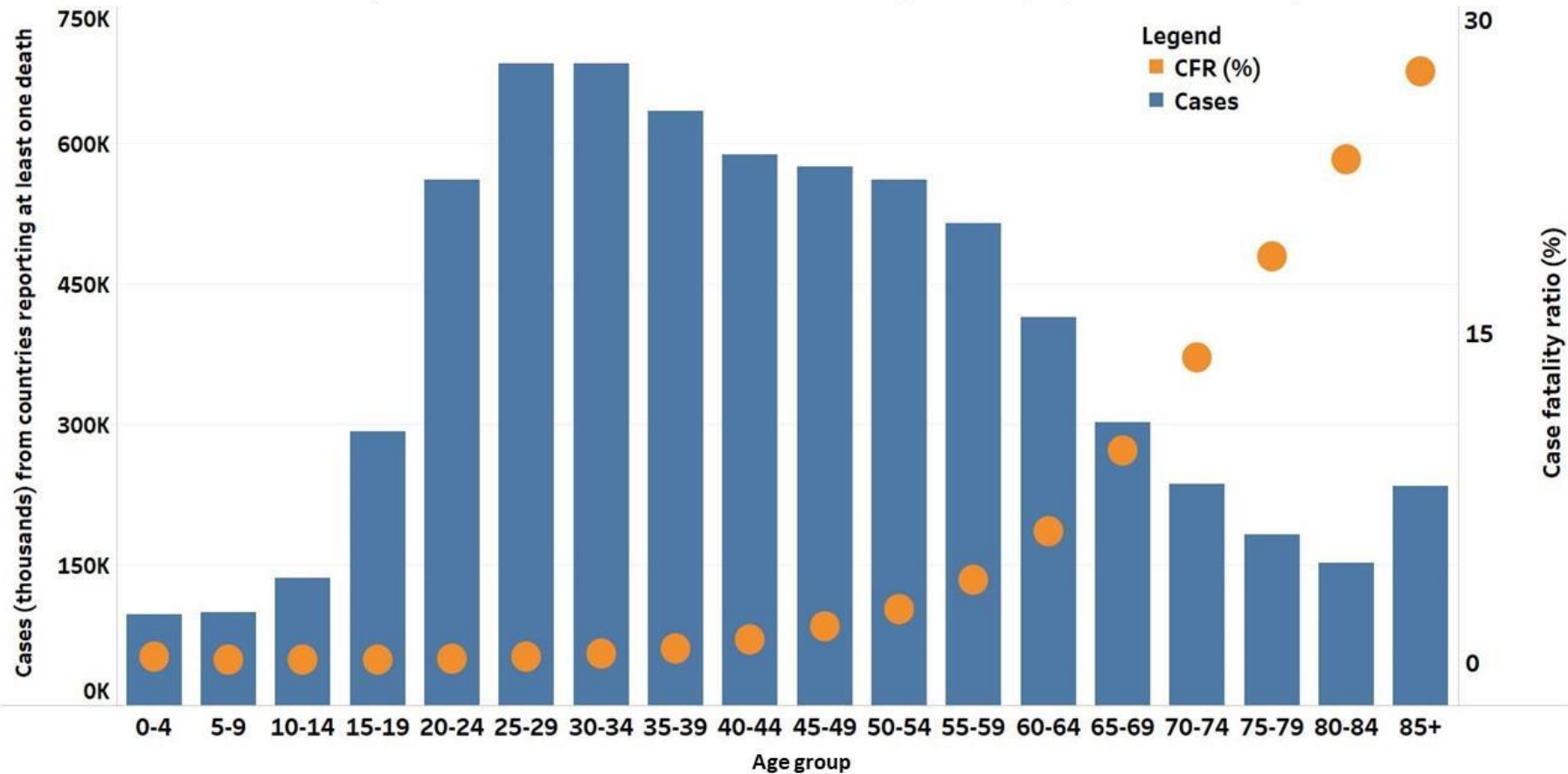


Source: Country data submitted to WHO Health Emergencies Programme as of 08 September 2020. The data represent cases reported by 135 countries to WHO with recorded age and sex. This is an under-reporting of the global number of cases because many countries do not capture age and sex specific data.

Source: WHO- from countries reporting to WHO's Health Emergencies Programme as of 08 September 2020. The data represent deaths and cases reported by 71 countries who reported at least one death from COVID-19 by age and sex to WHO at the stated point in time. This is an under-reporting of the global number of deaths and cases. The term "ratio" instead of "rate" is used for this measure of disease severity to account for the lack of a unified time component in the data set.

Impact of COVID-19 on Older Adults

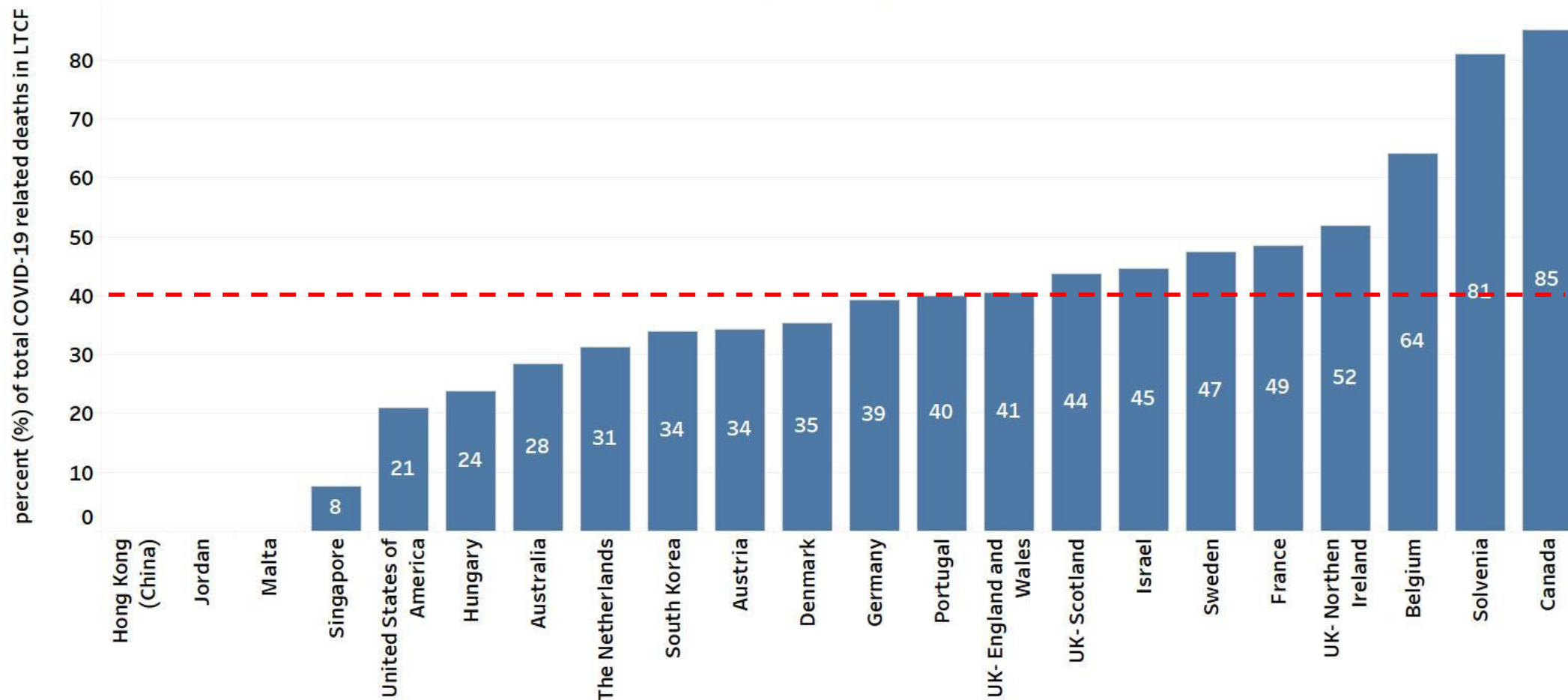
COVID-19 reported cases and case fatality rate (%) as of 08 Sept. 2020



Source: Case report forms submitted to WHO from 71 countries reporting at least one death by age and sex. Cases= 6,951,920 Deaths= 273,730

Impact of COVID-19 on the Long-term care facilities

Percent of total COVID-19 related deaths occurring in long-term-care facilities by country



- In many countries, more than 40% of COVID-19 deaths was attributable to the long-term facilities.

Key questions that need to be answered to inform a better response

- How many residents and staff members of long-term care facilities
 - have contracted COVID-19?
 - have contracted severe COVID-19, requiring hospitalization or ICU admission?
 - have died due to COVID-19?
- Which infection and prevention control strategies are effective in forestalling the spread of COVID-19 in the long term care facilities?
- What is best strategy for testing of residents and staff in long-term care facilities?

What do we know so far

- **Systematic review***
 - Potentially eligible studies were identified through systematic searches of 7 electronic databases
 - 15 May 2020 and updated weekly up to 29 May 2020.
 - Inclusion if study had primary data on Covid-19 mortality or spread of COVID 19 infection among users of LTC facilities
 - 30 study reports for 27 unique primary studies or outbreak reports
- **Compilation of official reporting from various countries****
 - Official figures of deaths and infections in long-term care settings at the country level
 - As of 5 June 2020, this included data for 26 countries.

*COVID-19 related mortality and spread of disease in long-term care: first findings from a living systematic review of emerging evidence. London School of Economic and Political Science (June 9, 2020)

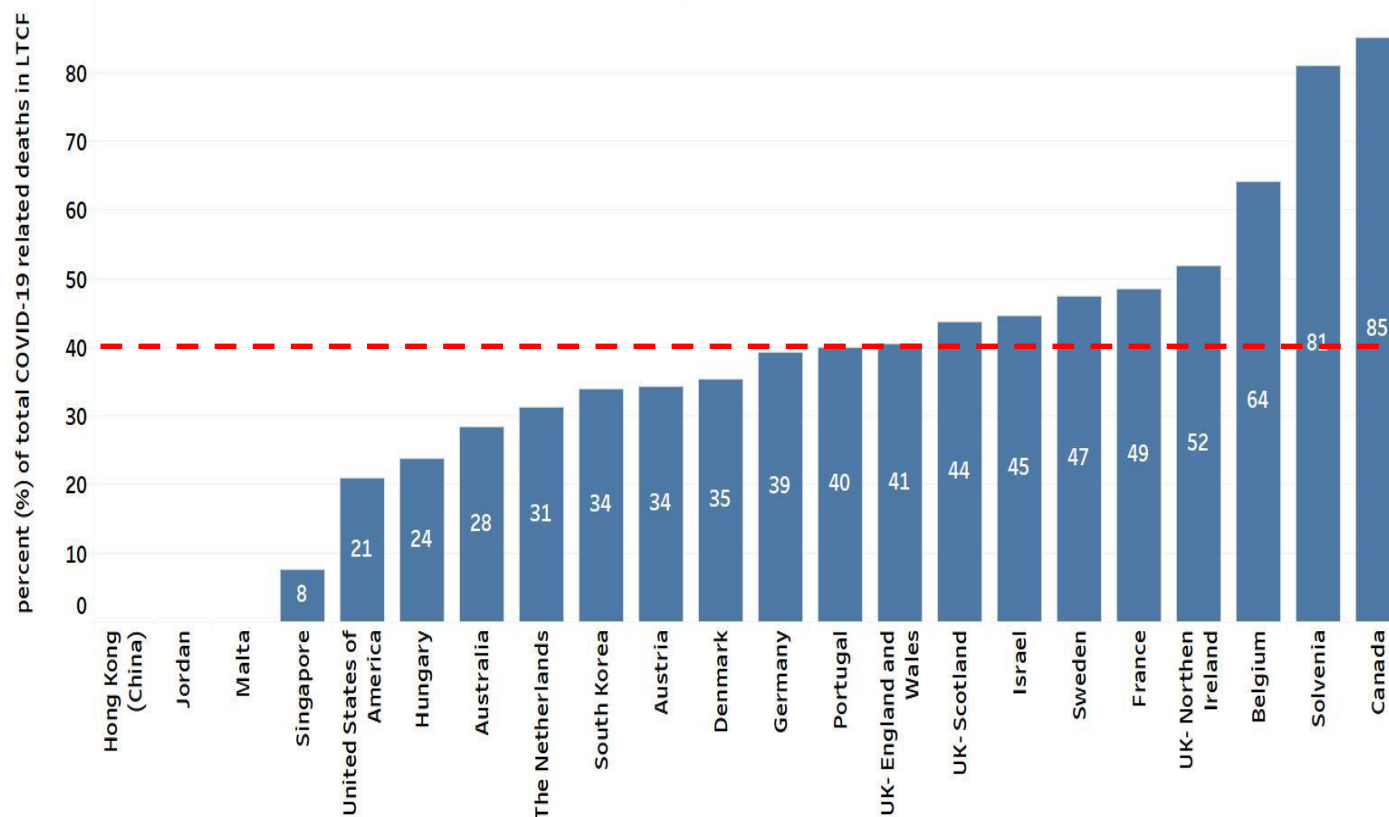
**Mortality associated with COVID-19 outbreaks in care homes: early international evidence. Update of early review (June 29 <https://www.medrxiv.org/content/10.1101/2020.06.09.20125237v2>)

1. The impact of COVID-19 in LTCFs is distinct from the general population

- **The extent of COVID-19 infections rates in long-term care facilities has varied widely, between and within countries:**
 - Outbreak investigations in LTC facilities found COVID-19 incidence rates of between 0.0% and 71.7% among residents and between 1.5% and 64.0% among staff.
 - Some countries report high incidence rates such as in the United Kingdom of Great Britain and Northern Ireland and the United States of America where incidence rates were between 40% and 72% among residents
- **The case fatality for LTC residents may be higher than in the population of the same age outside LTCFs.**
 - Incidence rate of COVID-19 deaths among residents of long-term care facilities in Ontario, Canada, was 13 times higher compared to community-dwelling cases aged 70 years or older
 - and the risk for severe disease, including death, was 2.5 times higher for Israeli nursing home residents with COVID-19 compared to other cases over 65 years of age

2. Mortality related to COVID-19 in LTCFs is more than 50% of total death in some countries

Percent of total COVID-19 related deaths occurring in long-term-care facilities by country



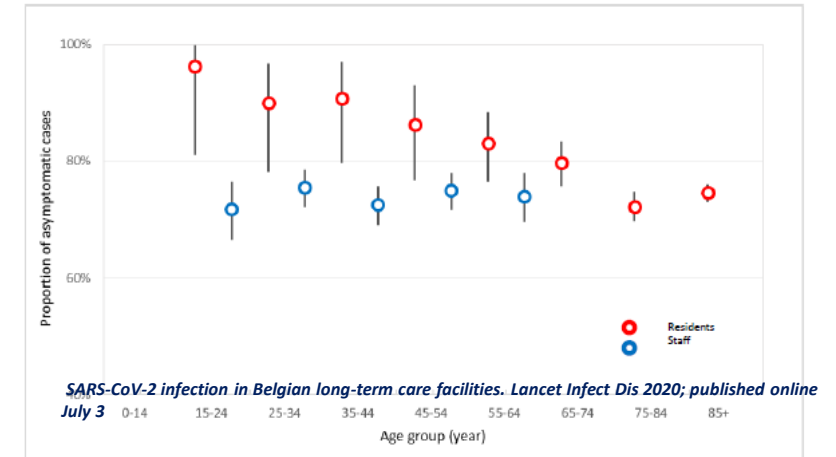
- Two countries reported that over 80% of all the COVID-19 were deaths are among long-term care residents

3. It is difficult to control transmission once infection enters

Strategies to contain COVID-19 in the general population may not be feasible to implement in LTCFs

- Under-prioritization of PPE provision, testing and medical support in LTCFs
- Architecturally IPC measures are difficult to implement
- Services require close proximity
- Staff work in multiple locations
- Residents : high susceptibility to severe COVID-19 due to old age and multimorbidity
- Asymptomatic and presymptomatic cases of people who have COVID-19 and people presenting with “atypical symptoms”
 - 7%~75% of residents who tested positive are pre/asymptomatic
 - 57%-89% of asymptomatic positive residents develop symptoms later
 - 50%~100% of staff who tested positive are pre/asymptomatic
 - Systematic nationwide testing of residents(74.8%) and staff(74%) of LTCFs in Belgium were asymptomatic at the time of testing. (Lancet, Infect Dis July 3)

Annex 2 – Asymptomatic SARS-CoV-2 infection in Belgian long-term care facilities



4. Lack of active surveillance systems in LTCFs hampered immediate actions

- Very few countries report on
 - the numbers of LTCFs (public and privately funded)
 - The number of people residing in LTCFs (disaggregated by age and sex)
 - The number residents and staff in LTCFs who have been infected or died from confirmed or suspected COVID-19
 - The number deaths related to COVID-19 that are linked to LTCFs
 - Disaggregated data by age and sex are not always reported by many countries and when reported age groupings vary
- Additionally there are very few studies looking at transmission in LTCFs and into the effectiveness of IPC and testing strategies effective in forestalling the spread of COVID-19 in LTCFs.
- Finally there are few studies looking into the indirect impact of COVID such as the health impact of lockdown measures in LTCFs as well as extent of disruption of health/assistive care services within LTCFs

5. There are ways to mitigate

- **COVID-19 infection if present in long-term care facilities can be controlled if immediate action is taken**
 - Republic of Korea : in a long-term care hospital, where an infected care worker had been working throughout the facility for 2 days while symptomatic immediately after diagnosis of the index case,
 - five febrile patients were isolated in single bed rooms
 - ten ambulatory patients sent to a public dormitory for quarantine
 - 24 health care personnel quarantined in home for 14 days, other HCP who had to work were quarantine in a hotel and commuted to hospital
 - > resulting in zero additional cases in the facility

IPC guidance for long-term care facilities in the context of COVID-19

Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19

Interim guidance
21 March 2020



Background

On 30 January 2020, WHO announced that the COVID-19 outbreak was a Public Health Emergency of International Concern. Initially, most cases were reported from China and among individuals with travel history to China. Please refer to the latest [situation reports for COVID-19](#).

COVID-19 is an acute respiratory illness caused by a novel human coronavirus (SARS-CoV-2, called COVID-19 virus), which causes higher mortality in people aged ≥60 years and in people with underlying medical conditions such as cardiovascular disease, chronic respiratory disease, diabetes and cancer.

Long-term care facilities (LTCFs), such as nursing homes and rehabilitative centers, are facilities that care for people who suffer from physical or mental disability, some of who are of advanced age. The people living in LTCF are vulnerable populations who are at a higher risk for adverse outcome and for infection due to living in close proximity to others. Thus, LTCFs must take special precautions to protect their residents, employees, and visitors. Note that infection prevention and control (IPC) activities may affect the mental health and well-being of residents and staff, especially the use of PPE and restriction of visitors and group activities. For further information on resilience during the time of COVID, see [Mental health and psychosocial considerations during COVID-19 outbreak](#).

This interim guidance is for LTCF managers and corresponding IPC focal persons in LTCF. The objective of this document is to provide guidance on IPC in LTCFs in the context of COVID-19 to 1) prevent COVID-19 virus from entering the facility, 2) prevent COVID-19 from spreading within the facility, and 3) prevent COVID-19 from spreading to outside the facility. WHO will update these recommendations as new information becomes available. All [technical guidance for COVID-19](#) is available online.

System and service coordination to provide long-term care

- Coordinate with relevant authorities (e.g. Ministry of Health, Ministry of Social Welfare, Ministry of Social Justice, etc.) should be in place to provide continuous care in LTCFs.
- Activate the local health and social care network to facilitate continuous care (clinic, acute-care hospital, day-care center, volunteer group, etc.).
- Facilitate additional support (resources, health care providers) if any older person in LTCFs is confirmed with COVID-19.

Prevention

IPC focal point and activities

LTCFs should ensure that there is an IPC focal point at the facility to lead and coordinate IPC activities, ideally supported by an IPC team with delegated responsibilities and advised by a multidisciplinary committee. WHO guiding principles for IPC can be found [online](#).

At a minimum, the IPC focal point should:¹

- Provide COVID-19 IPC training¹ to all employees, including:
 - an overview of COVID-19: <https://openwho.org>;
 - hand hygiene and respiratory etiquette;
 - standard precautions; and
 - COVID-19 transmission-based precautions.²
- Provide information sessions for residents on COVID-19 to inform them about the virus, the disease it causes and how to protect themselves from infection;
- Regularly audit IPC practices (hand hygiene compliance) and provide feedback to employees.
- Increase emphasis on hand hygiene and respiratory etiquette:
 - Ensure adequate supplies of alcohol-based hand rub (ABHR) (containing at least 60% alcohol) and availability of soap and clean water. Place them at all entrances, exits and points of care
 - Post reminders, posters, flyers around the facility, targeting employees, residents, and visitors to regularly use ABHR or wash hands.

¹ Training videos on COVID-19, including IPC, can be found here:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training>.

Targets: Long-term care facility (LTCF) managers and corresponding IPC focal persons in LTCF

IPC guidance for Long-term Care facilities

PREVENTION

- IPC focal points and activities
- Physical distancing in the facility
- Visitors (“in areas where COVID-19 transmission has been documented access to visitors in the LTCFs should be restricted and avoided as much as possible”)

RESPONSE

- Early recognition : prospective surveillance of residents, staff and visitors based on signs and symptoms
- Source control (focus on residents-source maybe not visitors/residents but staff), PPE, environmental cleaning, Laundry, restriction of movement/transport

REPORTING

MINIMIZING EFFECT OF IPC ON MENTAL HEALTH

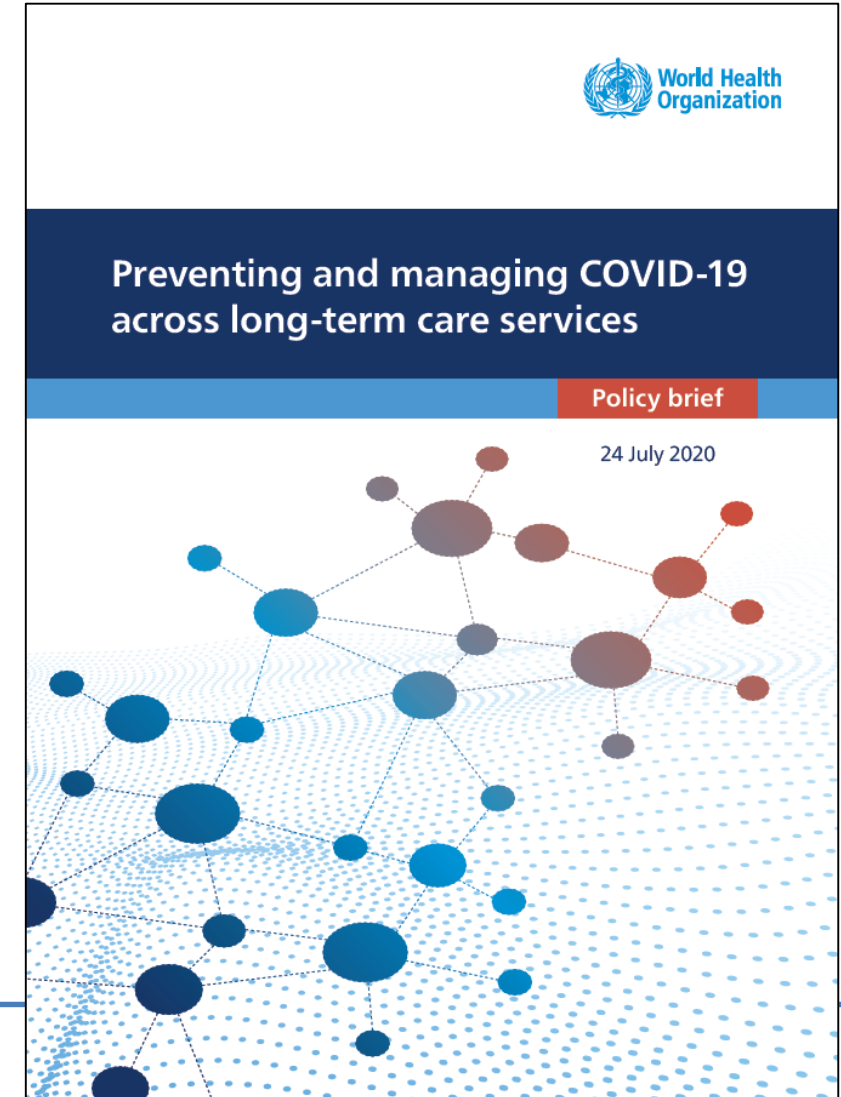
Preventing and managing COVID-19 across long-term care services

Targets:

- Policy makers and authorities in local, subnational, and national level












Structure:

- Eleven policy objectives
 - Challenges
 - Implications in the context of COVID-19
 - Key actions
 - Whole of sector
 - LTCFs
 - Community
 - Country examples



Preventing and managing COVID-19 across long-term care services

Eleven policy objectives to mitigate the impact of COVID-19 across long-term care










-  1. Include long-term care in all phases of the national response to the COVID-19 pandemic.
-  2. Mobilize adequate funding for long-term care to respond to and recover from the COVID-19 pandemic.
-  3. Ensure effective monitoring and evaluation of the impact of COVID-19 on long-term care and ensure efficient information channelling between health and long-term care systems to optimize responses.
-  4. Secure staff and resources, including adequate health workforce and health products, to respond to the COVID-19 pandemic and deliver quality long-term care services.
-  5. Ensure the continuum and continuity of essential services for people receiving long-term care, including promotion, prevention, treatment, rehabilitation and palliation.
-  6. Ensure that infection prevention and control standards are implemented and adhered to in all long-term care settings to prevent and safely manage COVID-19 cases.
-  7. Prioritize testing, contact tracing and monitoring of the spread of COVID-19 among people receiving and providing long-term care services.
-  8. Provide support for family and voluntary caregivers.
-  9. Prioritize the psychosocial well-being of people receiving and providing long-term care services.
-  10. Ensure a smooth transition to the recovery phase.
-  11. Initiate steps for transformation of health and long-term care systems to appropriately integrate and ensure continuous, effective governance of long-term care services.



Preventing and managing COVID-19 across long-term care services

Web annex

Key objectives and actions to prevent and manage COVID-19 in long-term care facilities

-  Ensure that infection prevention and control (IPC) standards are implemented and adhered to in all long-term care facilities to prevent and safely manage COVID-19 cases
-  Prioritize testing, contact tracing and monitoring of the spread of COVID-19 among residents and staff of long-term care facilities
-  Include long-term care in all phases of the national response to the COVID-19 pandemic
-  Mobilize adequate funding for long-term care facilities to respond to and recover from the COVID-19 pandemic
-  Ensure effective monitoring and evaluation of the impact of COVID-19 on long-term care facilities and ensure efficient information channelling between health and long-term care facilities
-  Secure staff and resources, including an adequate health workforce, to respond to the COVID-19 pandemic
-  Ensure the continuum and continuity of essential services for people in long-term care facilities
-  Prioritize the psychological well-being of people receiving and providing long-term care services & Provide support for family and voluntary caregivers
-  Ensure a smooth transition to the recovery phase



2.6 Ensure that infection prevention and control standards are implemented and adhered to in all long-term care settings to prevent and safely manage COVID-19 cases

- *Lack of mandatory implementation of IPC guidance for long-term care*
- *Lack of IPC experience and training in long-term care and resultant implementation difficulties*

IMPLICATIONS IN THE CONTEXT OF COVID-19

- ➡ Lack of mechanisms to ensure implementation of IPC guidelines and monitor and assess implementation
- ➡ Lack of training of long-term care workforce on IPC measures
- ➡ High staff turnover impedes continuity of care and consistency of IPC measures
- ➡ Physical distancing is difficult to achieve for long-term care services
- ➡ Care workers cannot adequately access information on limiting transmission in the context of COVID-19

2.6 Ensure that infection prevention and control standards are implemented and adhered to in all long-term care settings to prevent and safely manage COVID-19 cases

- **Ensure implementation** of IPC guidance in long-term care facilities with reference to the WHO IPC guidance for long-term care facilities in the context of COVID-19.
- Ensure that long-term care facilities have an **IPC focal point to lead and coordinate IPC activities**, ideally supported by an IPC team with delegated responsibilities and advised by a multidisciplinary committee.
- **Establish a coordinating body to develop, adjust and update IPC guidance and protocols** during the COVID-19 pandemic for long-term care facilities.
- Establish a mechanism to plan, prioritize support for, and **monitor implementation of IPC measures** to protect staff and people receiving long-term care from infection or spread of COVID-19.
- Ensure that long-term care facilities have **access to the resources needed to implement IPC** (such as PPE, hand sanitizers and disinfectant).

2.6 Ensure that infection prevention and control standards are implemented and adhered to in all long-term care settings to prevent and safely manage COVID-19 cases

- **Ensure that everyone (staff, residents and family caregivers) in long-term care facilities has access to IPC training** (including use of PPE, hand hygiene, cleaning and disinfection of environments and waste management). This should be carried out regardless of their role, and especially for those having direct contact with older people with underlying health conditions. Ensure educational resources are provided alongside continuous training.
- **Develop and circulate standard operating procedures that give direction on how and when to rapidly isolate people**, using the most up-to-date COVID-19 guidance.
- Implement administrative controls, including **surveillance upon entrance to a facility for all staff and visitors**.
- **Ensure that staff in long-term care facilities have working conditions and arrangements that minimize their movement between settings** and people receiving long-term care services, and that sick pay enables them to stay at home if they are unwell.

2.7 Prioritize testing, contact tracing and monitoring of the spread of COVID-19 among people receiving and providing long-term care services

- Many countries have experienced shortages in testing capacity as hospital services were prioritized
- Effective contact tracing in long-term care settings requires coordination and collaboration between long-term care providers and the relevant health authorities
- Lack of systematic monitoring of the health status of people receiving and providing care

IMPLICATIONS IN THE CONTEXT OF COVID-19

- ➡ Long-term care facilities have become a blind spot for priority testing, tracing and monitoring of COVID-19
- ➡ High rates of asymptomatic people who have COVID-19 have made early recognition and subsequent appropriate steps difficult

2.7 Prioritize testing, contact tracing and monitoring of the spread of COVID-19 among people receiving and providing long-term care services

- Ensure that the health of people receiving and providing long-term care is **monitored so that the development of symptoms** (including atypical symptoms) **can be detected quickly**.
- Do not rely on symptoms alone, particularly “typical” cough and fever symptoms, when screening for COVID-19, and ensure that **staff are trained in identifying other atypical symptoms, especially in older persons**.
- **Ensure rigorous testing of both residents and staff** in areas with ongoing or suspected community transmission and tracing of close contacts to develop isolation policies.
- A single suspect case with clinical symptoms compatible with COVID-19 should be isolated and tested as soon as possible.
- When a first case is confirmed in a resident and/or staff of an LTCFs, a **comprehensive testing strategy of all residents and staff be developed and implemented**, including those without symptoms.
- **Ensure contact tracing and isolation based on national guidance**, with reference to WHO guidance on contact tracing in the context of COVID-19.

2.11 Initiate steps for transformation of health and long-term care systems to appropriately integrate and ensure continuous, effective governance of long-term care services

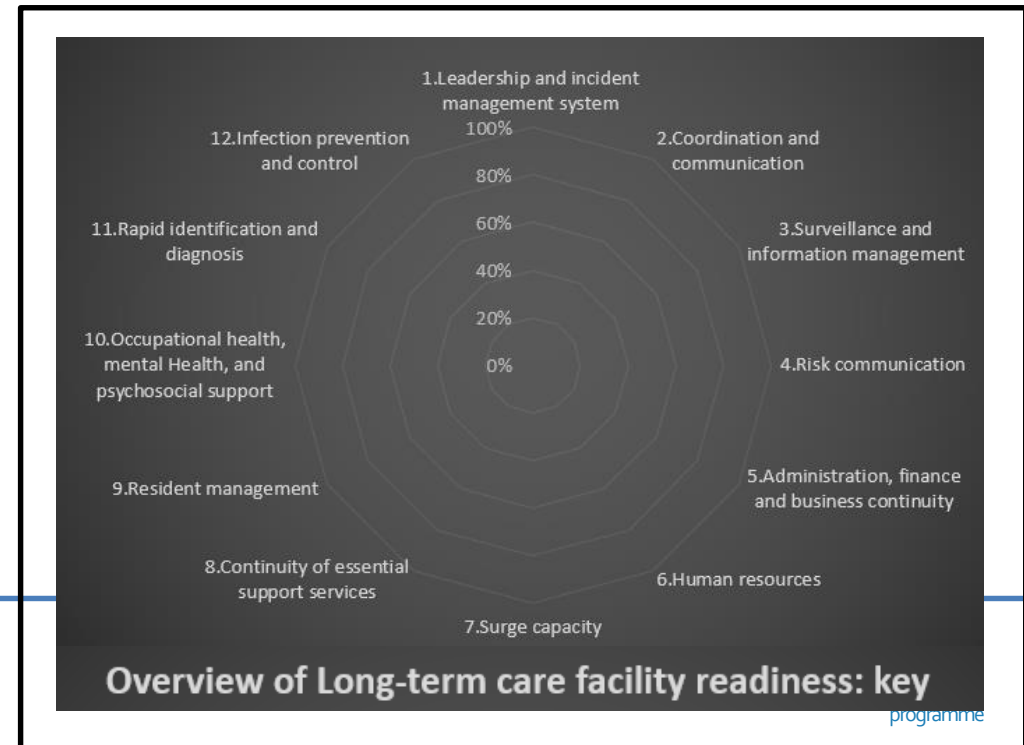
- COVID-19 pandemic has highlighted **fragmentation between long-term care services within health care systems.**
& Inherent **weaknesses in the current overarching governance structure** for long-term care
- It is with urgency that we need to **transform health and long-term care systems so that long-term care services are readily integrated and provided alongside the traditional continuum of care:** promotion, prevention, treatment, rehabilitation and palliation.
- It must be emphasized that **assistive care is considered an essential service that helps to promote ageing in place** and ensure that a person can continue to do what they have reason to value even after significant declines in physical and mental capacity.

Next steps

- Scientific brief
 - Detailed analysis on the burden of COVID-19 on LTCFs
- Modelling :
 - potential effect of interventions especially IPC interventions for mitigating the burden of COVID-19 on LTCFs will be modelled to support evidence based policy making and prepare the LTCFs for future outbreaks
- Facility readiness checklist for long-term care facilities
- IPC assessment checklist for long-term care facilities



Decade of Healthy Ageing



Reference

- WHO, Infection prevention and control guidance for long-term care facilities in the context of COVID-19: interim guidance. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/WHO-2019-nCoV-Comm_health_care-2020.1, accessed 22 June 2020)
- World Health Organization. Regional Office for the Western Pacific. (2020). Guidance on COVID-19 for the care of older people and people living in long-term care facilities, other non-acute care facilities and home care. Manila : WHO Regional Office for the Western Pacific. <https://apps.who.int/iris/handle/10665/331913>.
- WHO, Preventing and managing COVID-19 across long-term care services : policy brief. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1, accessed 24 July 2020)
- WHO, Global Surveillance for human infection with coronavirus disease(COVID-19). Geneva: World Health Organization; 2020 ([https://www.who.int/publications/i/item/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications/i/item/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)) accessed 23 July))
- European Centre for Disease Prevention and Control. Surveillance of COVID-19 at long-term care facilities in the EU/EEA. (<https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-long-term-care-facilities-surveillance-guidance.pdf> , accessed 19 May 2020)
- Catherine A. Hogan, Malaya K Sahoo, Benjamin A. Pinsky. Sample Pooling as a Strategy to Detect Community Transmission of SARS-CoV-2). JAMA. 2020;323(19):1967-1969 (<https://jamanetwork.com/journals/jama/fullarticle/2764364>)



WHO LTC *ADDING LIFE to YEARS*