

# The impact of COVID-19 on residential long-term care in Poland

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*The COVID-19 pandemic has hit long-term care (LTC) institutions and their residents hard. LTC institutions were largely unprepared, with insufficient protective equipment and isolation procedures. Weaknesses of LTC management, including understaffing and poor coordination between healthcare and social care, contributed to the spread of the disease. The government put additional financial resources into strengthening residential care institutions. The pandemic fostered debate among trade unions, non-governmental organisations and experts on the long-term needs of LTC institutions, including their management and their employees.*

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## Description

Public residential care facilities in the Polish long-term care (LTC) system are split between the healthcare sector (nursing and care institutions) and the social sector (social welfare homes). Nursing home residents are typically in very poor health, often requiring rehabilitation. Residents of social welfare homes are typically people with disabilities, older people with chronic and multiple illnesses and people incapable of independent living whose family is unable to provide care. Overall, 1.1% of people aged 65 or above are receiving care in public institutions. As well as these publicly financed LTC institutions, there are also private care facilities.

By the end of June, about 6% of COVID-19 cases were to the result of infections in social welfare homes, and 3% in nursing and care institutions. Infections were reported in 57 out of over 800 social welfare homes. Reasons for the high spread of the disease, particularly in the first month of the pandemic, included a lack of protective equipment (masks, gloves, aprons and overalls), a lack of or insufficient standardised procedures in case of infections, difficulties in arranging isolation for infected persons, poor access to COVID-19 tests, and the fact that staff were working in several facilities. Nursing staff working in hospitals with high infection rate have contributed to spreading the virus in LTC institutions. The decentralised governance of residential care services and the cross-sectoral split between the health and

social sectors made it difficult to take quick decisions, or to take measures to improve access to medical care when residents needed to be transferred from a care facility to the hospital. Facilities with suspected or reported infections faced staffing problems. In several cases, the army was brought in to move all the residents of a welfare home to hospital.

Inequalities in remuneration could be seen between self-isolating staff. The staff of social welfare homes received 80% of their salary (as on sick leave) whilst medical staff received 100% of their salary when self-isolating with COVID-19 symptoms. This was based on the Law of 2 March 2020 on specific solutions related to prevention, counteraction and combating COVID-19, other infectious diseases and crisis situations caused by them (*Ustawa z dnia 2 marca 2020 r. o szczególnych rozwiązaniach związanych z zapobieganiem, przeciwdziałaniem i zwalczaniem COVID-19, innych chorób zakaźnych oraz wywołanych nimi sytuacji kryzysowych*).

In response to the pandemic, local authorities introduced regulations restricting employment to a single facility, and made efforts to enable isolation of staff and residents within the facility. The national consultant in infectious diseases published recommendations for residential facilities, regarding employment in a single unit only, use of protective equipment, prohibition of visits and monitoring of the health status of

patients and staff. Also, the Ministry of Health published recommendations on the organisation of nursing and care services, including limits on family visits, reorganisation of work and incorporating telework for staff employed in several facilities, use of protective equipment, training of staff, patients and their families, and isolation of patients with suspected infection.

The Ministry of Family, Labour and Social Affairs decided to devote an additional 20 million zł (ca. €4.7 million) to addressing protection needs in social welfare homes. These resources are distributed to social welfare homes by the regional authorities, and are used to support investments in equipment, rearrange facilities according to the sanitary guidelines, and to improve access to protection and preventive measures (masks, gloves, etc.). In the healthcare sector, all financial needs related to COVID-19 are financed from the central budget.

## Outlook and commentary

The situation in residential care drew attention to some of the weaknesses of the LTC system in the country, including employment of staff in multiple settings and poor coordination between the health and social sectors (which had an impact on access to COVID-19 tests and medical treatment for residents). In the first stage of the pandemic, infections in residential

care were a subject of great interest for the public. The media reported cases of infections in residential homes, particularly whenever problems occurred with the staff or management. Residential facilities with reported infections were strictly isolated; they suffered from understaffing and the staff remaining in the facility during the lockdown were seriously overworked. Local communities supported facilities in lockdown with food and home-made protective equipment. Third parties, such as non-governmental organisations representing disabled people and trade unions representing care workers, wrote petitions to the Ministries asking them to intervene. They pointed to the need to ensure access to weekly COVID-19 tests for medical and care workers, to reduce the number of patients/residents per nurse and increase the number of carers, to increase the wages of nurses and carers for the whole period of high epidemiological risk, including payment of 100% of wages in quarantine, as well as the importance of providing adequate protective equipment.

Long-term recommendations issued by experts include improved coordination between health and social care, increased payment for services, investment in the training and employment of nursing and care staff, regulation and monitoring of private sector residential care as well as investment in community care and promotion of independent living.

### Further reading

[Ministry of Health, recommendations on management and provision of nursing and care services in long-term care](#)

[Social welfare homes portal, recommendations of the National Consultant on Infections Diseases](#)

[Social welfare homes portal on COVID-19](#)

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