

# Denmark: responses to the COVID-19 pandemic in the long-term care sector

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*The COVID-19 pandemic led to almost immediate isolation of older people in long-term residential care, which is only now being gradually lifted. Fatalities among people aged above 70 years in residential care account for more than one third of COVID-19 fatalities, but only 0.5% of all LTC residents.*



## Description

The COVID-19 pandemic had a serious impact on Danish long-term care (LTC) beneficiaries, as a substantial proportion were infected by the virus and all of them were affected by the policy measures adopted to fight the virus.

On 21 July 2020, 215 out of a total of 611 people registered as having died with COVID-19 in Denmark were older people in residential care, i.e. 35%. However, the mortality rate of 0.5% for the 40,000 persons in residential care is low by international standards, and 83% of the 215 residents who died with COVID-19 had comorbidities.

125 of 935 residential care institutions, or 13%, have reported at least one resident with COVID-19.

The Danish government introduced a lockdown to stop the spread of the virus on 11 March 2020, which was quickly followed by other measures to stop the spread and to protect jobs and maintain incomes. Indeed, as in most other EU countries, it was part of the Danish COVID-19 strategy to isolate people most vulnerable to the virus, including frail older people in residential care. From 17 March, this meant that people in residential care were prohibited from receiving visits.

The only exceptions were visits in critical situations, i.e. by a close relative to a critically ill or terminally sick person, and visits that could be critical for the well-being of a resident with reduced cognitive skills who could therefore not understand the restrictions on visits.

Deteriorating mental skills in themselves did not qualify as a critical situation. People with dementia could therefore not receive visits unless the manager of the residential care institution judged that a cognitive reduction meant that the resident did not understand and accept the rules on visit restrictions.

The laws were passed by the government and required the municipalities responsible for LTC to follow the guidelines of the Danish Patient Safety Authority and to communicate their guidelines on municipal websites, which sometimes left some decisions to the discretion of managers of LTC units.

In May 2020, the 2021 Economic Agreement between the government and Local Government Denmark included economic compensation for all local COVID-19 expenditure hitherto. The €348 million compensation includes €174 million for personal protection equipment (PPE) and €54 million for extra cleaning.

Nevertheless, lack of PPE for long-term care staff has been a critical issue. In addition, the healthcare sector had priority access to PPE, meaning that PPE in residential care institutions was in many instances re-allocated to hospitals.

Perhaps most striking is the lack of PPE and very late guidelines for LTC home care staff. Indeed, some residents and their relatives expressed fear that they would be infected by home care staff, which may have resulted in some residents declining home care, leading to problems of non-take-up.

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Tripartite negotiations between the government, Local Government Denmark and Danish Regions have led to an agreement, on 30 June, on regular testing of LTC staff in residential care and home care. Previously, tests were either voluntary, or “spot checks” (i.e. random checks) followed by testing of all staff and residents in institutions with positive COVID-19 cases.

Finally, since 2 July, LTC residential care (and hospitals) have opened up for more visits, both outdoor and indoor. Visits are now allowed but visitors have to follow general health authority guidelines on social distancing etc. Also, the Danish Patient Safety Authority monitors local COVID-19 development and may require municipalities to prevent or restrict visits.

## Outlook and commentary

What can explain the very low COVID-19 mortality rate among residents in residential care? The testing, guidelines and personal protection equipment were not particularly early, easy or expansive in the LTC sector compared to, for example, the healthcare sector.

However, LTC residential care institutions were among the first to lock down and the last to – incrementally – open up. This may seem an effective COVID-19 prevention strategy of isolating the frail.

In general, patient organisations support this strategy. However, DaneAge (ÆldreSagen), Carers in Denmark (Pårørende i Danmark) and the Alzheimers Association

have argued that many of the recommendations have been interpreted too strictly locally and have had negative consequences especially in the long term. Among the latter is an increased sense of loneliness among older people, which may result in them losing vital functions and even dying from causes other than COVID-19.

To the extent that this is the case, then the low direct effect of COVID-19 on mortality of older people in residential care should be supplemented by the indirect effect on mortality of COVID-19 measures through, for example, an increased sense of loneliness and disorientation among people with dementia (two out of three residents have dementia).

By international standards, the share of deaths in residential care, out of total deaths caused by COVID-19, is low in Denmark. This may be because since 1987, Denmark has moved further towards a long-term care model that emphasises independent living, where older people either live in their own home or in adapted housing supported by extensive homecare, preventative measures and rehabilitation. Only 3.6% of people aged 65 or above live in residential care, whereas around 10% receive home care (unfortunately there are no statistics on COVID-19 related deaths among home care recipients).

In any case, the COVID-19 crisis has exposed the strain on LTC staff, and quality differences in LTC provision. Whether this will result in political action post-COVID is still to be seen.

## Further reading

Ældresagen (2020), “Corona: Det mener ÆldreSagen” [Corona: Views of DaneAge], last accessed at [www.aeldresagen.dk](http://www.aeldresagen.dk) on 3 August 2020.

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