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Responses by Public Residential Care Facilities to Infectious Diseases: Current State and Policy Considerations

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Introduction

Since the first outbreak of covid-19, cases of mass infection have occurred in long-term care hospitals, long-term care homes and facilities housing people with severe disabilities, revealing how important it is to protect residential social welfare facilities from infectious diseases. Social welfare facilities are in the predicament of having to maintain essential services and contain the spread of covid-19. As residential care facilities are where service providers deliver services in face-to-face contact with their clients, it is all but impossible to do "physical distancing" there. Most clients in residential care facilities belong to socially vulnerable groups who, without assistance, have to face difficulties in essential activities of daily living. Residential care facilities run the risk of mass infection, as most of those living there are older adults or people with disabilities who have underlying conditions or difficulties in locomotion. This study examines how public residential care facilities have been responding to the covid-19 crisis and discusses some of the issues that have been raised in the process and what should be done to protect the safety of residential care providers and users and sustain the continuum of services.

Guidelines for public residential care facilities in response to Covid-19 and other infectious diseases

The term "social welfare facility," according to the Social Welfare Services Act, refers any facility established to implement social welfare programs. There were a total 9,290 residential care facilities

in 2018 in Korea, among which 8,001 were facilities for older adults (5,445 or 68.1 percent), children 825 or 10.3 percent), people with disabilities (1,447 or 18.1 percent), or mentally challenged people (274 or 3.4 percent). Some 29 percent of these facilities are ones with 30 or more residents; 46 percent had 30 or more residents and workers combined. Given the high collective infection rate of covid-19 and how vulnerable those in these residential care facilities can be to infectious diseases, it is inevitable that response activities should be carried out with intensity.

The current Guide to Social Welfare Facility Management comes with standards on how the building, fire, electricity and gas safety should be managed, but it is devoid of guidelines on the management of infectious diseases. On the other hand, the Social Welfare Facility Safety Management Manual, published by the Ministry of Health and Welfare in 2014, presents in a relatively clear way what needs to be done to ensure the safety of both users and staff in infectious disease settings.

[Table 1] Guidelines for the management of infectious diseases, by type of facilities

Facility type	Relevant guideline	Key contents
Residential care facilities for children	Guideline on Programs for Children (2019)	- Stipulates that resident children are educated on infectious disease
Residential care facilities for the elderly	Guideline on the Human Rights and Safety Management in Welfare Facilities for the Elderly (2017)	- Recommends that each facility set up a plan of action for normal times and a response guideline for an infectious disease outbreak situation - Specifies recommendations regarding the settingup and management of a response committee in the event of an infectious disease outbreak - Stipulates that education be provided on the prevention and control of infectious diseases and food poisoning
	Safety Management Manual for Long-term Care Facilities (2019)	- Specifies the settingup and role of a control committee in a longterm care facility in the event of an infectious disease outbreak - Set up separate response plans for intrafacility infection and intracommunity infection (crisislevel) that are phasespecific and assign roles and responsibilities - Specifies different response measures for different types of infectious diseases, including MERS and novel influenzas
Residential care facilities for people with disabilities	Guideline on Welfare Facilities for People with Disabilities (2019)	- Stipulates that the facility have in place a sanitation control manual for the prevention and containment of infectious diseases and foodpoisoning and that relevant education be provided to the workers and residents - Stipulates to maintain emergency contact information for relevant external entities
Mental health facilities	Guideline on Mental Health Programs (2019)	- Stipulates that should a case of infectious disease arise, the head of the facility immediately report the fact to a community health center and follow the direction of its director in proceeding with response actions - Stipulates that the facility mandate its applicants to submit their health records and the residents take health examination every year

Following the outbreak of covid-19, the government has issued several sets of common guidelines to use in preventing the spread of infectious diseases in facility settings.

[Table 2] Guidelines for the response to covid-19, by type of facilities

	Relevant guidelines	Key contents
Residential care facilities for children	Covid-19 Guidelines for Residential Care Facilities for Children	- Improved mental support for children through enhanced inhouse programs - Temporary transfer of children to another facility in the event of shutdown due to the exclusion of staff from work; setting up of plans and measures for ensuring that care services for children are provided in an uninterrupted manner (for example, other facilities nearby should be surveyed for available space) - Maintain services by putting to use available human resources in a flexible way when extra support is not available
Residential care facilities for the elderly	Situation-based Covid-19 Response Scenarios for Long-term Care Facilities	- Set up six situationbased response scenarios - Provide stagebystage response procedure; instruction on what to do with those who have had contact with infected cases; instruction on staff and residents; guidelines on transfer to community health centers; instruction on a partial or full shutdown
Residential care facilities for people with disabilities	Covid-19 Response Guidelines for Facilities for People with Disabilities	- Instruct residents on different floors to use meal services at different times of day - Request weekly advice and education from a visiting doctor on infectious diseases and quarantine in covid19 outbreak situations - Ensure that some spaces are earmarked for quarantine purposes; separate those who had direct contact with an infected person from those who had indirect contact - Set up different response plans for people of different mobility abilities (consider, for example, difference between those bedridden and those with developmental disabilities) in covid19 situations - Support people with disabilities with various modes of transportation (community ambulance and 119 emergency services for the bedridden; speciallyequipped vehicles for people with other types of disabilities - Provide support in management for quarantine facilities; support in the basic needs of clothing, food and shelter; make use of youth training centers when need arises for extra space for quarantine purposes - Set up a reserve pool of retired caregivers and social volunteers that could be drawn on when needed
Mental health facilities	Covid-19 Preparation Guidelines for Mental Health Facilities	- Covid19 Guidelines for Residential Social Welfare Facilities

The response to covid-19 has revealed several issues concerning timeliness, appropriateness, and sufficiency. Issues have risen with respect to putting residential care facilities into cohort isolation. Residential care facilities in Korea are often places where several residents live together confined in a tight space, for which cohort isolation—the practice of separating confirmed cases from the other residents in the same room with a view to preventing contact—is virtually impracticable. Some localities, however, have put their residential care facilities into cohort isolation. But as seen in the case of the Japanese cruise ship Diamond Princess, cohort isolation, if carried out without a full-scale survey of all staff, caregivers and residents, is likely to increase the risk of infection for all those working or living in those facilities. Such cohort isolation was carried out at a time when there was not enough supply of protective items (including masks and hand sanitizer) and even for residential care facilities where there was no separate space for those working there to stay for two weeks. The criticism has been that the

cohort isolation was, if anything, a move in the direction of undermining the right to health.

Even in normal circumstances, it had often been pointed out that caregivers at residential social welfare facilities were overworked. How serious gaps in care services can be may vary across residential care facilities of different characteristics and scales. Small-scale residential care facilities like group homes usually come with one or two staff members. In this case, a failure to put in place immediately a temporary replacement for an infected worker may lead to a full stoppage of caregiving service. Residential care facilities without an in-house doctor or nurse on staff may have difficulties in responding to emergency medical situations. The requirements about having in-house health professionals vary across facilities of different sizes and types. For example, small-scale residential facilities such as group homes for children or people with disabilities are not required to have health professionals on staff. Emergency cases in group homes in relatively resource-deficient municipalities may be left to suffer without appropriate treatment.

Concluding remarks

Social welfare residential facilities house people who are disadvantaged socioeconomically and in health. Reducing the impact of infectious diseases on communities requires a mechanism that will provide these facilities with timely and sufficient support in a stepwise fashion. Firstly, the Supplementary Budget should include an increased emergency fund from which to provide support to social welfare residential facilities. Public support in masks, hand sanitizer, and protection suites will need to be made available to residents and staff in residential social welfare facilities. Residential facilities for the elderly or people with disabilities, where services provided include those that are medical in nature, will need at least the same level of support given in protection items to public health care institutions. Secondly, as the covid-19 crisis is likely have a lasting impact, it is necessary to reinforce the monitoring of whether the guidelines are well kept to at the local level. Thirdly, there is a need for a concrete manual for the control of, and response to, infectious diseases. The current safety management manuals vary across residential care facilities of different types. For each type of residential care facilities, a concrete manual needs to be drawn up that spells out who is to do what and when to respond to an infectious disease in its various stages, from its beginning to conclusion. Such a manual must include detailed guidelines to maintaining uninterrupted provision of care services in infectious disease settings. This will involve concrete guidance to how, in such situations where residential care facilities and their workers are put in quarantine-related restrictions, local resources (human, space and equipment) should be coordinated and shared with a view to providing continuous services to the residents.