

MINISTRY OF SOCIAL AFFAIRS AND HEALTH INSTRUCTIONS: IMPACTS OF THE STATE OF EMERGENCY DECLARED DUE TO COVID-19 ON THE OPERATION OF PRIMARY LEVEL SOCIAL AND HEALTHCARE SERVICES

In emergency conditions, the availability of primary social and healthcare services must be ensured, and special attention must be paid to vulnerable clients in need of special support. Well-functioning primary services can relieve pressure on specialised level services.

On 16 March 2020, the Government together with the President of the Republic declared a state of emergency referred to in the Emergency Powers Act (1552/2019). The COVID-19 pandemic has been caused by an extremely widespread and hazardous infectious disease, the impacts of which correspond to a particularly serious catastrophe. Due to the coronavirus pandemic, the Government has decided to introduce a number of measures under the Emergency Powers Act with the aim of securing the requisite treatment capacity and response to the pandemic as well as the provision of essential and necessary health and social services. Government Decree (125/2020) on the use of the powers under section 88 of the Emergency Powers Act entered into force on 18 March 2020. On the same date, the Government additionally issued a decree on the municipalities' right to deviate from the time limits for providing non-urgent healthcare and assessment of the need for social welfare services (127/2020). Initially, these decrees will remain in force until 13 April 2020.

The Ministry of Social Affairs and Health stresses that, whereas this situation is exceptional, the municipalities must safeguard the clients' right to receive social welfare and healthcare services that meet their individual needs, apart from certain exceptional arrangements required by the situation. The powers laid down in the Emergency Powers Act may only be used in ways that are necessary in order to achieve the purpose of the Act and proportionate to the objective of their use. The Ministry of Social Affairs and Health points out that the aim of the emergency measures is to curb the escalation of the disease in Finland in the hope of reducing the proportion of citizens who become seriously ill and require hospital treatment at the same time.

Measures taken by virtue of the Communicable Diseases Act

The duty to protect residents from an infectious disease and curb its spread must be regarded separately from the obligation to provide health and social services.

Section 17 of the Communicable Diseases Act (1227/2006) contains a provision on preventing infections in healthcare and social welfare units. Under this provision, the units must ensure that patients, clients and personnel are properly protected and placed. The head of the unit may prohibit visiting.

Under section 58 of the Communicable Diseases Act, a healthcare and social welfare unit may be closed. This also applies to educational institutions, day-care centres, residential units and similar facilities. Public meetings or events may also be prohibited under this provision. The purpose of these measures is to prevent a situation where many people are exposed to the virus while spending time in the same room. A decision to close a unit may be made by the municipal body responsible for healthcare and social welfare or, when units need to be closed in the area of several municipalities, by the Regional State Administrative Agency.

It should be noted that the Contagious Diseases Act does not entitle a municipality to discontinue the provision of any health and social service entirely. The municipality must make an effort to organise the necessary services as required. Ultimately, each person's individual service needs must be assessed separately, ensuring that no one's right to last-resort means of subsistence and care is jeopardised. However, it is advisable for the municipalities to prepare for a potential shortage of personnel and changes in the prioritisation of the activities, anticipating the persons or

client groups for whom it will be critical to organise the necessary support and ensuring that any reorganisation of healthcare and social welfare tasks in the municipality will not put the health and safety of persons in need of special support at risk.

Paying special attention to vulnerable clients and those needing special support

Indispensable health and medical care, attention and means of subsistence must also be secured for the municipality's residents under emergency conditions. If the outbreak becomes drawn out, it should be noted that people who have financial difficulties or who face other crisis situations in addition to a health problem may also come to healthcare services. They must be appropriately assessed and directed to social welfare or healthcare services as required. Appropriate interpretation services must also be provided. Population groups whose members do not speak or understand Finnish or Swedish or are illiterate must also be informed of both COVID-19 and the instructions related to it, using methods suitable for them (e.g. instruction videos, plain language communication and interpretation services).

Special attention should always be paid to the realisation of the interests of clients in need of special support when delivering healthcare and social welfare services. This need is emphasised in emergency conditions. As the need for assistance increases, the provision of easily accessible guidance and counselling services must be stepped up, taking into account the groups that cannot use remote or telephone counselling. In addition to low-threshold guidance and counselling services, especially the availability of temporary and emergency accommodation and care for the client groups that need such services must be ensured, and the capacity of the services must be increased if necessary. Day activity services for homeless people offer a possibility of reaching people in a particularly vulnerable position, ensuring that their basic needs are met and that they also have access to the necessary guidance and advice related to the outbreak.

The obligations under the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities in respect of safeguarding the rights of these groups must also be fulfilled in a state of emergency. The realisation of a child's rights and best interests must also be safeguarded as fully as possible in emergency conditions. While children's right to education, hobbies and close contacts outside the home has been restricted, the provision of the care and attention they need must be ensured, and they must be protected from violence and abuse. The child's best interests must be prioritised in all official activities. The aim of the UN Convention on the Rights of Persons with Disabilities is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Under Article 11 of the Convention, the State Parties shall take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk.

Primary healthcare

The powers laid down in section 2 of the Decree on the application of the Emergency Powers Act enable a municipality to derogate from the time limits for organising non-urgent care laid down in the Health Care Act (1326/2010) if this is necessary for arranging urgent care and if exceeding the time limit does not put the patient's health at risk.

Well-functioning and adequate primary healthcare services make it possible for specialised medical care to concentrate on treating patients requiring specialised care, also during a pandemic. This is why it is important that primary healthcare continues to function as normally as possible. Exceptions to the time limits for providing non-urgent care should only be made once the resources are inadequate for coping with the infection situation. As long as the number of patients remains moderate and the personnel are at work, basic functions should not be cut back unnecessarily. Even if the outbreak becomes prolonged, the organiser of healthcare services should also offer citizens preventive and non-urgent care in order to promote good public health. Patients should also be instructed to use

remote services (including the national advisory helpline service and Medical Helpline 116117).

Where possible, services for patients with a diagnosed or suspected coronavirus infection should be centralised to one or a few units. The general principle is that physical clinics should only be used when the patient and the professional need to be together in the same room in order for the patient be examined or treated. The offer of telephone and other remote services will be increased in all functions. Before a patient comes to the services, their need for treatment should as a rule be assessed over the telephone. Citizens can also assess their personal disease risk using the OmaOlo website, which contains a questionnaire related to coronavirus infections. The Health Village web service and the Finnish Institute for Health and Welfare's website also contain information about infections and ways of coping with worry and uncertainty.

In a difficult epidemic situation, prioritising urgent care is emphasised. If it becomes necessary to prioritise urgent care in health services, after careful consideration in an acute situation the offer of non-urgent care may be targeted at providing appropriate treatment for at-risk groups and patients with a special need for support. In the case of some mental health patients, for example, reducing the level of non-urgent care may lead into increased use of emergency services. Preventive child health clinic services, which are particularly important for vulnerable families, should be provided as far as possible. In pupil welfare, cooperation with education services should be continued (psychologist's and social worker's services). In primary level oral healthcare, the same instructions should mainly be followed as in other primary healthcare. Tasks essential in terms of public health must not be suspended completely in any function. If personnel members are assigned to tasks that differ from their usual work, providing induction training for the new job will be essential.

Social welfare services

Assessment of service needs referred to in the Social Welfare Act

The powers laid down in section 3 of the Decree on the application of the Emergency Powers Act entitle the municipality to drop the assessment of service needs referred to in section 36 of the Social Welfare Act (1301/2014), with the exception of urgent assessment of need for assistance. In other words, under this Decree the municipality may discontinue assessment of non-urgent service needs while the state of emergency remains in force and focus on securing for the residents the necessary care and subsistence referred to in section 12 of the Social Welfare Act. The Decree should only be applied if this is necessary in order to ensure the indispensable care and subsistence of residents.

In practice, giving up the assessment of service needs means delaying the overall assessment of non-urgent need for social welfare services and access to services for new clients. However, dropping the assessment of service needs does not completely eliminate the municipality's obligation to organise services or cancel existing client relationships with the social services. In other words, the possibility of dropping the assessment of service needs does not mean that no assessments should be produced, and all clients must be assessed to ensure that, at minimum, their urgent service needs are identified.

If a client's or a family's need for social services has already been assessed as critical previously and, for example, home service or work activities are necessary to secure a person's well-being, care or means of subsistence, service provision must also continue under emergency conditions as considered appropriate by the municipality. This means, for example, continued provision of outpatient services necessary for a person's well-being.

Child welfare and substitute care

The child's best interests must be prioritised in all official activities. Municipalities must keep organising child welfare support measures, and these measures cannot be categorically discontinued to cope with the emergency conditions. If a family's need for child welfare has already been found to be critical previously and, for example, home service is

essential to safeguard the children's well-being, service provision must also be continued under emergency conditions as considered appropriate by the municipality.

Under Government-issued instructions, children and young people should not get together in groups, or meet to play games and spend time in crowds. Visitors to child welfare units should be limited to family members and the persons closest to the child as far as possible, and telephone calls and video communication should be used instead. However, a blanket visiting ban has not been imposed on child welfare units.

If a child welfare unit or a family has not been ordered into quarantine as referred to in the Communicable Diseases Act and none of the residents have flu symptoms, the movements, contacts and home visits of a child or a young person may only be involuntarily restricted following case-by-case consideration of an individual child and each situation and in compliance with the provisions of the Child Welfare Act. With regard to children's home visits, the situation should be assessed individually, and an effort should be made to postpone the visit in mutual understanding in order to curb the spread of the coronavirus. If no agreement can be reached, a decision to restrict the child's freedom of movement referred to in the Child Welfare Act must be made if necessary. In this case, particular attention should be paid to the justifications of the decision, and the interested parties should be notified of the decision and provided with instructions for appealing it.

Social assistance

The Ministry of Social Affairs and Health stresses that social assistance is an essential and vital instrument for securing a minimum income necessary for a dignified life for persons and families residing in Finland. As far as possible, the municipalities and Kela must ensure that sufficient resources are allocated to processing benefits granted as last-resort means of subsistence. Urgent social assistance applications should be prioritised by both Kela and the municipalities. If Kela is unable to respond to an urgent need for assistance due to a backlog in the service, under section 14, subsection 3 of the Act on Social Assistance (1412/1997), municipalities may grant preventive social assistance to secure urgent and necessary assistance without a decision on basic social assistance made by Kela. Municipalities and Kela must work together as flexibly as possible to ensure access to housing, food and medication for those who are in a particularly vulnerable position. If necessary, supplementary and preventive social assistance provided by the municipality should be used to assist residents if, for example, the closing of the schools, being ordered into home quarantine or additional costs incurred from buying food create additional expenses that are considered necessary for the coping of a low-income person or family.

Rehabilitative work activities

Due to the infectious disease situation, many forms of rehabilitative work activities are difficult to carry out, as bringing more than ten people together in the same facilities should be avoided. Workplaces may also make exceptional arrangements. As the organiser of rehabilitative work activities, the municipality may suspend these activities during the outbreak if it is unable to organise them in alternative ways. Before doing so, the municipality must notify the TE Office and inform the client. The clients will not lose their benefits and their social assistance will not be reduced while the activities are suspended. Subject to agreement with the client, rehabilitative work activities may also be continued if the municipality is able to organise them in an alternative way. In these cases, compensation referred to in section 10a of the Act on Social Assistance may be paid to the client. The municipality must at all times ensure that no one's right to indispensable care and subsistence is jeopardised.

Services provided at home for older people and persons with disabilities

The Government policy is that people aged over 70 are obliged to isolate themselves from social contacts and remain in quarantine conditions as far as possible. This means that municipalities have a significant number of people whose needs for assistance now must be met, such as shopping and visiting a pharmacy, even if they were previously not

home care clients. The municipality must inform its residents over the age of 70 of how assistance can be obtained if necessary.

Protecting home care clients, safeguarding the continuity of home care and other care, and maintaining the clients' well-being and functional capacity are part of the normal delivery of home care, which must also continue in emergency conditions. Large meetings should be avoided and, for example, day activity groups can be cancelled if necessary. The instructions concerning home care for older people can also be followed when organising home care, housing services and personal assistance for other at-risk groups who are in a vulnerable position, including persons with disabilities.

Under section 63 of the Communicable Diseases Act, the physician in charge of communicable diseases in a municipality or hospital district may, if necessary, order a person who has or is justifiably suspected of having a communicable disease to be isolated. A person can also be isolated in their home with the support of at-home hospital care referred to in section 25 of the Health Care Act.

The objective should be that the same employee(s) take care of the same home care clients to minimise the risk of infection. In addition, it should be ensured that a primary worker has been assigned to each client in home care. Home care clients must have a telephone number which they can easily contact at any time of the day if they need to. Home care personnel must protect themselves following the instructions issued by their employer.

Housing services, 24-hour care and hospitals

Municipalities are urged to issue municipal and private units providing 24-hour care and services in their areas with instructions on the measures required to prevent infectious diseases in their units (section 17 of the Communicable Diseases Act). As a special prevention measure, municipalities are urged to instruct the managers of 24-hour care units in their areas to impose a visiting ban on the units. All non-essential visits to healthcare and social welfare units must be prohibited (hospitals, institutional care facilities and housing service units). Essential visits to critically ill patients or children, for example, may be permitted on a case-by-case basis. This ban takes effect immediately and will initially remain in force until 13 April 2020. Any clients of a unit who display symptoms must be cared for separately from others in designated rooms if their overall condition does not necessitate hospitalisation.

Cooperation between social welfare and healthcare

Cooperation and information flows between healthcare and social welfare services are particularly essential during the outbreak. The same measures aiming at curbing the spread of the infection should be followed in the care and attention provided in at-home hospital care, home care and social welfare housing units. To secure the sufficiency of protective equipment and clothing for functions which treat infected or symptomatic patients, it may be necessary to restrict the ordering and use of protective equipment in other units.

For more information:

- www.omaolo.fi (in Finnish)
- <https://www.terveyskyla.fi/infektio/epidemi/taudit/koronavirus-covid-2019> (in Finnish)
- <https://www.terveyskyla.fi/koronabotti/en>
- <https://thl.fi/fi/web/infektioaudit-ja-rokotukset/taudit-ja-torjunta/taudit-ja-taudinaiheuttajat-ja-koronavirus-covid-19> (in Finnish)
- <https://www.terveyskyla.fi/infektio/epidemi/taudit/koronavirus-covid-2019/taudit-ja-epavarmuuden-sietaminen> (in Finnish)



- https://www.mielenterveystalo.fi/aikuiset/itsehoito-ja-oppaat/itsehoito/koronavirukseen_liittyva_huolen_ja_epavarmuuden_sietaminen/Pages/default.aspx (in Finnish)
- https://kotouttaminen.fi/en/article/-/asset_publisher/ota-kayttoosi-monikieliset-materiaalit-koronaviruksesta
- https://stm.fi:8443/en/article/-/asset_publisher/sosiaali-ja-terveysministerio-tasmentaa-aiemmin-annettuja-ohjeita-varautumiseen-suun-terveydenhuollossa-koronavirustilanteessa