Fighting Strategy COVID-19
Luxembourg

1. What is the COVID-19 fighting strategy of your government (National, local)?

- Creation of a National Crisis Cell and local crisis cells in hospitals.
- Involvement of hospital actors at all levels. Involvement of hospital actors in the National Crisis Cell.
- Cancellation of scheduled non-emergency interventions.
- Hospitals restructured with COVID zones and non-COVID zones.
- Harmonized management with very limited access by visitors to hospitals. Patients are informed that they will have to designate a visitor who will be badgeged.
- Creation of Advanced Care Centers: these are itinerant treatment centers that have the medical equipment necessary for initial treatment. Emergencies should however respect the usual pathways in place in Luxembourg and not go through the ACC. However, if a patient sees his state of health deteriorate during his treatment at the ACC, a medical evacuation is planned. The ACCs are designed to operate by two strictly separate consultation channels: the first is designed to accommodate patients with signs of COVID-19 virus infection and the second allows patients to come to the center without sign of COVID-19 virus infection.
- Acquisition of additional equipments:
  - Additional respirators
  - Additional computer tomographies (CT-scan)
- Procurement and distribution procedure according to objective, transparent and verifiable criteria. Acquisition of protective equipment via a National Logistics Unit following an agreement on standards for the use of this equipment.
- Development, together with hospital pharmacists, of a procedure for managing stocks and orders of drugs with a view to equitable distribution via objective criteria.

- Promulgation of new national regulation allowing the Luxembourg market to be considered as a single official hospital. This allowed us to be active on the Belgian market.
- "Grand Est" solidarity action: transfer to Luxembourg of a dozen French COVID patients requiring intensive care.

2. **What is the strategy towards the population (Mask wearing, containment)?**

- Relative containment; ban on gatherings, closing of shops (gradual reopening from April 20, 2020), etc. but possibility of traveling for professional reasons and for essential purchases, gradual reopening of schools from May 4, 2020.
- Obligation to wear a mask in stores and public transport from April 20, 2020.
- Patients who leave or have left the hospital can be followed via an app set up by the Health Inspectorate.
- Kits with protective equipment are given to patients when they leave the hospital.
- Psychological support for COVID19 patients who are in a state of panic (Teleconsultations with psychiatrists and psychologists). For hospital staff, there are internal psychological monitoring procedures.

3. **Are there enough masks for the population in your country?**

- At the beginning of the epidemic, shortage of masks (dependence on other countries outside of Europe).
- Massive arrivals of masks from the second half of April 2020.
- Reflections and actions underway for local manufacturing.

4. **Are there enough masks and personal protective equipment for health professionals?**

- Same answers as for question 3.
- Constitution of a National Logistics Cell in coordination with the National Crisis Cell.
- Production of protective equipment by some hospitals.

5. **What is the biological screening strategy (Polymerase Chain Reaction – PCR, serological tests,)?**

- Collection of data necessary to plan the deconfinement stages.
- Large-scale PCR testing.
- Serological tests: Test a sample of the population with COVID-19 antibodies → blood tests on a representative sample of the population.
- General recommendation in hospitals: to be able to carry out at least once a week a PCR test for all the staff (provided that the tests are available!).
- Start of a large-scale screening campaign from May 19, 2020 → for the entire population, including border residents.

6. **Do you have enough biological screening tests?**

- Capacity is increasing.
- Not everything is in stock yet, but there are more and more systematic screening campaigns (eg in institutions for the elderly people).

7. **Do you have enough beds for inpatients? (intensive care and other)**

- Yes, as long as the national COVID strategy bears fruit.
- Reserves of beds and available equipment must be maintained.

8. **Do you increase the number of intensive care beds in your country?**

- Yes, by increasing in parallel the "respirator" equipments, etc.
- The number of intensive care beds doubled during the COVID crisis. Intensive care beds also remain for other pathologies.

9. **Do you have enough human ressources to manage the epidemic?**

- Yes, but also the creation of a "Health Reserve".
- Transmission of lists of personal data of employees or former employees to the Ministry of Health for the management of the health reserve and the verification of authorizations to practice.
- The health professionals made available by the health reserve have a remunerated contract as an employee of the State → (Legislation of March

27, 2020) allowing people belonging to a medical or paramedical profession to be employed on a fixed-term basis as an employee of the State for the needs of managing the health crisis.

- The employer can refuse a leave request and cancel a leave already granted.
- Organization of a hotel accommodation offer for staff and families in the hospital sector (residents and border residents).
- Formalization of a legislation, which dispenses with carrying out medical examinations on the hiring of employees during the crisis period in the context of occupational medicine.

10. **Do you have guidelines for good practices between healthcare teams and physicians in the context of the COVID-19 crisis?**

- Guidelines established ad hoc in collaboration with the National Crisis Cell.
- Development of a guide to good practice between healthcare teams and doctors in the context of the COVID-19 crisis.
- Each hospital must contribute at the level of its local ethics committee. Search for a guideline between hospitals on criteria of access to care.
- Development of a common procedure based on existing recommendations sent by hospitals. The degree of protection of human resources depends on the equipment available (approach developed with the collaboration of hygienists from hospital centers).
- Teleconsultations; looking for a single system for the whole country.

11. **What are the main challenges for hospital managers during the COVID-19 crisis?**

- Maintain hospital capacity at an acceptable level.
- Empower all stakeholders at all levels.
- Work to ensure good national coordination.
- Data sheet with COVID indicators to be filled in every morning by hospital departments. The Minister receives the information collected daily in the form of a "dashboard".
- A seizure of hospital and intensive care bed capacities is done twice a day, that is to say at 8 a.m. and 4 p.m.
- Manage the normal care / intensive care work flow to balance care between hospitals.

- Raise awareness of non-COVID patients who hesitate for fear of contamination to go to a hospital for treatment, otherwise non-COVID pathologies risk being neglected, with serious consequences for the health of these patients.
- Restart of consultations in medical offices from May 4, 2020, subject to compliance with rigorous protective measures.
- Manage a gradual deconfinement and a restart of scheduled activities, which is ultimately even more complicated than a shutdown.
- Determination of additional costs due to Covid-19.
- Creation of a Hospital Logistics Center (including central purchasing), which will take over the activity of the National Logistics Cell and develop it.

12. Other important information?

- A reorganization of our health system is necessary. We must learn from the health crisis, which has highlighted the limits of our current resources.
- Need to strengthen the role of hospitals to enable them to face future health crises → for a public service able to respond to vital priorities.