Ontario Long Term Care Clinicians

Thursday, March 19, 2020

COVID-19 REPORT

COVID-19 can cause severe illness and death, particularly among older adults with chronic health conditions. The two goals in long term care is prevent COVID-19 is to keep the virus out of our facilities and, in case there is the contagion, prevent transmission with the facility. The weekly CDC Morbidity and Mortality reports published on the Lynn County outbreak yesterday, COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020. Comprehensive prevention measures for LTC include:

i. implementation of symptom screening and restriction policies for visitors
ii. screening of health care personnel
iii. symptom monitoring of residents
iv. social distancing, including restricting resident movement and group activities
v. staff training on infection control and PPE use
vi. establishment of plans to address local PPE shortages

https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e1.htm?s_cid=mm6912e1_w

Medical directors, attending physicians and nurse practitioners must now be more careful about avoidable transfers to the emergency departments and hospitals during the pandemic. The challenge is greater when many providers are restricting visits and providing virtual care. Hospitals are preparing for a surge to acute care. We may have very sick patients, with COVID-19 or other infections, that can be supported in the LTC facility. Awareness and public education are needed. Share your recommendations on minimizing transfers of care at office@oltcc.ca.

LTC clinicians prepare to manage residents with COVID-19. The evidence for any treatment is thin. Remedesivir, studied for treatment of Ebola, is being studied for COVID-19. Tocilizumab, an IL-6 receptor blocker, is also being studied. Interestingly, the familiar and inexpensive chloroquine and hydroxychloroquine has antiviral properties. Some patients have been treated with 400 mg. daily for five days. We await for more solid recommendations on possible anti-viral therapies.
https://vimeo.com/398147315/7976ba8238

Your ideas on what is relevant in the clinical science of COVID-19 is important. OLTCC will share the collective expertise. Yesterday the report from the Lancet on ACE2 modulating drugs increasing the affinity of the coronavirus was included in this COVID-19 Report. A thoughtful reply agrees that ACE2 is a “gateway for the virus” but notes that people die because of a drop in the ejection fraction. We may not have good reason to stop these medications. The use of ibuprofen and anti-inflammatories were also controversial but with less evidence. Here is a double negative from yesterday, “WHO Now Doesn't Recommend Avoiding Ibuprofen For COVID-19 Symptoms”.
https://www.sciencealert.com/who-recommends-to-avoid-taking-ibuprofen-for-covid-19-symptoms

Social distancing and dementia Many of long term care residents have impairments with memory, language, learned motor skills and perception. They are profoundly impacted by changes in routine, lack of visitors, fewer recreational activities, use of PPE and staff shortages. Care providers need to be aware of the implications of non-verbal communication at this stressful time. Rushing care can trigger behaviours. PPE can be explained as a way to items that are needed to keep everyone healthy. A simulated presence by phone call or videoconference can be reassuring. These times are very difficult for the wandering resident with dementia. “Try to find activities in the resident’s room, provide frequent checks on the resident, go for walks together with both of you wearing masks during low traffic times of the evening or night, and practice frequent hand washing with the resident.”
https://paltc.org/sites/default/files/Caring%20for%20Residents%20With%20Dementia.pdf