

## Saturday, March 28, 2020

## **COVID-19 REPORT**

Worldwide cases of COVID-19 is now 629,471 with almost 29,000 deaths. According to estimates by China's National Health Commission, about 80% of those who died were over the age of 60 and 75% of them had preexisting health conditions such as cardiovascular diseases and diabetes. <a href="https://www.worldometers.info/coronavirus/">https://www.worldometers.info/coronavirus/</a>

In a memo on March 25, Public Health Ontario updated Infection Prevention and Control (IPAC) recommendations for use of personal protective equipment (PPE) for care of individuals with suspect or confirmed COVID-10. Droplet and Contact precautions are recommended. Airborne precautions should be used when aerosol generating medical procedures(AGMPs) are planned or anticipated to be performed on patients with suspected or confirmed COVID-19. COVID-19 cases and clusters demonstrate that Droplet/Contact transmission are the routes of transmission. The majority of cases are linked to person-to-person transmission through close direct contact with someone who is positive for COVID-19. There is no evidence that COVID-19 is transmitted through the airborne route. https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en

It is important that LTC nursing staff are well trained in the proper nasopharyngeal swab technique. The NP swab must be in contact with nasopharyngeal mucosa for 10-15 seconds. Improper technique will lead to low sample and a possible false negative. This could have serious implications. Please share this video with your clinical staff on the proper NP swab technique and have staff observe each other in the training process if needed.

https://youtu.be/DVJNWefmHjE

https://youtu.be/i16ZDM3ZnZA

The death rate of patients greater than 80-years old is estimated to 15%. If the older person required intubation and a ventilator is over 80%, as high as 97%. The evidence for these two statements is from recent articles in JAMA. The attached "COVID-19 Information for Long Term Care Residents and Families" is from the Michael Garron. The attached YouTube video will help with the conversation that occurs with our residents and families. Assure goals of care are documented after these conversations.

OLTCC thanks our members for the responses. Many want clarity about documented virtual visits as part of the management fee, W010. OLTCC works with Dr. Boyd and the OMA Section for Long Term Care and Care of the Elderly. The following are excerpts from a letter sent to LTC Minister, Dr. Merrilee Fullerton, yesterday:

- Many of LTC physicians have spent hours having, or revisiting, very important conversations with capable residents, or their substitute decision makers, regarding goals of care because of this pandemic, hoping to decrease transfers to hospital. Further ethical conversations regarding the care expectations of the long-term care resident is forthcoming should the pandemic overwhelm our hospitals.
- Medical directors and physicians are healthcare leaders in their facilities.
  They are also instrumental in the education of staff, volunteers, and
  families in the requirements for physical distancing during the pandemic
  and in the appropriate use of PPE in their facilities.
- The management fee promotes the best care of residents in long-term care, recognizing not only the physical assessments required, but the true nature of long-term care that requires multiple phone conversations per month with nursing staff and POAs/family members, as well as the other activities
- Temporary changes in the management fee should allow virtual visits instead of in-person assessments, as being suggested by our medical associations and colleges, and
- Family physicians in patient enrolment models, and also do long-term care, continue to receive their funding.
- The OLTCC continues to reflect the needs of its members, and all physicians who practice in long-term care facilities. We have been in daily contact with our membership through online reports and are actively writing documents that can support practice during the pandemic, for example the excellent "Advanced Care Planning and Goals of Care Conversations in LTC during the COVID-19 Pandemic"
- We will continue to advocate for safe care of the long-term care resident.