



## **COVID-19 REPORT**

## Temporary Changes to the Long Term Care Homes Act

The Ontario Long Term Care Association (OLTCA) and Advantage Ontario are partners in assuring excellence of care for our residents, families and staff in LTC. OLTCA is the largest association of LTC home providers in Canada. Promoting safety and quality, OLTCA has "a strong tradition of using a solutions-oriented approach to advance the delivery of the care and services to meet the changing needs of Ontario's long-term care residents." AdvantAge Ontario was the formerly the Ontario Association of Not-for-profit Homes and Services for Seniors (OANHSS). The Vision of AdvantAge is "the recognized leader and champion of not-for-profit long term care, seniors' community services and housing." These stakeholders in LTC have lobbied for changes in the LTCHA during the COVID-19 Pandemic.

The provincial government issued and <u>Emergency Order</u> this weekend. The order is to ensure that staffing and resources are available to help care for and protect residents during the COVID-19 crisis. Care conferences are on hold except to meet the "clinical needs of the resident". The annual physical examination is not required but a physical examination should occur "within a reasonable period of time after the resident's last examination". Licensees are required only to report critical incidents and not necessarily other complaints. The order allows for more flexibility with administration of drugs. For example, having PRN medications at the bedside and thus assure isolation precautions. The order further allows flexibility of staffing during the trying time.

<u>Unprecedented times</u>. LTC inspectors will be redeployed as "resource specialists". A fund of \$243 million supports increase surge capacity in the LTC, while supporting 24/7 screening, more staffing, supplies and equipment. From Minister Merrilee Fullerton: "The COVID-19 global pandemic presents challenges the like we have not seen before...[We] are working around the clock to your loved ones safe and we will not stop acting LTC residents and staff safe and secure. I want to thank the dedicated staff of these homes who are working tirelessly during these unprecedented times."

## Symptoms and screening of COVID-19 in Long Term Care

Rapid spread of COVID-19 in long term care was observeded early in this pandemic. The first case in a home in King County, Washington State, was on February 28. By March 6, seven residents in a second facility were symptomatic.

Typical signs and symptoms of COVID-19 include fever, cough and shortness of breath. Potential atypical symptoms are sore throat, chills, increased confusion, rhinorrhea, myalgia, dizziness, malaise, headache and diarrhea.

In the facility in King County, 76 of 82 residents tested for COVID-19 were positive. Approximately half were asymptomatic ore pre-symptomatic on the day of testing. The MMWR study, <u>Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility</u> — King County, Washington, March 2020, demonstrates the presence of COVID-19 in asymptomatic residents during an outbreak. The index patient in this study was a health care worker and likely contributed to the rapid spread in the facility.

Symptom screening in LTC fails to recognize all cases of COVID-19. Accurate symptom ascertainment in persons with cognitive impairment and other disabilities is challenging. Broad strategies are required to prevent transmission with a facility. These include resident-to-resident interaction, universal use of facemask by HCPs, use of personal protective equipment.

In summary, symptom-based screening fails to identify all residents with COVID-19. Asymptomatic and pre-symptomatic residents contribute to transmission. Once a resident is identified as having COVID-19, extended use of PPE throughout the home is required.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e1.htm?s cid=mm6913e1 w