

Friday, April 10, 2020

COVID-19 REPORT

The attached Ontario Health Testing Guidance Update provides further guidance on hospital patients being transferred to long term care homes. This addresses concerns by many of our members.

“Asymptomatic patients: Testing of asymptomatic new admissions or re-admissions to a long-term care home or retirement home should be performed within the first 14 days under the direction of the overseeing clinician. Patients transferred from hospital to a long-term care home should be tested prior to the transfer. A negative result does not rule out the potential for incubating illness and all patients should remain under a 14-day self-isolation period following transfer.”

Medical Directors should assure that the administration and admission persons are aware to the new recommendation.

The update also provides current definition of a positive case. care. The Ontario Health Case Definition for a “probable case” can be problematic in LTC. Symptomatic patients are to have one of the following:

- Fever of 37.8 degrees or greater
- Any new respiratory symptom (e.g. cough, dyspnea, sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing)
- Clinical or radiological evidence of pneumonia

Our frail, elderly residents may present with atypical symptoms such as:

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| ○ Fatigue and malaise | ○ Nausea, vomiting, diarrhea |
| ○ Delirium | ○ Abdominal pain |
| ○ Falls | ○ Smell and taste disturbances |
| ○ Acute functional decline | ○ Chills |
| ○ Exacerbation of chronic conditions | ○ Headaches |

Atypical signs include:

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| ○ Tachycardia | ○ Hypoxia |
| ○ Hypotension | ○ Lethargy |

Asymptomatic contacts of a confirmed case, determined in consultation with the local public health unit, should be tested. These include residents in adjacent rooms, all staff working on the unit and essential visitors to that unit.

Medical Certificate of Death

The attached guide for certifying COVID-19 deaths state: “COVID-19 should be listed as a cause of death on all decedents where the disease caused, or assumed to have caused, or have contributed to death.”

In long term care, the clinician determines a cause of death based on the balance of probabilities with the underlying cause. There will be expected deaths in LTC with or without COVID-19. The vast majority of COVID-19 deaths will have respiratory symptoms.

There is a risk of both underreporting and overreporting COVID-19 deaths. It is inadvisable to attribute all deaths in the vicinity of COVID19 to COVID19, especially for residents without respiratory signs and symptoms. The exception would be a proven COVID19 positive resident with no symptoms who has a sudden and unexpected or unanticipated death. In this case, COVID-19 may be a contributing factor.

Managing Resident Deaths in LTC begins Tuesday, April 14, at 8:00 AM. The first of four webinars with the Chief Coroner of Ontario was yesterday. The invitation went to Executive Directors and Administrators in long term care. There will be three more sessions:

Friday, April 10, 2020 – 4 PM to 5 PM

Saturday, April 11, 2020 – 11 PM to 12 PM

Sunday, April 12, 2020 – 11 AM to 12 PM

Please click on this link: <https://register.gotowebinar.com/rt/5863060399278499340>

The Chief Coroner for Ontario works with the funeral services sector to develop ***Managing Resident Deaths (MDR) in Long-Term Care (LTC)***, a systematic process to assist in responding to a potential surge in COVID-19 related deaths. The strategy provides guidance to LTC homes to expedite transfer of deceased residents. All deaths that occur in long-term care homes during the outbreak period will be subject to the process and will incorporate completion of the Institutional Patient Death Record (IPDR) process. Clinicians will not be required to go into the home to complete the Medical Certificate of Death but will provide the essential information about cause of death and contributing conditions. More information will be provided in the OLTCC daily COVID-19 Reports.