Ontario Long Term Care Clinicians

Tuesday, January 12, 2021

COVID-19 Update

	Ont. cases	Deaths	LTC cases	LTC deaths	% LTC deaths
May 18, 2020	21,966	1,825	2,953	1,456	75.9%
January 2, 2021	190,962	4,650	11,293	2,829	60.8%
January 11, 2021	222,023	5,503	12,575	3,027	59.9%

Ontario has now surpassed 5,000 deaths from COVID-19 with many occurring to the frail elderly in vulnerable LTC home. The percentage of LTC deaths is declining.
https://www.ontario.ca/page/how-ontario-is-responding-covid-19#section-0

The number of Ontarians vaccinated reached 130,000 yesterday. In addition to being Chief Coroner of Ontario, Dr. Dirk Huyer is Coordinator of the Provincial Outbreak Response and member of the COVID-19 Distribution Task Force. At a webinar sponsored by the Registered Nurses Association of Ontario (RNAO) he stated that new we "have a regular supply of vaccine"; however not enough to provide clinics LTC with a 24/7 plan. All of the 53,000 doses of the Moderna vaccine, which was delivered on December 30, went to LTC homes. Residents are now also receiving the Pfizer-BioNTech vaccine. This vaccine was originally only given at centres with the ultra-cold freezers. Travel distances of up to 50 kilometers is now permissible for community distribution. Dr. Huyer stated that all LTC and high risk retirement homes will receive first dose of the vaccine by January 31.

Dirk Huyer, MD
Chief Coroner for Ontario
Member of the COVID 19
Vaccine Distribution Task Force

TESTING, PCR AND RAPID ANTIGEN TESTING

An updated directive from the Ministry, COVID-19: LONG-TERM CARE HOME SURVEILLANCE TESTING AND ACCESS TO HOMES, is attached. The rapid antigen screening test (RAST) will be introduced and an alternative to the polymerase chain reaction (PCR) test. RAST is used for screening only and not for diagnosis. A positive RAST will be considered as a preliminary positive and needs to be followed up by a nasopharyngeal swab (NPS) PCR test. NPS swab is the preferred technique for the RAST. As it the current practice with regular PCR testing, each home needs to determine the appropriate ordering clinician. The RAST test will continue use COVID requisition and the unique investigation number (INV) assigned to every LTC home.

The rapid antigen test can be done by physicians, NPs, RNs, RPNs, dentists, pharmacists and paramedics. Public Health Units coordinate on-site testing in homes that are in outbreak. A result is available after twenty minutes. The attached video goes through the eight steps to do the Abbott Panbio rapid antigen screening test.
https://www.youtube.com/watch?v=FH2N9LAKIKg

Physicians and nurse practitioners work with hospital and public health unit teams for resident vaccination. Dr. Brad Birmingham is Medical Director at Chester Village LTC, which has 203 beds. Michael Garron hospital is the hub provider. As Medical Director, he "wasn't merely present, but was quite involved in one of the 2 'squads' that went from room to room to give vaccine. Both our own staff and the MGH NLOT nurses, whom we know well, worked together…We've had a close relationship with MGH since the beginning of the pandemic, well before the 'hub and home' model took on a more formal role.

At another home, Belmont House,(140 LTC beds), the University Health Network vaccine team came; 3 squads, complete with 4 physicians. One or two physicians were with each squad, that stayed in a central place on a unit where residents were brought to them by our staff. "In summary, a few different processes, but one thing in common was physician (medical director) presence. We have found it beneficial to have a physician on site. The likelihood of a major event is quite low (and frankly in the worst scenarios I believe my nursing staff could manage events while 9-1-1 is called), but other benefits included sorting out issues with residents as they arose (e.g., deciding whether someone with an issue that day should have their vaccine deferred), dealing with some vaccine hesitancy, supporting 'team spirit' etc. etc. I also believe that a physician who knows the home, the residents, the staff, is important.

Dr. Sid Feldman shares the similar experience. "At Baycrest we had 6 teams, with nursing support from our Baycrest hospital. Our docs did a huge amount of pre-work calling SDMs for consent, entering consents in PCC and writing orders. I was the only onsite doc for the day, mostly hanging around, answering questions, brining trays of vaccines to the floors as a runner. They asked me to inject the few residents at highest risk for severe reactions and I waited around for 15-20 minutes with each to be sure nothing untoward. There was nothing. I took a few phone calls from last minute nervous SDMs and reassured them."

Dr. Barry Strauss is Medical Director at two sites. The vaccine team is coordinated with York Region Public Health. The vaccine is administered by RNs and the Director of Care, with one physician on site. The physician "on site actually provides important back up as families have many late questions or concerns prior to actual administration. As well we have vaccine for staff, and the surprising challenge has been getting buy in from staff which is key. Every time I chat with group of staff, I seem to be able to convince some to get vaccine.… the leadership part is ultimately the difference from being off site."

Share your experiences and questions about dealing with vaccination and beating the second wave at office@oltcc.ca