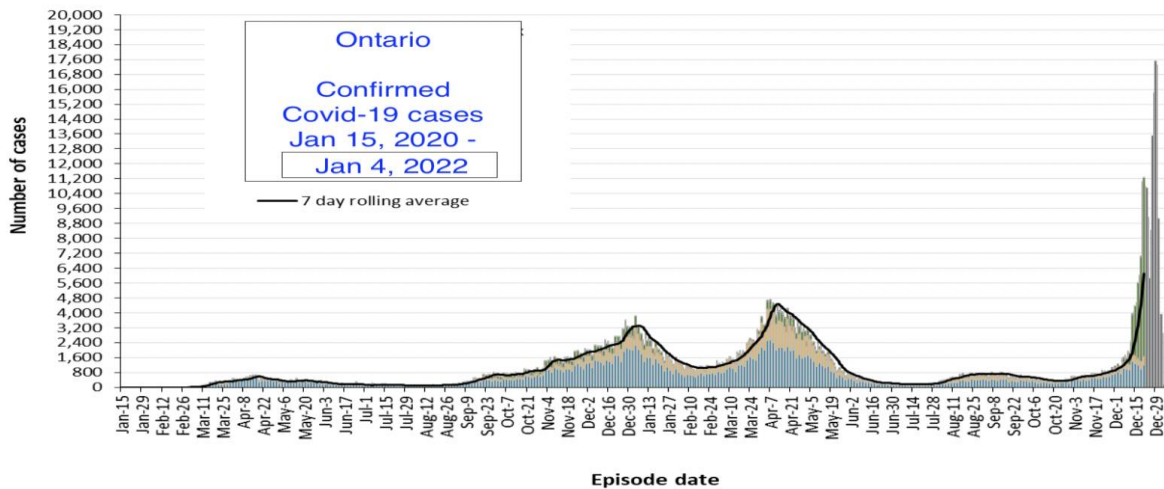


Covid-Omicron Report

	Ont. cases	Deaths	LTC cases	LTC deaths	% LTC deaths
Sep 15, 2020	40, 383	2,872	3,274	1,824	64.6%
Feb 25, 2021	298,569	6,944	14,955	3,864	55.6%
2 nd wave	258,186	4,072	11,681	2,010	47%
July 24, 2021	549,328	9,313	15,450	3,978	42.7%
3 rd wave	250,759	2,369	495	114	4.8%
Jan 4, 2022	828,032	10,252	16,393	4,039	39.4%
4 th wave	378,704	939	943	61	6.5%

The first and second waves of the Covid 19 pandemic disproportionately affected long term homes, with a high mortality of residents. The vast community spread of the Omicron variant presents another severe situation for long term residents. Visitors and activities are restricted, causing another epidemic of isolation. Covid cases of LTC staff (1,027) are nearly double the affected residents (571). Staff are unable to come to work. Without staff and other resources, disease linked to confinement can be more fatal than COVID-19 itself.

[Diamantis et al, JAMDA, May 2020](#)



COVID-19 Guidance Document of LTC homes in Ontario

The attached 31-page details the recent requirements for LTC homes to protect resident and staff against the Omicron variant.

- Entry into the long-term care homes by general visitors are paused.
- General visitors permitted to visit residents receiving end-of-life care.
- Day absences for all residents for social purposes are paused.
- All essential, medical, or compassionate absences will continue to be permitted.
- Mandatory third (booster) dose for all staff, students, volunteers and caregivers.
- LTC residents are eligible for a 4th dose of an mRNA at least 3 after 3rd dose.
- Updated testing and isolation requirements for staff, students, volunteers, and caregivers.
- Updates to testing during an outbreak due to longer processing time for PCR tests.

OLTCC receives enquires for advice for clinicians and other staff on visiting more than one facility because of Covid precautions. Updated advice is in the attached guidance document. “Based on the advice from the Office of the Chief Medical Officer of Health (OCMOH), the ministry is removing the policy under the [Limiting Work to a Single Long-Term Care Order](#) that restricts fully vaccinated staff from only working in one location when a home is in outbreak.” See page 12.

Public Health Ontario advises both a personal and a point of care risk assessment (PCRA) assessment in the care of suspect or confirmed cases of Covid. A personal risk assessment looks at the task at-hand, any interaction with others, and the environment. A PCRA includes assessing the exposure risk specific to the care intervention being performed. Both risk assessments are dynamic and should therefore be completed before every patient interaction to determine the correct PPE and other measures.

[Interim IPAC Recommendations for PPE and care...COVID-19, Dec 15, 2021](#)

Treating COVID in LTC

OLTCC receives order sets for treating COVID in LTC. Treatments are evidence based. Evidence is always changing. Unless there is availability of monoclonal antibodies (e.g. *sotrovimab*) or antiviral therapy (e.g. *remdesivir*), mild or moderate cases can be treated at the LTC home. Mild cases have symptoms but do not require supplemental oxygen. Moderate cases require supplemental oxygen to maintain oxygen saturation greater than 90% or mild pneumonia symptoms. Moderate cases benefit from a course of steroid therapy, such as dexamethasone 6 mg. daily for ten days, or prednisone 30 mg. daily for ten days. Other orders include antibiotics for suspected pneumonia, and opioids for relief of pain and dyspnea. Regional preferences and opinion of local experts may vary. The severe Covid patient, with unmet oxygen needs and unstable vital signs, require a review of goals of care, with a decision to transfer to hospital or provide end-of-life care.

The use of antithrombotic therapy is controversial, at least for mild disease. “The balance of benefit versus harm of antithrombotic therapy for clinically stable outpatients with symptomatic COVID-19 remains uncertain.”

[Antithrombotic Therapy in Outpatients With Stable Symptomatic COVID-19](#) JAMA, Nov 2, 2020

The Ontario Science Table released the **Therapeutic Management of Adult Patients with COVID-19** developed by Ontario COVID-19 Drugs and Biologics Clinical Practice Guidelines Working Group on December 20. *Sotrovimab* is recommend for LTC residents with mild, symptomatic disease. OLTCC enquires finds that the availability to sotrovimab is very limited through the province. The availability of *remdesivir* infusion is similarly limited. There is no established pathway for clinicians to access these treatments. Without addressing important issues of supply and distribution, this CPG creates an unattainable expectation for the treating clinician.

Send Covid experiences and questions to office@oltcc.ca
