

## **COVID-19 REPORT**

**RESUMING VISITS IN LTC HOMES** "Thanks to the hard work of our frontline workers and the collective efforts of everyone in stopping the spread, we can now allow families to reunite with their loved ones safely and in person with strict public health measures to protect residents, visitors and staff," said Premier Ford. "But I ask everyone to be cautious and act responsibly as the battle to contain COVID-19 is not over and the risk to our loved ones still remains." Family and friends will be allowed access to these settings beginning June 18. LTC homes will allow outdoor visits of one person per resident each week at a minimum. Retirement homes will resume indoor and outdoor visits in designated areas or resident suites when physical distancing can be maintained. Physical distancing will be required for all visits. This approach will ensure the health and safety of residents, staff and visitors. "With the possible spread of COVID-19 in our long-term care homes still being a real threat, people will need to follow strict health and safety protocols in order to protect our most vulnerable."

[ONT to resume visits to LTC homes, June 11](#)



The Guidelines for resuming visits in LTC homes, which is attached, outlines the expectations and procedures of the home and visitors. Visitors only need to "attest to home staff that the visitor has tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive. The home is not responsible for providing the testing." Visitors are not required to provide proof of a negative COVID-19 test. Visits resume one week after release of these guidelines.

A visitor is defined as any family member, close friend or neighbour. Phase 1 is limited largely to outdoors, one visit per week, of a minimum of 30 minutes per resident. There is concern that this is insufficient and that a stronger distinction between visitors and essential caregivers is also required. Also, given the time limited nature of outdoor visiting (especially in the north) and the limits outdoor visits place on caregiver roles, there is emerging advocacy for designated care partners to be acknowledged as essential and included in care plans and IPAC strategies (including being provided with necessary PPE to facilitate their participation in care activities in institutional settings). Some suggest the risks to older adults in acute and congregate settings has shifted to the extent that the deleterious impact of prolonged confinement and isolation is beginning to outweigh the risk associated with COVID.

ASYMPTOMATIC COVID-19 The technical lead for WHO's health emergencies program created confusion this week about the asymptomatic spread of COVID-19. Estimates of asymptomatic individuals vary between 6 and 14%. On a cruise ship, 81% of positive cases were asymptomatic. People testing positive without symptoms could be "presymptomatic," meaning they will develop symptoms in coming days. Research shows that presymptomatic individuals can test positive for the virus two to three days before they realize they're sick. SARS COV1 (SARS) mainly affected the lower respiratory tract. Studies show COVID-19 infects both the lower and upper airways, which makes it much easier to spread through activities such as shouting and singing. [Confusion about asymptomatic spread, NPR, June 9](#)

OLTCC continues to profile the role of Medical Directors, physicians, nurse practitioners and other clinicians during the COVID-19 pandemic. Many homes are unfairly affected by outbreaks. Forest Height LTC in Kitchener is a 240-bed facility that experienced 51 deaths during an incendiary outbreak.

Dr. Ross Kennel is Medical Director and one of the panelists at the OLTCC/OMA Town Hall on May 28. After the initial case March, he worked with management, public health and the local hospitals. Rather than rely on a call-group of 28, the four house physicians did their own 24/7 call. Dr. Kennel did daily rounds while the other three doctors, who work in other facilities, did virtual rounds and called family members. FHLTC is a C-bed facility with previous outbreaks.



“As Medical Directors and attending physicians we know our homes and need a bigger voice in decision making especially in a crisis.” Access and use of mask should have been initiated earlier in the pandemic. The 4-bed wards are no longer acceptable and can no longer be used. Dr. Kennel affirms that physicians need to be present and attend in the homes. Virtual care is an unsatisfactory substitute for personal rounds. “We are part of a team and it sends a very damaging message to all our frontline colleagues when we are not there.” Personal communications by physicians are essential in an outbreak. Families cannot be with residents and need to hear from the doctor.

