

## **COVID-19 REPORT**

The Board of Directors share the following Guiding Principles for the current COVID-19 Pandemic

1. Keep our residents safe by taking all measures to prevent entry of COVID-19 into the home, if necessary, reduce risk of transmission in the home.
2. Support families, staff and management with both professional care and personal support
3. Prevent surge of ill patients to acute care, which includes transfers to the emergency department
4. Educate residents and families about the care ill residents will receive in the home.
5. Along with social distancing, use remote and virtual care to ensure safety of residents and staff
6. Use telemedicine and other means of virtual care for consultations and care management
7. Encourage physicians and NPs that they must take care of themselves in order prevent illness, transmission and burn-out
8. Provide our colleagues with current and relevant information that is evidence-based and experiential

The daily COVID-19 reports are a sampling of some guidance, issues and experiences surrounding the current COVID-19 pandemic. Following a request for a larger font, the one-pager will become a two-pager. Long term care physicians are the experts for medical care in long term care. Your questions, experiences and advice will be shared in these daily COVID-19 Reports. Contact [office@oltcc.ca](mailto:office@oltcc.ca).

As of yesterday, there were nineteen COVID-19 deaths in Canada; 370 in the USA. There is undoubtedly a relationship between preparedness, testing and the death rate. Italy is clearly at the center of the COVID-19 pandemic. Their deaths are at 5,000, whereas total deaths in China is just leveling off at just over 3,000. The average age of people dying from COVID-19 in Italy is 78.5%. Of other countries in Europe, Germany has the lowest mortality rate of the 10 countries most severely hit by the pandemic: 0.3% compared with 9% in Italy and 4.6% in the UK. <https://www.theguardian.com/world/2020/mar/22/germany-low-coronavirus-mortality-rate-puzzles-experts>

The following come from some of our members:

- For the incapable resident, substitute decision maker is contacted to discuss goals of care and update the advance care plan.
- Priority for admissions, especially to transitional and convalescent care, should be to take the strain off acute care.
- If anyone does not have remote access to the electronic health record (EHR) of their facility, now is the time to get it.
- Telephone rounds may be preferable to video visits. The video-options (OTN, Skype, Facetime) involve closer contact with the resident and mobile hard surfaces, the fomite that the COVID-19 prefers to reside upon.
- Pictures of rashes and swollen joints can be uploaded to the EMR
- Speak to funeral directors about picking up or dropping off Certificates of Death.
- Ask staff and colleagues about their wellbeing. Thank them for their care. And, with a smile, remind them to wash their hands.

In the conversation: “The safest and most comfortable place for seniors to be cared for is in the Care Home. Doctors have learned there is no benefit for seniors with COVID-19 to go to the hospital and they would not survive intensive care. And so far, there is no treatment that can kill this virus. Unfortunately, we know your [...] will either recover on this/her own, or he/she will die from this illness.” This may be central to the goals of care conversation that you have with your residents and families at this time. An outline is attached to this COVID-19 report. Credit to Wallace Robinson, social worker at Providence Health Care in Vancouver.

This link to the Canadian Healthcare Network summarizes the lack of evidence for stopping NSAIDs, ACEIs and ARBs during the COVID-19. However, some of our colleagues would reassess these medications if there was an outbreak in their home.

[http://www.canadianhealthcarenetwork.ca/physicians/clinical/health-index-therapeutics/infectious-diseases/no-proof-that-nsaids-ace-inhibitors-or-angiotensin-ii-blockers-can-worsen-the-effects-of-covid-19-58584?utm\\_source=EmailMarketing&utm\\_medium=email&utm\\_campaign=Physician\\_Newsletter&oly\\_enc\\_id=2126A2608890B5V](http://www.canadianhealthcarenetwork.ca/physicians/clinical/health-index-therapeutics/infectious-diseases/no-proof-that-nsaids-ace-inhibitors-or-angiotensin-ii-blockers-can-worsen-the-effects-of-covid-19-58584?utm_source=EmailMarketing&utm_medium=email&utm_campaign=Physician_Newsletter&oly_enc_id=2126A2608890B5V)

Do you have COVID-19 advice for your colleagues in LTC. Do you have a COVID-19 experience to share? Contact [office@oltcc.ca](mailto:office@oltcc.ca)