



Long-term Care Communication Bulletin

TO: Long-term Care Physicians

DATE: March 14, 2020

FROM: Dr. Margaret Manville, Medical Director Long-term Care

RE: Recommendations from LTC Medical Advisory Committee

Dear Long-term Care Physicians,

We are writing to update you on the recommendations that came from our LTC Medical Advisory Committee meeting March 12, 2020 regarding COVID-19. This MAC is made up of your colleagues from all of our Island Geographies and the Island was well-represented.

1. Our physician leaders in each of our LTC homes are preparing for COVID-19 outbreaks with the staff at their nursing homes. Please follow general public health advice as a visitor to a facility.
2. The LTC Emergency Operations Committee is meeting multiple times per week to support our preparations. This is especially complex given that nursing homes have different funding models and administrative structures.
3. Dr. Murray Fyfe is the public health officer dedicated to helping us plan for COVID-19 in LTC.
4. A greeter/concierge at the entrance of each nursing home is recommended, who will screen each visitor for risk factors for infection. There should be only one entrance to the facility. The greeters will have a script to follow which could be updated as needed.
5. There are limits to visitors (one visitor per patient, visitors not to visit other residents) and groups as recommended by Public Health.
6. Public health outbreak procedures will be followed as we do with influenza. Contact and droplet precautions are used in LTC during an outbreak, as per BCCDC guidelines. Please reference this webpage for donning/doffing and Island Health COVID-19 updates. <https://medicalstaff.islandhealth.ca/news-events/coronavirus-updates>. If you have not practiced donning/doffing recently, it is recommended you do so, preferably observed.
7. Aerosol Generating Medical Procedures (AGMP) in a nursing home include nebulization, airway suctioning, or BIPAP/CPAP. N95 masks should be used if these actions cannot be avoided. We are assessing which patients require these interventions and arranging for FIT testing for staff at those facilities who could carry out these procedures on infected residents.
8. **We recommend that nebulized medications be substituted with other delivery mechanisms (e.g. MDI with aero-chamber and mask).** Our pharmacy lead will investigate other delivery mechanisms that would be best-suited to dementia patients and provide an update if needed.
9. Quarantines can only be directed by the Public Health Officer.
10. Supplies for outbreak are being assessed, with most homes having a 3-5 day supply. We are assessing capacity to supply O2 to those who need it at each site to avoid hospital transfer.
11. **GOALS of CARE and MOST orders.** It is essential that our residents have up-to-date MOST orders that reflect their goals of care and their current medical status. **THIS IS OUR PRIORITY.** The vast majority of our residents can be cared for in their nursing homes. **Please review patients with MOST C2-M3 for appropriateness.**



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12. **TRANSFERS TO HOSPITAL:** We need to prevent any avoidable transfers for our patients and for our system. We recommend that a physician assessment should occur before ANY transfer to ER, if it is deemed safe to do so. The Pink Band Project is Island-wide and can help with communication to acute care for a safe and short visit to ER if it is unavoidable. <https://vicsi-ltci.ca/tools-and-resources/pink-band-project/>
13. Medical appointments: please review if outside medical appointments are necessary at this time.
14. Treatment of COVID-19 is supportive care (fluids, antipyretics, O2 if required). Please refer to the most up-to-date treatment recommendations as they come.
15. **PHYSICIANS AT MULTIPLE LTC HOMES:** During this period, consider one site visit per day. Same-day multiple-site visits increase the risk of viral spread. If a site or unit is on outbreak, please visit there last. Local geographies could consider dedicating a group of physicians per nursing home to limit multiple contacts if required.
16. If the acute care system is overloaded, LTC is planning to respond. We are looking at ways to safely move appropriate stable patients out of the hospitals in every geography. Physicians may be asked to look after these patients who may not have a local MRP. Coordination of this attachment will be undertaken locally as required.
17. **COMMUNICATIONS:** we are working on the best way to communicate updates to all of our LTC physicians on the Island. We will send updates via your local Division of FP and will post any updates on the Island Health Medical Staff Website under COVID-19 LTC.
18. BC CDC will post a LTC section on their COVID-19 page Monday with the guideline document.

Please reach out to your local medical leads in your geography for support and advice – emails below.

We were so impressed with the dedication and compassion of our physicians and our administrative leaders at this meeting. It is a privilege to work with all of them and with you.

Sincerely,

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