

LTC Outbreak guidelines for medical coordinators



1. When a positive COVID-19 test is discovered (staff or resident), medical coordinators should be contacted by your LTC site to attend the emergency management call. It usually occurs 1-2 hours after notification: 519-7700 ext 26834. If the site doesn't contact you, I will try send a message either by phone, text or email with the outbreak teleconference details.
2. Ensure that you have a way to communicate with physicians/NPs at your site. During the initial hours/days of the outbreak, the staff will be very busy and may not be able to assist you with this task. Local LTCI/Division of FP may be able to help with this in some areas.
3. Physicians/NPs should be connecting with families of COVID+ residents to discuss their loved ones' diagnosis and plan for care.
4. Review if there are any AGMPs at the site. Make sure they are stopped and contingency plans are in place (i.e. nocturnal O2 for CPAP/BiPAP if required)
5. Ask physicians/NPs to limit their in-person attendance at the site during the outbreak. Physicians/NPs are not limited by the single site order, but best practice would be to limit the number of physicians attending the facility. A physician/NP could be designated for required in-person assessments and would need to adhere to all required infection protocols. Each LTC home and geography may have a different approach to limiting unnecessary on-site visits.
6. Ask physicians/NPs to review and decrease residents' medications/administration times to reduce the need for staff to enter rooms to give medications. It may be necessary for the medical coordinator to assist with this task as many sites do not have an EHR or MAR that is accessible remotely. Best to anticipate this, and ask the physicians/NPs to review and reduce medications as able at each visit now.
7. Discontinue routine lab draws during the outbreak.
8. Review any scheduled or elective investigations or procedures and postpone as able.
9. Ensure that you are invited to the daily outbreak management meetings for your site. This is especially important in the first couple of days. It may be less needed as the outbreak progresses if there are not a lot of cases or decisions to be made.
10. Be aware of MOST designation of residents in the outbreak area, especially if the outbreak is limited to a few units. This will help with anticipatory planning should a resident need transfer to the acute care setting for reasons either related or unrelated to COVID.
11. It is really important that the medical coordinators provide medical and moral support to the site. There will be a lot of anxiety and stress in the staff. Knowing that the medical community 'has their back' is critical to their confidence and delivery of needed care.

I will add to this list as our experience with managing COVID-19 outbreaks progresses. Please track the time that you are using to manage outbreaks. There is up to 20 hours of funding that you can apply for via Island Health, the division of FP or your medical staff association, as circulated from Dr. Ben Williams. It needs to be approved first by Dr. Jennifer Grace, Executive Director for LTC. She can be reached at Jennifer.grace@viha.ca.

With gratitude,

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