

COVID-19 REPORT

One in six LTC homes in Ontario are declared in outbreaks. An outbreak occurs when one resident or staff tests positive for COVID-19. The number of outbreaks will increase. More disturbing of estimates of over 200 residents who have died. The number of deaths will increase. COVID-19 selects the frail elderly with limited life expectancy but there are other inequities in LTC during this pandemic.

Forest Heights LTC in Kitchener now has 80 positive cases, one third of its resident population. At least 38 staff are positive and, so far, six deaths. In January 1999, there was an influenza outbreak where twenty residents died, at least 17 related to the 'flu. Seven Oaks LTC in Toronto is also hard hit by COVID-19. There was an outbreak of Legionnaire's disease at Seven Oaks in 2005. A total of 135 people was infected: 70 residents, 39 staff, 21 visitors, and 5 people who lived or worked near the home. Twenty-three residents died. "Clinical management was excellent. Before the cause of the outbreak was known, physicians worked on the assumption that it was a virus, however, for patients with signs or symptoms of pneumonia, they prescribed broad spectrum antibiotics, based on current clinical guidelines, which are effective against *Legionella*."

[Expert Panel Report, Drs. Bonnie Henry, James Young, David Walker](#)

In the COVID-19 has hit hard in homes like Pinecrest, Eatonville and Forest Heights. They are Category C homes, or C-beds, built to 1972 standards, with four bed rooms and little flexibility of isolation. Seven Oaks, built in 1988, has only private and semi-private rooms. The C-bed homes largely represent the 30,000 Ontario LTC homes that need to be redeveloped. These homes, many of which opened in the '70s and '80s, have licenses that will expire in 2025. In order to acquire new licenses, one thing the homes need to do is eliminate any four-bed wards. This means these LTC homes must renovate existing facilities or build new one. Re-development is too late for this pandemic. These homes must be re-built or reconfigured for the next pandemic. Four bed ward can be converted to semi-private rooms. Crowded two-bed rooms converted to private rooms.

[Ontario needs 30,000 new LTC beds, Sep 2018](#)

It is now four weeks of travel restrictions and the number of positive COVID-19 cases continue to grow, although the curve shows signs of flattening. New cases are due to increased testing and community of spread of the ubiquitous, highly contagious virus. In this pandemic, prevention of COVID-19 transmission is key to the public health and lockdown measures. Persons with early COVID-19 may have few symptoms but a high viral load in the nasal pharynx early in the disease. In others, like health care workers, high viral load may portend a grave prognosis. Viral load refers to the number of viral particles that an individual is carrying (and shedding into the environment). Whether COVID-19 is present in the LTC home or not, clinicians must remain mindful of the risk. Continued vigilance regarding the strict transmission precautions is required throughout the prolonged course of COVID-19 in patients, staff and visitors—essential and compassionate.

[Viral Load, Lancet, Mar 27](#)

A useful, interactive guide to reduce transmission and improve handwashing comes from the University of South Hampton. It can be shared with staff, family and friends. Evidence is simplified. In addition to the elderly and persons with comorbidities, male gender and being overweight are also risk factors to become very ill from COVID-19. It can take up to 72 hours for the COVID-19 to completely die on hard surfaces—such as cardboard, plastic or metal. It is estimated that one in three people who are infected with coronavirus are asymptomatic. Washing hands should take at least 20 seconds. Hand gel needs to have at least 60% alcohol in it to kill viruses.

<http://germdefence.org/>

How do you deal with the dying process as a doctor, a patient, a friend or as a relative? This question is asked by Dr. John Crosby. Dr. Crosby is Medical Director at Riverbend Hilltop LTCs in Cambridge. Here is some advice to a daughter of a dying patient. “If this were my dad, I would keep him here. The hospital has to do everything when he gets there, including putting a tube the size of a garden hose down his throat, through his vocal cords and into his lungs to attach him to a breathing machine. He won’t be able to talk and will have to be in wrist restraints to keep him from pulling out the breathing tube. You might have to decide to have him taken off the ventilator if he doesn’t recover, which is almost a certainty...We all know him here. This is his home. We can keep him comfortable with oxygen and morphine in small doses to ease his breathing and pain.”

["Your dad is going to die" Medical Post, Mar 11](#)