

COVID-19 REPORT

As of today, there have been at least 448 deaths in long-term care amid outbreaks at 127 facilities, according to data from the Ministry of Long-Term Care. That is 49 more deaths since the previous day. COVID-19 testing to every resident and worker in long-term care homes facilities.

[Global News, Apr 22, 12:30 hours](#)

Chief Public Health Officer Dr. Theresa Tam says information coming in from across the country about the rate of new COVID-19 cases indicates that the month spent under strong public health measures such as physical distancing has “prevented an explosive outbreak” in Canada. Many provinces, including Ontario, declared a state of emergency. All non-essential businesses are ordered to close. The Ontario government prohibits public events of more than 50 and social gatherings of more than five. All recreational amenities are ordered to close. The state of emergency is extended to May 12.

[CTV News COVID-19 in Canada](#)

The mortality rates for COVID-19 in long term care was identified in the initial North America outbreaks in King County, Washington State. The high death rate is seen across the continent, including Ontario. LTC facilities are high-risk settings for severe outcomes from outbreaks of COVID-19, owing to both the advanced age and frequent chronic underlying health conditions of the residents and the movement of health care personnel among facilities in a region. LTC facilities are susceptible to other respiratory disease outbreaks, including influenza and other human coronaviruses such as the common cold. Once COVID-19 is introduced into an LTC facility, it has the potential to spread rapidly and widely. The serious adverse outcomes to residents and staff underscore the importance of proactive steps to identify and exclude potentially infected staff and visitors. Early recognition of potentially infected patients by screening and implementation of appropriate infection prevention and control measures is critical to control outbreaks. In the COVID-19 outbreak across LTC facilities in Washington State, the median age of 101 facility residents affected was 83 years, and 94 percent had a chronic underlying condition.

[Epidemiology of Covid-19 in an LTC Facility in King County, NEJM, Mar 27](#)

Concerns have been raised that NSAIDs may be associated with an increased risk of adverse effects when used in patients with acute viral respiratory infections, including COVID-19. A new WHO review assess the effects of prior and current use of NSAIDs in patients with acute viral respiratory infections on acute severe adverse events (including mortality, the acute respiratory distress syndrome (ARDS), acute organ failure, and opportunistic infections), on acute health care utilization (including hospitalization, intensive care unit (ICU) admission, supplemental oxygen therapy, and mechanical ventilation) as well as on quality of life and long-term survival. There is no evidence of severe adverse events, acute health care utilization, long-term survival, or quality of life in patients with COVID-19, as a result of the use of NSAIDs.

[NSAIDs in Patients with COVID-19, WHO, Apr 19](#)

Recommendations on community use of face masks in the context of the COVID-19 pandemic vary across countries. The Centers for Disease Control and Prevention (CDC) updated its recommendations in early April. Individuals to wear a cloth face cover when in public settings where social distancing is difficult to achieve, particularly in areas with substantial community transmission. Clinicians should emphasize that wearing a face cover does not diminish the importance of other preventive measures, such as social distancing and hand hygiene (including after removing the face cover). The CDC also reiterates that the face cover recommendation does not include medical masks, which should be reserved for health care workers.

[CDC recommendation on face masks](#)

Palliative care is a core element of pandemic care, especially in long term care. Derived from the Latin, *palliates*, palliation means to cloak or comfort. Long term care is mostly palliative care, which focuses on symptom management, quality of life and support for families and others. “At this time of global crisis, palliative care can and will help our collective suffering.” Dr. Amit Arya specializes in palliative care in long-term care and Dr. Naheed Dosani, provides palliative care for the homeless. Specific symptom management for COVID-19 includes treating dyspnea, pain and delirium. End-of-life care is part of palliative care. Bereavement becomes especially difficult. “How can you really grieve when you cannot get close to the individual.” Dr. Arya identifies the “structural vulnerabilities” of “congregate settings” that is greater in some LTC facilities.

<https://www.tv.o.org/video/palliative-care-during-a-pandemic>