

Tuesday, April 7, 2020

COVID-19 REPORT

OLTCC is aware of the shortage and rationing of personal protective equipment (PPE) in long term care. A member yesterday commented that Dr. Peter Donnelly's metaphor of a steel wall around LTC creates a false sense of security. "I remain concerned that we are not doing enough, mostly because we don't have enough PPE such as surgical masks. We should be aiming to have staff wear masks all the time when in proximity to ALL residents and when within less than 6 feet from each other." With other LTC stakeholders, OLTCC was signatory in a letter to PM Justin Trudeau for more PPE for front line workers. Equipment is available but held up in international supply hurdles. Our leaders show a united front in trying to secure masks, gowns, gloves and face shields, but "behind the scenes, the shipments are slow to arrive as federal and provincial governments get shortchanged on orders and deliveries are delayed or disappear.

<https://www.theglobeandmail.com/politics/article-ottawa-and-the-provinces-are-navigating-a-wild-west-in-the-medical/>

Advice on universal mask use is inconsistent and changing daily. Based on an informal Toronto Region survey we this week, about 75% of sites have moved to universal masking policies. There is much discussion about reusing masks and possibly technologies for disinfecting masks for reuse. The attached Recommended Guidelines Pandemic Universal Masking from the Toronto Region COVID-19 LTC/CC table came out last week. The intent includes to need to preserve masks. "Two procedure masks per day will be provided for all healthcare workers that interact with residents or entering resident areas for any reason only if the home's PPE supply allows."

PPE supply and personal protection was discussed at the OLTCC Board of Directors meeting this morning. Health care providers must protect themselves. The high number of physician deaths in Italy may be related to the cumulative virus load. Advice includes changing your clothes in a separate part of home when you return from rounds. Keep a separate pair of shoes in the garage. If possible, dedicate one vehicle for the health care provider and the other for family use.

In the “age of COVID-19”, advice to residents and families involves preparation of a surge protocol. Hospice Palliative Care Ontario (HPCO) hosted a webinar yesterday with two experienced palliative care physician. Dr. Leah Steinberg gave a workshop at the 2019 conference, Practical Pearls in LTC. Dr. Nadia Incardona works as at the Michael Garron Hospital. Resources and templates for palliative are at the website: www.ontariopalliativecarenetwork.ca

The age of COVID-19 is a chance to reach out to substitute decision makers (SDM). Confirm who is power of attorney. Assure the contact information is correct. The public are open to clinicians at this time and will appreciate you making contact. Clinicians are reminded that the language from other jurisdictions may not be applicable in the Ontario setting. For example, in advance care planning, the term “advance directives” is not used. Consent cannot be given in advance. “A piece of paper is not consent”.

Often a translator is required for these difficult conversations. The clinician should assure that the translator is comfortable with to discuss-end-of life conversations. The Vital Talk website provides helpful guidance for the serious illness conversation at this difficult time. www.vitaltalk.org

In long term care where there is likely limited resources and a guarded prognosis, it is important to first emphasize what can be done. For a COVID-19 infection, this includes assistance with feeding, fever control, hydration, oxygen and other pain and symptom management. What you cannot do includes CPR. If there is not agreement on consent, a reasonable response is, “what do you understand of the illness?” CPR may appear futile and inhumane. The physician cannot write a unilateral DNR order. “However, if the patient’s condition deteriorates and they experience a cardiac or respiratory event while conflict resolution is underway, physicians are permitted to make a bedside determination about which resuscitative efforts, including CPR, to provide and are only required to provide those that are within the standard of care.”

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Planning-for-and-Providing-Quality-End-of-Life-Care/Advice-to-the-Profession-Planning-for-and-Providin>

OLTCC and the OMA Section for LTC and COE invites all to join a virtual town hall on Thursday, April 9, 7:00 – 8:00 PM. A few of our expert colleagues, who practice daily in LTC, will be available to answer questions. Further information will be in upcoming COVID-19 reports.