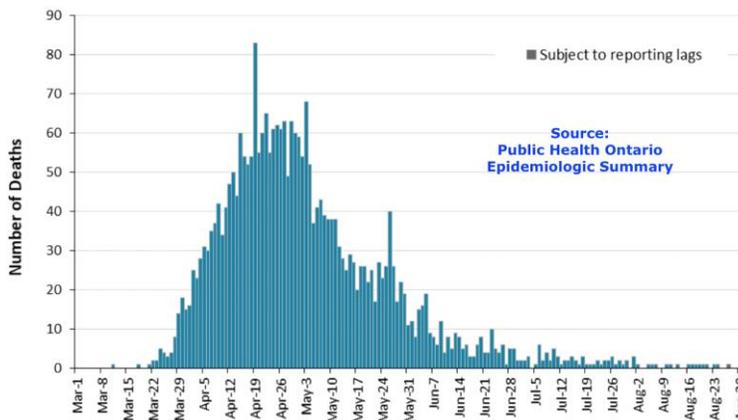


COVID-19 REPORT



Over the past week, the number of COVID-10 deaths in Ontario LTC homes remain unchanged at 1,845, down to 65% of the total provincial deaths. Testing of all staff, including visiting clinicians, screening upon entry and scrupulous use of PPE remain essential in the weeks ahead as school open.

Belgium was similarly hard hit by COVID-19 and, like Ontario, two thirds of deaths occurred in LTC. “Nursing homes around the world operate at the seams of local, regional and national oversight, but Belgium magnifies that problem.” Unlike Italy but similar to Ontario, hospitals were under-utilized while the COVID-19 virus ravaged nursing homes. As the lethal effects of the pandemic developed in March and April, LTC clinicians were compelled to reduce the anticipated strain on emergency departments, acute care, ICU and ventilators. With the emerging peak residents were decanted open beds in the hospital. Likewise, redeployed hospital staff and calling in the armed forces were late responses. “Public health officials around the world excluded nursing homes from their pandemic preparedness plans and omitted residents from the mathematical models used to guide their responses”.

[When COVID-19 hit, many elderly were left to die, NYT, Aug 8](#)

Testing, screening, PPE and other infection prevention and control measures remain the main line of defence against the anticipated second wave of COVID-19. In the event that residents become positive, there is the opportunity to employ chemoprophylaxis favipiravir, a broad-spectrum antiviral approved in Japan. The lead investigator is Dr. Allison McGeer at Mt. Sinai Hospital, Toronto. Information about trial enrolment is found at <http://www.tibdn.ca/control-covid/ltc>

Nine vaccines are now in phase 3 trials. All yield promising early results. “The public-health imperative to obtain a safe and effective vaccine as quickly as possible goes hand in hand with the mandate that the approval process be above any political considerations and solely based on data from the clinical trials.” Alan Bernstein is former head of the CIHR a member of the Canadian COVID-19 Vaccine Task Force. [Optimistic to have COVID-19 vaccine soon, The Atlantic, Aug 29](#)

Over the past few months, OLTCC has reported on clinician leadership during the pandemic. Dr. Rhonda Colling, Chief Medical Officer of Revera Living provided guidance for many facilities, both preventing and controlling outbreaks. Dr. Collins is on the Board of Directors of OLTCC. She writes:



“Many things have been identified as contributing to the dramatic effect of COVID-19 on the LTC sector. Insufficient access to personal protective equipment - particularly masks - at the beginning of the pandemic, asymptomatic spread of the virus from staff to residents, knowledge of effective infection prevention and control practices and atypical symptoms in older adults. These are things we might not have known but were able to change. Older adults in Long Term Care are more susceptible to infectious agents and prone to worse outcomes with two major contributing factors. First, they are often frail with multiple underlying health conditions. Second, older homes with shared bathroom spaces and three and four-bed rooms create isolating and cohorting challenges and allow for effortless viral spread to occur.

These are things we knew but were unable to change. Our sector has corrected the things as it can. We have implemented universal masking, restricted visitors, restricted health care workers to one workplace, begun testing asymptomatic staff on a regular basis and accessed a wide variety of resources to support enhanced IPAC education and training. It is time to begin the conversation about building design. We can no longer have homes with multi-bed rooms and communal bathroom space. LTC homes must have a structure and function that supports risk mitigation and reduces viral spread.”

OLTCC COVID-19 Reports advised members and stakeholders with daily reports for the first 50 days of the pandemic, then twice weekly, and once weekly over the summer weeks. The report will continue as LTC Pearls in preparation for unpredictable new normal.

Practical Pearls in LTC will be virtual with three-hour sessions on October 16, 21, 23 and 30. Attendees will miss the in-person gathering of LTC clinicians to network, share experiences in interactive workshops, and recognize the achievements of colleagues. A new conference platform will offer engagement, interaction and flexibility. #PPLTC20 continues to be the largest conference in Canada for physicians who practice in long term care and welcome nurse practitioners, pharmacists, and other health care professionals. The final program will be released this week.

