



---

**To:** FH-contracted Facility Medical Directors  
Division of Family Practice Long-Term Care Initiative Physician Leads  
Division of Family Practice Executive Directors

**From:** Fraser Health Long-Term Care COVID-19 Physician Task Force  
Dr. Akber Mithani, Regional Medical Director, Long-Term Care & Assisted Living  
Eric Chi, Lead, Physician Services, Long-Term Care & Assisted Living

**CC:** Dee Chatha, Director, Long-Term Care Contract Services  
Dr. Andrew Larder, Executive Medical Health Officer for Population & Public Health/  
Medical Health Officer for LTC  
Norm Peters, Vice President, Regional Care Integration  
Irene Sheppard, Executive Director, Regional Care Integration

**Date:** Friday, May 8, 2020

**Re:** Long-Term Care COVID-19 Physician Task Force Memo #6

---

The Long-Term Care COVID-19 Physician Task Force was created to provide direction for critical physician-related issues in regards to COVID-19 in Fraser Health-funded long-term care homes.

Attachments are referenced in **red** under each point.

1. **URGENT – Relaxation of visitor restrictions withdrawn**

Thursday morning, information on the relaxation of visitor restrictions was circulated to all care homes.

To ensure a consistent approach across all health authorities, the previous guidance provided on outdoor visitation is withdrawn.

At this time the current restrictions remain in effect.

The Task Force will update the physician groups when further information is available.

2. **Resumption of admissions from community**

LTC homes have resumed admissions from community as per Ministry of Health directive April 27, 2020.

The Ministry of Health clarified that admissions from community are to be isolated for 14 days with COVID-19 precautions for asymptomatic residents/tenants. The Task Force also recommends droplet precautions.



---

3. Recommendation for residents returning to LTC (ie., from an essential visit)

Dr. Andrew Larder, Executive Medical Health Officer for Population & Public Health and Medical Health Officer for LTC, recommends the following...

*No requirements for 14 day isolation and droplet precautions are necessary if the visit is not overnight and it is to a setting where it is reasonable to expect good infection control practices (ie., acute care sites, doctors' offices, diagnostic facilities, even potentially other health care providers).*

*If otherwise, 14 day isolation and droplet precautions are necessary.*

4. Communication process for outbreaks

In the April 8<sup>th</sup> memo, the following process was laid out:

- i. BCCDC notifies FH Public Health of confirmed positive COVID-19 case
- ii. Respiratory Illness Outbreak Notification (RION) to FH LTC Emergency Operations Centre (EOC)
- iii. **Regional Medical Director immediately calls the site's Facility Medical Director and the local Division's LTCI Physician Lead to coordinate notification to MRPs and call group physicians**
- iv. FH LTC sets up a Site EOC that includes the Facility Medical Director for outbreak management

All FH Site EOC Leads have been instructed to ensure the Facility Medical Director is on the first call with the DOC. The algorithm for this has been finalized.

[LTC AL Prevention Suspected Confirmed Outbreak Process COVID](#)

5. Process for Facility Medical Director involvement in decision for blanket swabbing at outbreak sites

Whether an active outbreak site should be blanket swabbed or not is a case-by-case decision made by the MHOs based on a number of factors such as site layout, staff cohort, and resident makeup.

If a Facility Medical Director strongly feels that blanket swabbing should take place, please get in touch with Dr. Larder directly via phone/text at 604 418 7497 or via email at [andrew.larder@fraserhealth.ca](mailto:andrew.larder@fraserhealth.ca).

Once an order for blanket swabbing has been made, the FH Site EOC Lead will be in touch with the care home to explain the process.



---

6. Clarification on exclusion of GI symptoms as a suspected symptom for swabbing

Dr. Larder recommends continuing to swab for GI symptoms as we want a lower threshold of symptoms for LTC. It is, however, unusual to have only GI symptoms as COVID-19 typically presents with other symptoms.

We are now entering a phase where we really want to identify cases and be liberal with testing. If there is a change in GI symptoms, this may be a precursor to other symptoms.

If a resident only exhibits GI symptoms, testing is at the discretion of the MRP.

7. Approved LTC Pre-Printed Orders (PPO)

The Pre-Printed Order (PPO) attached is available to be used for patients who have a pending COVID-19 swab test or for those who have a confirmed COVID-19 infection in LTC. The first half of the PPO is meant to offer some guidance regarding infection control measures, vital sign monitoring, and advice regarding O<sub>2</sub> therapy considerations.

The second half focuses on medications that you may want to consider using for COVID-19-specific symptoms. In addition to these orders, you should use your clinical judgment to treat any other medical concerns and also consider use of the Actively Dying Protocol as needed.

Please note that the use of this PPO is not a requirement.

[DRDO107531A COVID-19 Confirmed or Pending LTC Apr 28 2020 – Final](#)

8. Task Force Resources on the FH Medical Staff

All previous memos and attachments can now be found on the FH Medical Staff site under the “Long-Term Care” dropdown here: <http://medicalstaff.fraserhealth.ca/covid-19/>

Please contact Kelly Nagel at [kelly.nagel@fraserhealth.ca](mailto:kelly.nagel@fraserhealth.ca) who can direct your question further.

Sincerely,

Dr. Ken Dueck, Chair  
Dr. Sandra Derkach  
Dr. Larry Gustafson  
Dr. Amber Jarvie  
Dr. Ralph Jones  
Dr. Brianna Noon  
Dr. Anthony Tran