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Long-Term Care COVID-19 Physician Task Force Memos

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.

Please contact Kelly Nagel, Administrative Assistant to Dr. Akber Mithani, Regional Medical Director, Long-Term Care & Assisted Living, at kelly.nagel@fraserhealth.ca for more information or for any questions you may have.

Updated May 15, 2020

Memo #7 – May 15, 2020

1. Clarification and Update regarding the LTC COVID PPO

Attached is an updated version of the LTC COVID-19 PPO. The Pre-Printed Order (PPO) is available for use for any patient with a CONFIRMED positive COVID-19 nasopharyngeal swab OR a HIGHLY SUSPICIOUS COVID infection with associated respiratory symptoms where the testing results are still pending.

1. The PPO includes orders for infection control measures, monitoring and medical treatment.
2. Please note that the LTC COVID PPO was not designed for residents with a pending test and associated mild, non-respiratory symptoms.
3. Please note that residents with severe respiratory symptoms will need adjustments to their opioid treatment for the management of dyspnea. Please consider initiating the LTC Active Dying Protocol should a patient's condition decline, if in keeping with their goals of care.

- Use of the COVID PPO is not a requirement, but rather a tool to support the management of patients presenting with a COVID-19 infection.

LTC COVID-19 CONFIRMED OR SUSPECTED PPO

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Memo #6 – May 8, 2020

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 **URGENT – Relaxation of visitor restrictions withdrawn**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 To ensure a consistent approach across all health authorities, the previous guidance provided on outdoor visitation is withdrawn.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.*

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4. Communication process for outbreaks

In the April 8th 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 FacilityMedical 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.

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_2 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/

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Memo #5 – April 24, 2020

1. Current Guidelines for Admissions

Please see the attached guidelines for admissions to LTC from the LTC Coordination Centre. We will continue to share updates regarding admissions as the management of COVID-19 continues to evolve.

However, we would like to outline the following statement from **Dr. Andrew Larder, Executive Medical Health Officer for Population & Public Health and Medical Health Officer for LTC in FH**:

> *As per the provincial direction across all regional health authorities, it is highly recommended that all admissions to LTC from acute care be isolated for 14 days with droplet precautions where possible. This provincial direction is aligned with the recommendation from the Public Health Agency of Canada. It is important to ensure that such an intervention would support and maintain the physical and mental wellbeing of the resident, as well as take into account the practical ability of the care home.*

Algorithm for Admissions to LTC_CV_AL during COVID-19 April 22, 2020

2. Clarification on swabbing

Sympomatic residents should be swabbed immediately and placed on droplet precautions. Those who test negative should be monitored closely with droplet precautions continued. Given the chance for false negatives, the MRP should be consulted and repeat swabbing should be considered before removing precautions.

Because little evidence currently exists, the Task Force has created a simple algorithm as guidance.

LTC Physician Task Force COVID-19 Swab Flowchart

3. Clarification on single site recommendation for physicians/on-call designate

The recommendation for physicians to only work at a single site doesn't apply if a clinically necessary on-site visit is required that would prevent a hospital transfer.

Please call ahead to arrange for appropriate PPE upon arrival rather than hunting for it.

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4. Guidelines on how to manage unique geriatric psychiatry cases during COVID-19

Wandering residents with dementia who are COVID-19 positive may pose a risk of spreading the disease. Non-COVID-19 positive residents who live in a care home currently under outbreak measures may also pose a risk.

Dr. Atul Nanda, Physician Lead for Geriatric Psychiatry in LTC, with input from other geriatric psychiatrists, clinical ethicists, and other clinicians, has created a set of guidelines for management of such residents.

The Physician Services team is finalizing a geriatric psychiatry consultation support system for physicians who may need assistance in managing such cases. Further information will be sent out to physicians and care home leadership shortly.

Management strategies for wandering and restlessness in COVID-19 positive patients with dementia

5. Draft LTC Pre-Printed Orders (PPO)

The Pre-Printed Order (PPO) attached is meant 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_2 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.

LTC COVID PPO-April 24 2020

6. Donning and doffing of PPE at a care home

Care home staff will monitor essential medical services personnel donning and doffing of PPE to ensure technique and Infection Prevention and Control Guidelines are properly followed. This is a necessary step to prevent errors in donning and doffing as many LTC physicians have not been required to do proper PPE for years.

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Memo #4 – April 8, 2020

1. Clinical decision pathway in LTC residents

   This pathway was created by the Regional Medical Directors, Long-Term Care & Assisted Living, at all health authorities and approved by the Ministry of Health for province-wide distribution. It is also hosted on the BCCDC site here.

   Clinical Decision Pathway in LTC Residents FINAL

2. Communication process for outbreaks

   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 FacilityMedical 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

   A more in-depth flowchart will be circulated when finalized.

3. Clarification on the protocol for when a patient is accepted from acute care/resident returns to LTC

   The resident should be isolated and **droplet precautions initiated** for 14 days and monitored as per the *Fraser Health COVID-19 Screening Tool*. Swab if symptoms develop.

4. Clarification on recommendation to have proactive goals of care conversations

   The intention of the previous recommendation to proactively have goals of care conversations with families around COVID-19 was to discuss the experiences of the frail and elderly who become infected with the disease at other care homes as well as to raise awareness about the appropriateness of ED transfers. It was NOT to recommend that new admissions or current residents must have a specific MOST designation. We would like to urge physicians to have goals of care conversations with families around COVID-19 and where appropriate, access the palliative care support system as outlined in our previous memo.

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5. Update on letter to families from the Regional Medical Directors

   The letter was rejected by the Ministry of Health and will thus not be distributed. We would request our physicians to utilize the approved clinical decision pathway outlined in point 1 as a tool to assist in goals of care conversations with families.

The Medical Health Officers also released a memo with changes and clarification regarding testing that was distributed to family physicians. It is being included for your reference.

MHO Alert – Changes and clarification regarding testing – Apr 8 1630

Memo #3 – April 3, 2020

1. Personal Protective Equipment in ALL LTC homes

   The latest Ministry of Health directive requires all physicians, staff, and contracted staff working in resident care areas wear a surgical/procedure mask and eye protection (i.e., face shield, goggles, or safety glasses). Gloves must be worn when providing direct care to residents. In addition, a gown must be worn when providing care to any resident on Droplet Precautions. This is being implemented over the coming days as sufficient equipment is distributed beginning with the most high-risk locations.

   This is the case right now, but may change.

2. Recommendation for physicians providing in-patient care at a hospital to find a designate for long-term care

   Physicians providing in-patient care at a hospital or direct patient care in a high risk COVID-19 setting may potentially encounter patients who are COVID-19 positive. Such physicians who also have residents in long-term care may potentially act as vectors if they were to provide care in both settings. As per our previous communication, we encourage these physicians to continue to provide care to the residents in LTC virtually. However, The Task Force encourages these physicians to try and ask for a designate to provide any clinically essential on-site care at a long- term care home. Similarly, when possible, a long-term care physician should select a single care home to attend in person and seek a designate for other sites where you have patients. It is recognized that this may not be possible in all communities.

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3. New algorithm for resident transfers

   This algorithm is based on the Medical Health Officer Class Order on March 22 (points 8 and 9 on p. 5) and provides a guide for resident transfers.

   COVID 19 LTC Resident Transfers March 31 2020

4. Recommendation to utilize the LTC Actively Dying Protocol for seriously ill residents with COVID-19

   Based on physicians' experiences at Lynn Valley and other care homes, the current protocol is sufficient for comfort measures. FH Palliative Care physicians are available for clinical case support when required.

   An intensive symptom management pathway developed by Palliative Care physicians (mostly for acute care) is attached as an additional resource. The Task Force recognizes that the suggested measures will be challenging to implement in most LTC homes.

   Dr. Nick Petropolis, Palliative Approach Lead, is available to mentor physicians in goals of care conversations or to review difficult MOST and goals of care cases at nick.petropolis@fraserhealth.ca. He will also be hosting a webinar for long-term care physicians to share goals of care conversation tips related to COVID- 19.

   Actively Dying Protocol - Caring for Residents in Final Days
   COVID-19 End of Life Symptom Management v.20.03.22

5. Clarification about medication reviews and other on-site meetings

   In the March 17 memo, it was recommended that all care conferences occur virtually without explicitly naming other meetings.

   The Task Force would like to clarify and emphasize that ALL meetings that typically occur at a care home (ie., medication reviews, etc) should take place virtually unless absolutely clinically essential or if the physician is already on-site for a clinically essential visit.

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6. Direct-acting oral anticoagulants now covered by Pharmcare for new patients

Effective March 30, 2020:

- PharmaCare's Limited **Coverage Criteria for direct-acting anticoagulants (DOACs) are changing** for the duration of the COVID-19 pandemic.
- Patients newly starting anticoagulation treatments are **no longer required to try warfarin.**
- Warfarin is the long-established anticoagulation treatment for the prevention of ischemic strokes in patients with atrial fibrillation (AF), and the treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE). However, its use requires frequent lab testing when therapy is started, which may not be desirable for social distancing during the COVID19 pandemic.
- **DOACs are as effective as warfarin in treating the aforementioned indications and do not require lab testing as frequently**.
- Residents in LTC who are **already on warfarin may be switched to DOACs where it is clinically indicated** as determined by the physician.
- A **Special Authority Form will still be required** and faxed to Pharmacare with a turnaround time of less than 24 hours.
- Please indicate the following note in section 5 of the form: "INR testing cannot be accomplished due to COVID-19"

7. CPSBC: Guidance for certifying COVID-19 deaths

- If a resident has experienced COVID-19-compatible symptoms before death and has a COVID-19 swab pending, please wait for the result before completing the death certificate.
- If a resident dies with COVID-19-compatible symptoms and was not swabbed before death, one can still do a COVID-19 swab post-mortem, even up to several days after though the sooner the better. This can potentially even be done in the mortuary if the indications are strong enough to warrant this. The death certificate should then be completed only after results of the swab are back.
- It is NOT necessary to consult the coroner for each case that involves COVID-19.

Should you require additional death certificates, email HTLH.VSStock@gov.bc.ca to order. Include name, address, College ID #, MSP #, and quantity desired, as well as a line about how the physician's practice is heavy in elderly patients.

CPSBC - Guidance for certifying COVID-19 deaths - 2020-03-26

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Memo #2 – March 24, 2020

1. Recommendation to proactively have COVID-19-related goals of care discussions with families

   Proactively educating families that there is currently no medical treatment beyond supportive care for COVID-19, and that supportive care can be provided more effectively in the care home, will give families time to digest the information when they are not in a crisis situation. Should an outbreak happen, it will be difficult to manage all of the conversations at once. Start with M3 or higher residents and with families who may already be anxious.

2. Protocol for when a resident *must* leave the care home (ie., dialysis, urgent specialist appointment):

   i. Follow standard screening process for anybody entering the care home
   ii. Monitor (b.i.d. temperatures and assessment for respiratory symptoms) closely for symptoms for 14 days after the last transfer outside of the care home.

   iii. If symptoms are developed, test for COVID-19 and isolate for 14 days. If possible, isolate upon return regardless of symptoms

3. Recommendation to use "LTCF" on testing requests for Assisted Living and Convalescent Care residents when co-located with long-term care

   Assisted Living and Convalescent Care residents fall under the lowest priority for testing. "LTCF" will group requests under the second highest priority group.

4. Recommendation to conduct post-mortem swabbing

   In the event that a resident has passed away with preceding possible COVID-19-like symptoms but has not been swabbed, an NP swab testing for COVID-19 should be done post-mortem. This is useful for COVID-19 or other respiratory pathogen identification. Inform family and mark requisition as post-mortem.

5. Long-Term Care Telehealth/Virtual Health billing codes:

The Doctors of BC and Ministry of Health have agreed to enhance telehealth for physicians. Please refer to page 6 of the Doctors of BC FAQ for clarity on billing in long-term care.

A provincial group comprised of all Regional Medical Directors of Long-Term Care & Assisted Living,

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ethicists across the province, the Ministry of Health, and the College of Physicians and Surgeons of BC are currently producing two documents that will be circulated ASAP:

1. A clinical decision pathway for long-term care residents that are COVID-19 positive
2. A letter from the Regional Medical Directors and potentially Provincial Health Officer to families addressing what the illness is, what's being done to prepare and protect residents, the course of treatment, and the best place for care

These documents and more details will come in a future memo.

Memo #1 – March 17, 2020

1. Limit visitors to only essential adult visitors

   Essential visitors include visitors attending for compassionate reasons such as residents who are dying or very ill, or visitors assisting with resident feeding etc. as decided in collaboration with the care home administration.

2. Non-essential physician visits should be avoided

   Physicians will only physically visit the residents where it is deemed to be absolutely clinically indicated. However, physicians will still be available for their residents as usual (ie., via telephone, SBAR, or other technology as per the care home's existing capabilities). Physicians visit multiple residents potentially across a number of care homes and could act as a vector.

3. ER transfers will occur only when clinically essential

   Physicians will continue to engage in goals of care conversations with the family and transfers to ER will occur only when deemed clinically essential at the discretion of the physician.

4. All care conferences will take place virtually

   Families should be universally requested to attend virtually rather than in-person. Physicians should be encouraged to attend virtually if there is no other reason that they need to be on-site.

Furthermore, the group would like to reiterate that it is best to **avoid nebulized medications** as outlined in the "Guidelines for Airway Management – *FH Departments of Anaesthesiology, Critical Care, and Emergency Medicine*" document.