The Covid-19 Pivot

Optimizing care of the elderly and long-term care residents during the pandemic

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Disclosure of Financial Support

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Faculty/Speaker: Michael Schwandt
- Board Member for Basics For Health
- Research Grant Team Member for the Michael Smith Foundation for Health Research

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Relationship with financial sponsors:
- Physician Advisor for the College of Family Physicians of Canada.
- Chief of Family Medicine, Markham Stouffville Hospital
- Primary Care Provincial Medical Lead for CCO – Ontario Renal Network
- Member of the Canadian Drug Expert Committee for the Canadian Agency for Drugs and Technologies in Health
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- Member of the Scientific Planning Committee, Ontario Lung Association
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The questions posed in today’s webinar were developed by staff from the CFPC.

Recommendations are based on the evolving evidence and situation with the COVID-19 pandemic.
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Learning Objectives

After this webinar presentation, the participant will be able to:

• Identify factors that make elderly patients in LTC settings more vulnerable to infections with COVID-19.

• Describe infection prevention & control protocols designed for LTC homes to prevent an outbreak and minimize the spread of infection.

• Explore the impact of COVID-19 on the mental health and well-being of elderly residents, physicians and staff associated with LTC homes.

• Recognize the importance of advance care planning and goals of care discussions to guide treatment decisions among frail elderly patients during the COVID-19 pandemic.
# Infection Prevention and Control in Long Term Care Homes

## Recommendations for staff:
- Restrict staff to essential workers (e.g. basic personal care, phlebotomy)
- Staff to work in only one LTC facility during the pandemic*
- **Protection:**
  - All staff to wear masks
  - Staff training for proper use of PPE, hand hygiene, physical distancing in the workplace
- **Staff screening and illness:**
  - Daily temperature check
  - Test all symptomatic staff suspected of COVID-19 infection
  - Encourage staff to report if they are feeling unwell and to stay home/self-isolate
- **Patient care:**
  - Review site’s ability to isolate residents suspected of infection
  - Post clear signage to indicate which patients are on isolation
  - Organize staff to work only with suspect/confirmed residents with COVID-19 or non-infected residents; not both
  - Minimize # of visits to patient by clustering tasks
  - Regular communication with staff (e.g. team huddles)
- Liaise with local hospital when LTC residents need hospitalization and how the process of transfer will work

## Recommendations for patients:
- Isolate symptomatic patients and have them tested for COVID-19
- Test all incoming patients prior to transfer to LTC if coming from another HC facility; isolate for 14 days
- Restrict patients to their rooms – including dining
- Cancel non-essential outings
- Essential group activities should be restricted to a single unit
- Ensure immunizations are up to date (influenza, pneumonia)

## Recommendations for visitors:
- Restrict all visitors (unless patient is receiving end of life care)
- Limit entry points to the building
- Conduct screening at entrances and provide masks

## Environmental considerations:
- Regular cleaning of frequently touched surfaces
- Appropriate number and placement of alcohol-based hand sanitizer dispensers (e.g. in hallways, at entry to each resident’s room and at points of care, communal areas)
- Post signage reminding everyone about physical distancing and hand hygiene
- Materials (e.g. craft supplies, books, etc.) should not be shared unless cleaned and disinfected

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* may not extend to all physicians depending on their local hospital policies
Preventing Staff Burnout

Staffing Considerations

- Alternate assignments
- Routine acknowledgement of the important role staff plays in LTC homes
- Mental health support program
- Mandatory days off
- Partner inexperienced workers with more experienced colleagues.
- Implement flexible schedules for workers who are directly impacted or have a family member affected by a stressful event.
- Buddy system
- Team meets/huddles (with physical distancing) at the start/end of shifts to share and prepare.

Personal

- Encourage rest and respite during work or between shifts; regular meals with healthy food; engage in physical activity; stay in contact with family and friends
- Minimize watching, reading or listening to news about COVID-19 that causes anxiety or distress
- Seek information only from trusted sources
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The COVID-19 Pivot:
Acute management in the emergency department and ongoing hospital care

May 7, 2020 at 12 p.m. (ET):

The COVID-19 Pivot: PEER’s review of the evidence for COVID-19

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Resources:

The CFP journal recently published this blog on Elderly and LTC homes: https://www.cfp.ca/news/2020/04/17/04-17

References

Slide 6:

Slide 7:
https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf