

LTC+ Virtual Care Support for Long-Term Care Homes in Ontario

Infection Prevention and Control in LTC

Everything you ever wanted to know but were too confined to ask

LTC+ is a collaboration between Women's Virtual at Women's College Hospital, GEMINI at Unity Health Toronto, the Ontario General Medicine Quality Improvement Network, the Centre for Quality Improvement and Patient Safety and the Department of Medicine at the University of Toronto

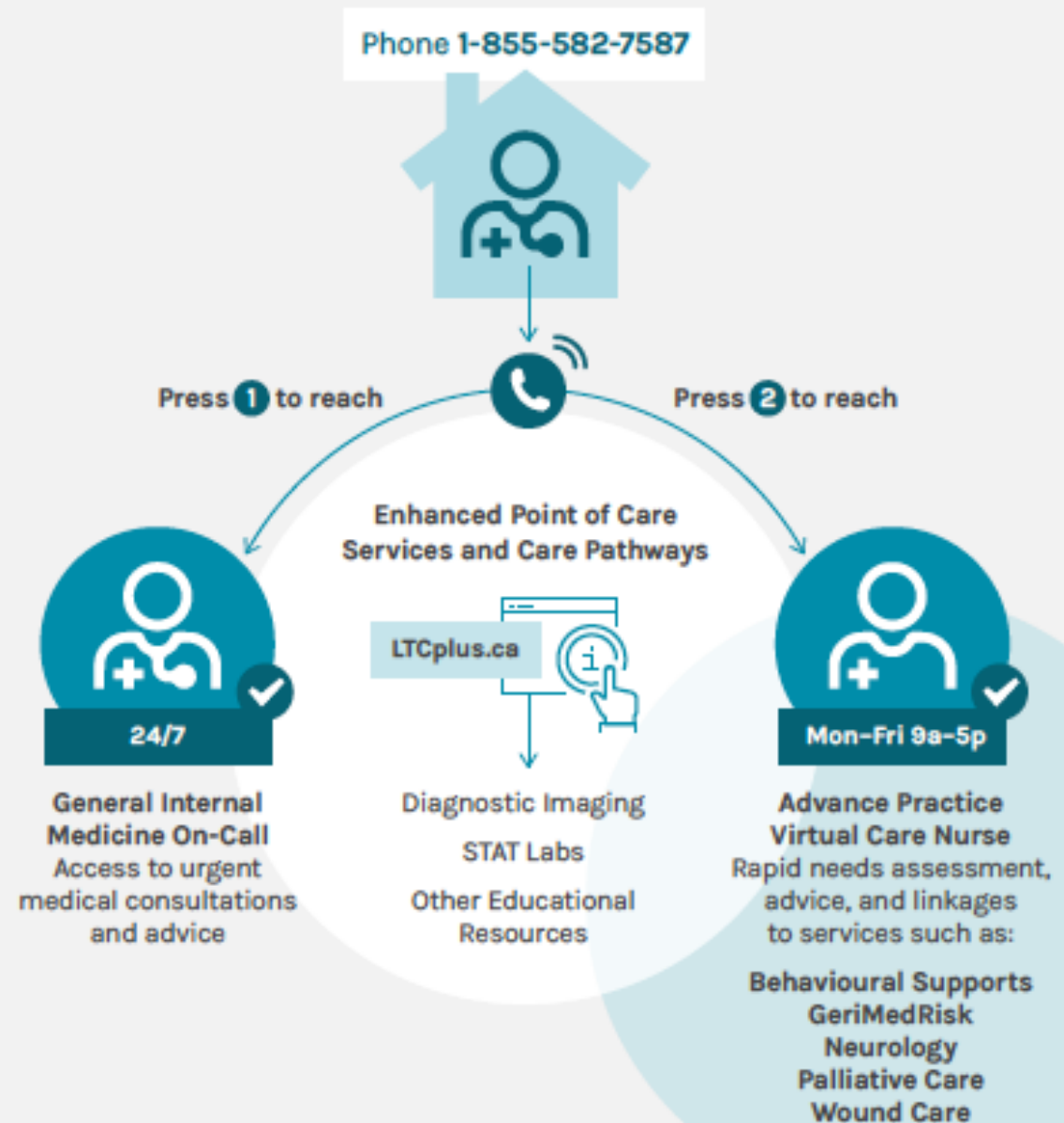
Agenda

- LTC+ Program Update
- IPAC Management of COVID-19 in LTC - Dr. Jerome Leis
- Q & A

LTC+ Program Overview

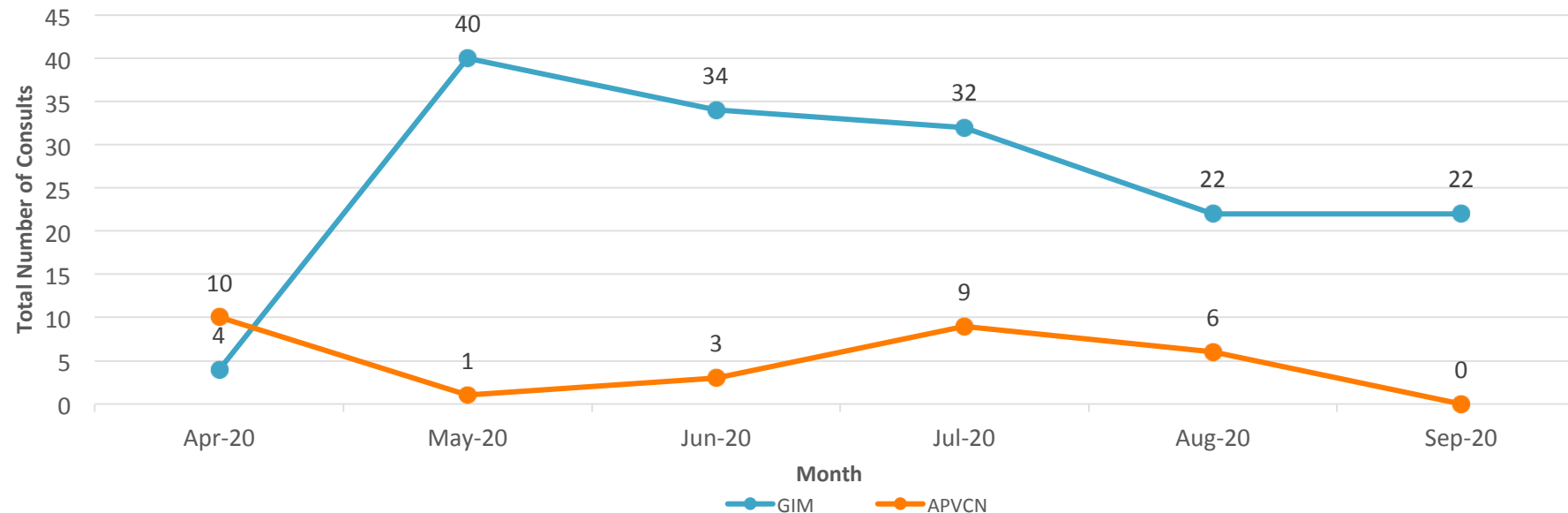
LTC+ Program Overview

Attending Primary Care Provider in LTC can access...



LTC+ Impact

- Currently supporting 47 LTC Homes through 5 Toronto hospital hubs



- 197 consults to date - leading to 82 (42%) diverted ED transfers

INFECTION PREVENTION & CONTROL (IPAC) MANAGEMENT OF COVID-19 IN LONG-TERM CARE

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Objectives

1. Review the transmission of COVID-19 in long-term care homes that experienced outbreak during first wave
2. Discuss the best IPAC practices for protecting residents and healthcare workers in long-term care

Faculty/Presenter Disclosure

- **Relationships with commercial interests:**
 - Grants/Research Support: None
 - Speakers Bureau/Honoraria: None
 - Consulting Fees: None

Disclosure of Financial Support

- This program has **NOT** received financial support other than the support of the MOHLTC
- This program has **NOT** received in-kind support
- Potential for conflict(s) of interest: **None to be disclosed**

Mitigating Potential Bias

The information presented in this CME program is based on recent information that is explicitly “evidence-based”

The COVID-19 challenge among older adults

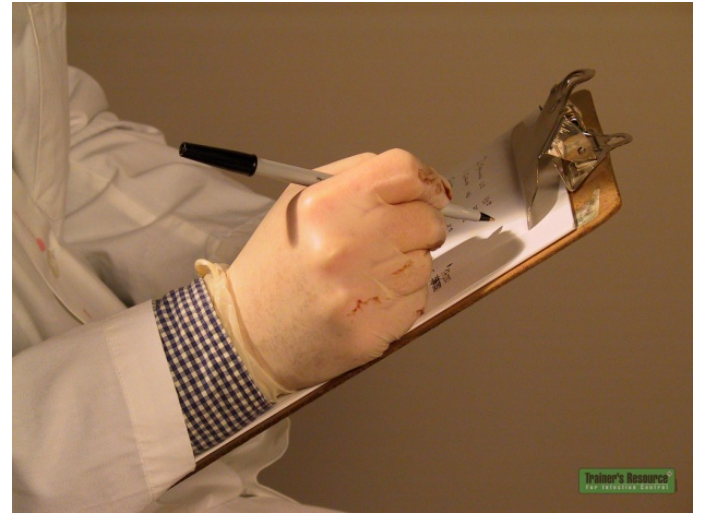
- Atypical presentations common
- Challenges in obtaining reliable history
- Efficient pre-symptomatic transmission
- Behaviors can increase exposures
(eg. wandering)

IPAC Contributing Factors during first wave

- Staff who worked while symptomatic
- Staff who worked in more than one facility
- Inadequate familiarity with and adherence to PPE recommendations
- Inadequate supplies of PPE and other items (e.g., alcohol-based hand sanitizer)
- Delayed recognition of cases
- Limited availability of testing
- Difficulty identifying persons with Covid-19 on the basis of signs and symptoms alone.

PPE 'maximalism'

- x N95 masks without indication
- x Double gowns, head covers or booties
- x Double masking
- x Wearing PPE across clean areas



Objectives

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1. Adequate IPAC resources for LTCH

- 1.0 FTE ICP per 200 beds
- Medical Director/Director IPAC
- IPAC training upon hire and minimum every 2 years
- Key elements of program
 - Hand hygiene
 - Surveillance
 - Policies/practices
 - Occupational Health and Safety
 - Education/training

2. Elimination of multi-bed rooms

- Population-based retrospective cohort study in Ontario
 - 4496 (86%) infections in 63 (10%) homes
 - Incidence and mortality increased with number of residents per bedroom and bathroom (RR=1.7)
- Conversion from 4-bed to 2-bed rooms
 - Would avert 18% of infections/death










3. Preventing introduction of COVID-19 in LTCHs


- Limiting gatherings
- Physical distancing
- Universal masking

4. Active surveillance

- Residents
- Healthcare workers
- Visitors

Please tell us if you have any of the following:

 Fever	 Sore throat or difficulty swallowing	 New <u>or</u> worsening cough
 Runny/ stuffy nose	 Shortness of breath	 Conjunctivitis (pink eye)
 Unexplained fatigue/muscle aches	 Loss of taste <u>or</u> smell	 Vomiting <u>or</u> diarrhea

 Sunnybrook
HEALTH SCIENCES CENTRE

PR 60467 (2020/06/05)

5. Occupational Health & Safety

- Identification of staff exposure/illness
- Streamlined assessment and/or testing

6. Testing

- Symptom-based testing remains mainstay of surveillance
- Asymptomatic testing in Ontario – majority of positives identified in homes that already had known outbreak but low yield otherwise

7. Management of a single healthcare-associated case

- Sentinel event
- Point prevalence of unit
- Cohorting of positive cases



Roxby et al, JAMA Intern Med 2020

Dora et al, *MMWR*, 2020

Arons, *NEJM*, 2020

8. Ensuring PPE supply and proper technique



Clean (green) areas



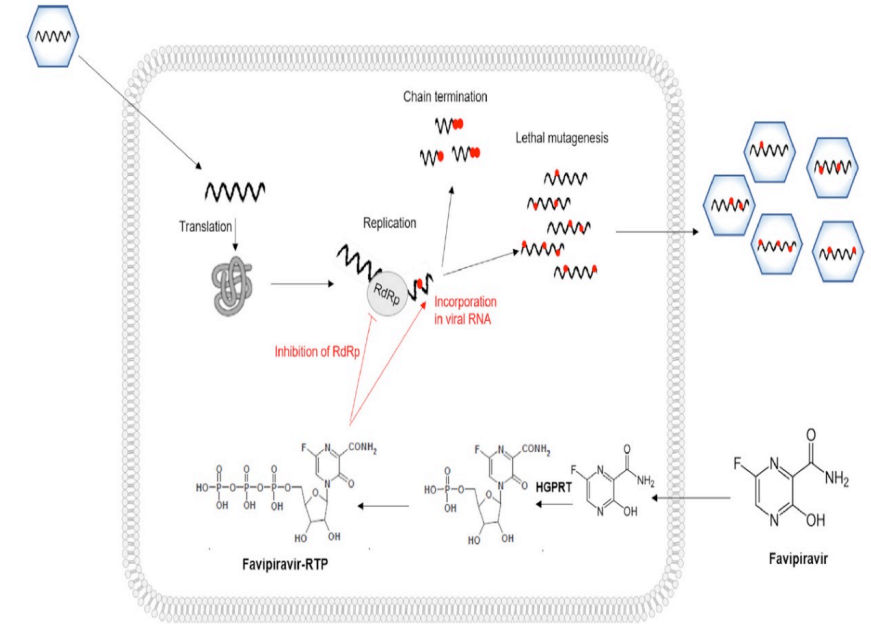


9. Cleaning / Disinfection

- High-touch surfaces
- Shared equipment
- Dedicated equipment

10. Chemoprophylaxis (research only)

- Favipiravir
 - RNA polymerase inhibitor
- In vitro activity against influenza, VHF and SARS-CoV-2
- Safety data from >40 clinical trials



10. Chemoprophylaxis (research only)

- Placebo-controlled cluster-randomized trial
 - Efficacy of favipiravir for control of COVID-19 outbreaks in LTCHs

<http://www.tibdn.ca/control-covid>

Favipiravir – Exclusions

1. Pregnancy

- Females < 55 years of age require a negative urine pregnancy test, and either menopause or two concurrent reliable methods of contraception need to be confirmed

2. Previously diagnosed liver cirrhosis

3. Known abnormality of uric acid metabolism (other than gout)

4. Hypersensitivity to remdesivir or favipiravir

5. Medications, which cannot be discontinued for the study duration:

- Pyrazinamide
- Hydralazine
- > 3000 mg of acetaminophen per day

Courtesy of Allison McGeer and Eric Coomes

Summary

- Chronic gaps in some Canadian LTCHs exposed by COVID-19
- Adequate IPAC resources for LTCHs essential to improving outcome of residents and staff



Questions?

Type questions into the chat

OR

Unmute yourself and ask a question

Please visit **LTCPlus.ca** for further information about the program and access to additional resources

Partners

