



April 1, 2020

## UPDATE TO ALL FAMILY AND FRIENDS

Hello, today I am attaching a letter from Dr. Celeste Fung, Medical Director at St. Pat's with answers to some of the questions that you may have about COVID-19, the pandemic and what this means for our residents, their families and their health. We hope that this is helpful to you.

Yesterday, all LTC Homes received a number of new Directives from the Chief Medical Officer of Health of Ontario, which have been implemented to protect the safety and health of residents and staff. We have implemented all of these new requirements that are applicable at this time. We are prepared to implement any related to any potential future outbreak as well.

1. **Active Screening:** Homes must screen all those entering and **exiting** the home (including temperature checks) **with the exception of emergency first responders.**
2. **Active Screening of All Residents:** This should occur at least twice daily for all residents including temperature checks (at the beginning and end of the day).
3. **Admission and Re-Admissions:** Screen all new admissions and re-admissions and all new residents must be placed in self-isolation for 14 days.
4. **Repatriation:** Homes may repatriate residents as outlined by Public Health. This refers to residents who are returning from hospital.
5. **Short-Stay Absences:** Residents must stay on the home's property and maintain safe physical distancing while outside for short periods of time. We ask families **not** to visit outside on the property with their loved one as this creates a risk for the residents. The only exception is via the window visits as there is a physical barrier between you and the resident.
6. **Ensure Appropriate PPE:** Homes are expected to follow the Public Health guidelines on the use of PPE.
7. **Managing Essential Visitors:** The term essential visitors includes any external person performing essential support services (e.g. food delivery, maintenance, and other health care such as pharmacy, physiotherapy, laboratory services, x-ray) or a person visiting a very ill or palliative resident. There are additional requirements for visitors
8. **Limiting Work Locations:** Wherever possible, employers should work with employees to limit the number of work locations that employees are working at. As outlined yesterday we are creating full time positions to provide staff work so they will have guaranteed hours at St. Pat's.
9. **Staff and Resident Cohorting:** This refers to physical distancing, cohorting the well and unwell, utilizing precautions, and additional environmental cleaning. We are in the process of setting up two sittings in the dining room to extend the distances between residents during meals.

*St. Patrick's Home of Ottawa, 2865 Riverside Drive, Ottawa, Ontario K1V 8N5 (613) 731-4660*

10. **Detection of COVID-19 cases:** Homes must consider a single, laboratory confirmed case of COVID-19 in a resident or staff member as a confirmed respiratory outbreak in the home
11. **Management of a Single Case in a Resident:** Homes must isolate the resident, in a single room if possible, and staff who have contact with high risk exposure to COVID-19 without appropriate PPE must self-isolate for 14 days. However, if staff are deemed critical by all parties to continue operations, they must continue to work, undergo regular screening, use appropriate PPE, and undertake self-monitoring for 14 days.
12. **Management of a Single Case in Staff:** Homes must immediately implement outbreak control measures for a suspect outbreak, and staff who have tested positive and are symptomatic cannot attend work. Those with symptom resolution and are deemed critical may return to work under work isolation.
13. **Testing:** Must be conducted on every symptomatic resident and staff in the home, including recently deceased residents who were part of the outbreak but not previously tested.
14. **Required Steps in COVID-19 Outbreak:** New resident admissions or re-admissions are not allowed until the outbreak is over, residents that leave for an out-patient visit must be provided with a mask and screened upon return, and discontinue all non-essential activities
15. **Ensure LTC Home's COVID-19 Preparedness:** Homes must consult with their Joint Health and Safety Committees or Health and Safety Representatives to ensure measures are being taken to prepare the home for a COVID-19 outbreak.
16. **Communications:** Homes must keep staff and residents informed about COVID-19.
17. **Food and Product Deliveries:** These should be dropped in an identified area and active screening of delivery personnel should be done prior to entering the home

As I have mentioned previously, Public Health is testing every resident who has any respiratory symptoms for COVID-19. We will now treat any resident with respiratory symptoms as a suspected COVID-19 case and follow the required protocols. We have one resident on Waterford who today developed respiratory symptoms and is therefore going to be tested for all respiratory illnesses including COVID-19. We will follow the protocols of isolation, PPE requirements, staff working only on that home area and consider the entire Waterford home area on isolation. When we receive the test results we will keep you updated.

I would also like to let you know about recent changes to the options available for families who would like to take their loved one home during the COVID-19 pandemic. The goal is to enable current residents to leave a long-term care home if they wish to do so due to COVID-19 and expedite their return to the long-term care home when they can go back. The resident will be discharged, and the bed will then be available for occupancy by another person. Any resident who leaves however will have an expedited re-admission process once the pandemic is over. The process for returning to the home they were discharged from will differ according to the time the resident is away from the home:

1. For absences that are three months or less, the resident would be deemed eligible and accepted for admission by the licensee, through the Champlain Local Health Integration Network's Placement and Coordination Service and simply placed into the "re-

admission” category (this category is the highest-ranking category for vacant beds; it ranks higher than the “crisis” category).

2. Longer absences require a truncated assessment by the placement co-ordinator with the ability for the licensee to refuse the admission if the circumstances for refusing an admission in the LTC Homes Act exist. If accepted, the person would be placed into the “re-admission” category for that long-term care home. The only reasons for refusal of an admission are that we do not have the clinical expertise to provide the necessary care or the physical environment is not appropriate to meet the care needs of the person.

We have sent a lot of information to you in the past few days as there are new measures being implemented to keep residents and staff protected in long term care homes. Despite all of these we continue to care for the residents and we are making sure that our skype and window visits continue.

We are planning another dance party tomorrow, this time at 1:30 pm. Get your dancing shoes on to dance to the ‘Macarena’ with us.

Take good care,

Janet Morris  
President & CEO

March 31, 2020

To our valued residents and families of St. Pat's,

I, along with the medical staff, wanted to reach out to you to share some information about the COVID-19 pandemic and what this means for our residents, their families and their health. Conversations about our wishes in the face of an incurable illness such as COVID-19 are very challenging. But being prepared for future events can also provide peace-of-mind to individuals and families amidst the uncertainty of these unsettling times. Discussing goals of care is not a new practice to St Pat's as it has always aligned with our resident-centred approach. We hope what we share with you will help you further explore and share your goals of care in the face of the COVID-19 pandemic.

What care can be provided for COVID-19?

At this time there is no curative treatment for COVID-19, but we can offer supportive care. This means providing assistance for daily activities, as we already do, as well as providing treatments such as supplemental oxygen or medications to control symptoms such as pain, shortness of breath or confusion. These treatments can all be provided here at St. Pat's. It is our hope that we can keep you or your loved one here at St. Pat's to receive treatment surrounded by those who have come to know you or your loved one's treatment needs the best.

What if these treatments don't work and I get sicker?

If you or your loved one continues to have worsening symptoms and requires more oxygen than can be delivered at St. Pat's, the next level of supportive care to try and prolong life is assisted respiratory support. This means using a machine to help someone breathe in hopes their body can recover from the infection and resume breathing without support. This level of treatment cannot be offered at St. Pat's and will often include having a tube placed in the throat (intubation) and admission to the Intensive Care Unit (ICU). This may or may not be acceptable to you or your goals of care. We are here to help support your decision making.

What will happen to me if I need respiratory support?

While it is our hope that people will recover from the infection and resume breathing on their own, emerging information on COVID-19 suggests that the odds of recovery depend largely on a person's health prior to becoming ill. It appears older frail adults and those with underlying health conditions such as diabetes, heart disease, COPD, high blood pressure, cancer or dementia have a higher risk of serious illness and death. While the average death rate from COVID-19 is between 2% and 4%, the death rate among older patients (age 80 or older) is much higher and estimated at 15% to 20%.<sup>1</sup> Unfortunately once a person with COVID-19 requires intubation and is placed on a ventilator, their odds of recovery become extremely poor.<sup>2</sup> While we remain

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<sup>1</sup> Onder G, Rezza G, Brusaferro S. Case-Fatality Rate and Characteristics of Patients Dying in Relation to COVID-19 in Italy. *JAMA*. Published online March 23, 2020. doi:10.1001/jama.2020.4683

<sup>2</sup> Weiss P, Murdoch DR. Clinical Course and Mortality Risk of Severe COVID-19. *Lancet*. 2020; 395: 1014-1015. [https://doi.org/10.1016/S0140-6736\(20\)30633-4](https://doi.org/10.1016/S0140-6736(20)30633-4)

hopeful that those that require respiratory support will recover fully, our experience shows that for many a prolonged admission to the ICU can result in serious, long-term medical complications and significantly reduced levels of independence.

What happens if this level of treatment is not something I want to go through?

Every medical intervention has pros and cons for people of all ages. These should be considered in light of what living well means to you or your loved one. For many individuals, independence, communication, cognitive awareness, spending time with loved ones, and being free of suffering are all important aspects of an acceptable quality of life. Most people do not want to be kept alive if there is no hope for meaningful recovery. If you or your loved one would not wish to go through an intensive and invasive treatment we would respect your wishes. We would continue to provide supportive care at St. Pat's. We would support both you and your loved ones. We would provide treatments to control symptoms and reduce suffering. We would stay with you. You are not alone.

Who should I talk to about my wishes?

No matter where you are cared for, your healthcare team will work collaboratively to ensure that we do everything we can to meet your goals. What we need to understand is:

### **What are your goals?**

What are your most important goals if your health situation worsens? What are your biggest fears or worries about the future with your health? What gives you strength as you think about the future and your health? What abilities are so critical to your life that you can't imagine living without them? If you become sicker how much are you willing to go through for the possibility of more time? We continue to encourage you to explore your wishes with your family or substitute decision maker. While we routinely review your goals at care conferences, please ensure that your family, substitute decision maker, physician or nursing team have your most up to date wishes clearly documented to guide your healthcare team.

Please reach out to your care team if you have more questions. While the medical staff have followed the direction of the Medical Officer of Health and have assumed a reduced physical presence in the Home, we would like to reassure you we remain readily available for routine phone consultation and in-person consultation when needed. These measures along with visitor restriction and active screening have all been implemented to underscore that **prevention is our best protection**. Our team is here for you 24 hours a day, seven days a week. If you would like your physician to reach out to you please leave a message with the nursing staff and we will connect.

We are here to support you and your loved ones during these uncertain times. You are not alone. We are in this together.

Dr. Celeste Fung, Medical Director, St. Patrick's Home of Ottawa