



Long-term Care Communication Bulletin

TO: LTC Physicians and Nurse Practitioners

DATE: December 11, 2020

FROM: Dr. Margaret Manville, Medical Director Long-term Care

RE: LTC COVID-19 Update - Frequently Asked Questions

This Guideline refers to LTC practices in **non-outbreak settings**:

1. Can I continue to do in-person visits to LTC facilities?

Yes. Physicians/NPs are not limited by the MHO's single site order. Best practice is to attend only one site per day and to adhere to all required infection prevention and control protocols. I.e. wear a mask, use scrupulous hand hygiene, decontaminate any equipment used in between residents, and maintain social distancing if possible. A point of care risk assessment should be undertaken before visiting any resident to ensure proper protection with indicated PPE. Physicians are encouraged to contact staff in advance to schedule the date and time of your visits.

2. Has physician on-site attendance at LTC facilities been limited?

No, not as of December 8, 2020. In the future, if visitor restrictions are tightened due to an increased COVID-19 prevalence on Vancouver Island, the Daytime COVID Physician role may need to be reactivated. The Victoria-South Island Long Term Care Initiative (LTCI) will be working with homes to identify a Daytime COVID Physician and back-up to ensure readiness if this is to occur.

3. Can I do telemedicine for my residents rather than in-person visits?

Telemedicine can replace in-person visits for many resident care issues. However, our residents are best served by physicians/NPs seeing their patients in-person, reviewing patient charts and medications, and collaborating with the care team. Telemedicine is a useful bridge between visits, and has allowed us to continue to care for our residents during the first phase of the pandemic. We encourage all LTC physicians to document in the electronic health record (EHR) at care homes with EHRs in place, and ensure they can remotely access the EHR to maintain health record access when and if you are unable to visit in-person..

4. What should I do if I don't feel comfortable attending a facility in-person?

If you have chosen to not attend your residents in-person, telemedicine can replace in-person visits for many, but not all, resident care issues. It is advisable to work with your physician colleagues at the homes you attend to determine a suitable in-person replacement in the event your resident requires an on site medical assessment and treatment during regular daytime hours.

5. I work in acute care and LTC. Can I still visit my resident in LTC on the same day I work in acute care? I also visit many nursing homes per day. Can I still do that?

If able, prioritize a visit to LTC either before working in another care setting (clinic, acute care) or on a different day. Try to not visit more than one LTC facility per day. There may be some exceptions to this recommendation based on the urgency of a needed LTC visit. Planning your LTC work with these principles in mind will keep our LTC population as safe as possible.



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6. How long does my resident need to be on isolation if they return from a facility for a same day medical appointment or ER visit?

There is no requirement for isolation of residents attending same day medical visits (planned appointments or short emergency room visits). All other infection control procedures and site restrictions remain the same (ie. 14 day isolation if admitted to LTC from an acute hospital admission of > 24 hr duration, or admission from the community).

7. How will I know if an outbreak is declared at a care home that I have patients at, and what will happen?

When an outbreak is declared, the site medical director or designate will be involved in meetings to set the outbreak management plan. Either the site medical coordinator or site administrator/manager should contact physicians to alert them of the outbreak within the first hours/days of the outbreak declaration. You may be asked to limit your in-person attendance at the site during the outbreak. Most care homes have designated a physician/NP for required in-person assessments during outbreaks. Each LTC home and geography may have a different approach to limiting unnecessary on-site visits. If you are not the designated physician/NP we ask that you use only visit virtually (i.e. by phone, fax, or teleconference or other virtual technology available to you and the facility) until the outbreak is declared over.

8. After-Hours Call Group

The Daytime and After-Hours SBAR forms have been updated to include COVID-19 screening information. Please try to avoid transfers to hospital where possible. All care homes now have suture kits available on-site. After-Hours Call Group members can continue to attend sites in-person when appropriate.