

COVID-19

INFORMATION UPDATE



April 18, 2020

To: All Long-Term Care and Acute Care Staff

From: Medical Health Officers

Re: Medical Health Officer Requirements for Patient/Resident Inter-Facility Transfers (updated and revised from April 12 2020 memo)

Background

Long-term Care (LTC) facilities are at high risk for spread of COVID-19 and related severe outcomes for residents. On March 27, 2020, the **Chief Medical Health Officer (CMHO)** issued an order to LTC facility operators to take significant measures to minimize risk for exposure including:

Refrain from transferring a resident to any other health care facility, including without limitation another LTC facility or a hospital as defined in the Hospital Act, RSBC 1996, c. 200, without prior notice to and authorization of the MHO or delegate.

MHO Inter-Facility Patient/Resident Transfer Requirements

1. Emergency Transfers of Residents from LTC Facilities to Acute Care:

Emergency transfers do not need MHO pre-approval and should **not** be delayed.

Ensure that the Most Responsible Practitioner (MRP) and Care Team have reviewed the LTC Decision Pathway for alternative care delivery as appropriate.

Please make sure to inform acute care and BC Ambulance Services in advance if:

- The LTC facility initiating the transfer has an active outbreak, or
- If the resident is under investigation for COVID-19 (symptomatic), or
- If the resident is a known contact of a COVID-19 case.

The MHO is to be notified of this transfer as soon as reasonably possible:

- Daily from 08:30-16:30: Contact Communicable Disease Unit (CDU) at 1-866-778-7736
- After hours: Contact the MHO at 1-866-457-5648

2. Non-emergency Transfers from a LTC facility to Acute Care

Please ensure that the MRP and Care Team have reviewed the LTC Decision Pathway for alternative care delivery as appropriate.

Call the MHO to approve the transfer:

- Daily from 08:30-16:30: Contact CDU at 1-866-778-7736
- After hours: contact the MHO at 1-866-457-5648

Once the transfer is approved, please follow the routine IH standard booking practice:

- IH Patient Transport Office or BC Ambulance
- Please provide advanced notification of Patient Transportation/Ambulance if:
 - The LTC facility initiating the transfer has an active outbreak, or
 - If the resident is under investigation for COVID-19 (symptomatic), or
 - If the resident is a known contact of a COVID-19 case.

3. Repatriations and Admissions from Acute Care to LTC Facilities

a. Transfers and repatriations to a non-outbreak LTC facility:

- For any residents returning to a multi-bed room, or if isolation is not achievable, **the receiving unit is to call the MHO** and discuss options for transfer when:
 - The resident cannot be temporarily moved into a single bed room (either a designated room or through converting their space to temporary care area, e.g. family rooms, therapy rooms etc.)
 - A single room is available but isolation is not achievable (e.g. wandering dementia resident)

These actions and arrangements should occur as efficiently as possible to avoid any delays to returning residents to their LTC homes.

- If resident does not have symptoms of COVID-19, ideally place the resident in isolation in a single person room for 14 days from date of the transfer and monitor for symptoms. Staff to use routine practices including mask, eye protection and gloves as per [Optimal Use of Personal Protective Equipment \(PPE\)](#). The MHO does not need to be consulted or approve the transfer, if the above can be achieved.
- If patient is symptomatic and suspected to have COVID-19, test for COVID-19. Do not transfer to LTC until COVID-19 is ruled out (two negative tests 24 hours apart). If patient is still symptomatic after two negative tests, patient may be transferred to facility and placed in a single person room for 14 days from date of the transfer on droplet and contact precautions.
- If patient is a known positive case of COVID-19, wait until resolution of fever without use of fever-reducing medication AND improvement in symptoms (respiratory, gastrointestinal, and systemic) before testing. Contact the MHO to determine date of first test. Then collect COVID-19 tests as below:
 - a. If two negative specimens 24 hours apart, patient may be transferred to LTC.
 - b. If initial specimen is positive, wait at least three days before collecting another specimen. If test is still positive after three days, discuss possible transfer to LTC with MHO. If so, transfer resident and place in isolation and a private room for 14 days, use droplet and contact precautions, and retest for COVID-19 after 14 days.

b. Repatriations to an outbreak LTC facility:

Residents transferred to acute care from a facility that has a COVID-19 outbreak may return to their home facility if clinically appropriate after discussion with the MHO. All other transfers will not be approved by the MHO.

c. Stand alone short-stay units (Cottonwoods and Ponderosa)

For stand-alone short-stay units with multi-bed room, the transfer can proceed without MHO consultation (as there may be multiple admissions within the same day). The facility should work with the resident, to minimize resident-to-resident contact as much as possible, both within the multi-bed room and within the facility as a whole, for a 14 day period. The transferred resident should have twice-daily fever and symptom checks for a 14 day period.

Exceptions: Any exception to the above recommendations, in response to a critical need for inpatient bed, is to be reviewed with the MHO.

4. Same Day LTC Transfers to and back from Acute Care for Appointments

Same day medically essential or recurring treatments or appointments that **cannot be deferred or modified** (e.g. renal dialysis) do not require MHO approval as long as the following conditions are met:

- Resident is asymptomatic.
- All transport and acute care staff must maintain contact and droplet precautions at all times.
- Resident is transferred directly to appropriate department for procedure and back to LTC facility.
- If no exposure to the resident was identified during visit to acute care facility, then resident may return to the LTC facility without requiring 14 days isolation and symptom monitoring.
- Any potential breaches are to be reported immediately to the MHO.

The residents' MRP is responsible for determining whether a specific appointment is essential.

Please make sure to inform the IH Patient Transport Office and Acute Care in advance if:

- The LTC facility initiating the transfer has an active outbreak of RI, or
- If the resident is under investigation for COVID-19, or
- If the resident is a known contact of a COVID-19 case.

Please ensure that physical distancing and PPE protocols are followed as outlined in the Optimal Use of PPE memo and physical distancing (two metres from all others including visitors and other patients) is maintained throughout the treatment/appointment.

5. Admissions from Community to LTC and Assisted Living (AL)

- See memo [Access and Moves between Long-term Care Homes and Assisted Living Residences](#)
- Asymptomatic resident is to be placed in a single person room for 14 days from date of the admission and monitored for symptoms. Staff to use routine practices including mask, eye protection and gloves as per [Optimal Use of Personal Protective Equipment \(PPE\)](#).
- Clients with symptoms of COVID-19 should not be admitted to LTC or AL until COVID-19 infection is ruled out. Please consult with the MHO.
- Facilities under outbreak will be closed to new admissions.

NOTE: Appropriate repatriation to AL from acute care or short stay units is permissible under MHO approval.

Additional Resources

BCCDC & BC Ministry of Health IPC for Novel Coronavirus (COVID-19): Interim guidance for LTC and AL Facilities:

http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

CLASS ORDER – COVID-19

[Infection Control Practices in Long-term Care Facilities](#)

Public Health Agency of Canada

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html>

BC Centre for Disease Control

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care>

Respiratory Infection Outbreak Guidelines for Health Care Facilities – Interior Health

<http://insidenet.interiorhealth.ca/CLINICAL/CDUNIT/Pages/RIOutbreak.aspx>

Clinical Decision Pathway COVID-19 in LTC Residents

This algorithm assumes Public Health Authorities are involved and are coordinating outbreak in facility, and is meant to aid clinicians to manage care of residents with COVID-19 LTC

