

# COVID-19

## INFORMATION UPDATE



May 11, 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 18, 2020 memo)**

### Background

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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. These measures included requirements for the approval by the Medical Health Officer (MHO) for patient/residents inter-facility transfers. **This order was revised on May 11, 2020 to scale back the requirement to seek approval from the MHO.** The following wording is now included in the order:

- d) *Refrain from transferring residents that meet the criteria below to any other healthcare facility, including without limitation another LTCF or a hospital as defined in the Hospital Act, RSBC 1996, c. 200, without prior notice to and authorization of the MHO or delegate phone by calling 1-866-778-7736 weekdays between 8:30 am and 4:30 pm ("Regular Work Hours") or 1-866-457-5648 outside of Regular Work Hours.*
- i. Resident/patient with known or suspected COVID-19 infection, OR*
  - ii. Resident/patient is a known contact of a COVID-19 case, OR*
  - iii. Where a facility has a declared COVID-19 outbreak.*

*In an emergent situation, where a patient goals of care are compatible with transfer to an acute care hospital (e.g. having a stroke and full code), priority should be given to addressing the immediate care need and calling 911 prior to providing notice to the MHO or delegate. For the purposes of this Order, a resident with suspected COVID-19 infection is any resident with symptoms compatible with COVID-19.*

Across the IH region during April, through our collective efforts, we have successfully implemented significant additional safeguards to prevent and detect early COVID-19 infection in any staff or resident of LTC facilities. Enhanced routine daily procedures are now in place to mitigate the further spread of COVID-19 should one or more cases of COVID-19 be detected in residents of staff.

With such improved safeguards in place, the CMHO Order has been revised today to streamline resident transfers in and out of LTC facilities. This ensures resident optimal care needs are being met, while continuing to ensure COVID-19 infection risks are identified and mitigated.

The main changes are covered in this memo below:

## **MHO Inter-Facility Patient/Resident Transfer Requirements**

**REVISED** – MHO approval and notification is no longer required on the vast majority of resident/patient inter-facility transfers, back and forth between acute care facilities and LTC facilities.

**Most Responsible Practitioner (MRP) notification of the MHO to get transfer approval is required in the following situations only:**

- **Transfers of resident/patient with known or suspected COVID-19 infection, OR**
- **Resident is a known contact of a COVID-19 case, OR**
- **The transferring or receiving facility has a declared COVID-19 outbreak**

Emergency transfers to acute care do not need MHO approval and should **not** be delayed. However, MRP notification to MHO of the transfer should occur as soon as reasonably possible on the same day. Ensure that the MRP and Care Team have reviewed the LTC Decision Pathway for alternative care delivery, as appropriate for the transfer.

The transferring facility and MRP should make sure to inform acute care and BC Ambulance Services in advance if:

- The facility initiating the transfer has an active COVID-19 outbreak, OR
- If the resident has a known or suspected (symptomatic) COVID-19 infection
- If the resident is a known contact of a COVID-19 case

All such transfers should involve full Droplet and Contact precautions for all staff involved, and the receiving facility should ensure the resident /patient is received into a single room on room isolation, or in the appropriate COVID-19 care ward if being transferred into acute care.

For the MRP, the MHO is to be **notified** of this transfer as soon as reasonably possible:

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

### **Guidance for transfers of resident/patient with no identified COVID-19 concerns**

MHO approval and notification is no longer required for the vast majority of inter-facility resident/patient transfers, those with none of the COVID-19 concerns. The following principles should be followed in those cases.

- I. Transfers and repatriations to a LTC facility, or admission from community:** The resident being transferred from acute care into a LTC facility or admitted from community, should be preferentially placed 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 \(PPE\)](#).

If a single person room or temporary care area for 14 days cannot be achieved, then the receiving LTC facility should attempt to use curtain barriers between room residents, and limit the transferred resident's interaction with other residents as much as possible. If room isolation is not achievable (i.e.

wandering dementia resident), seek ways to limit resident-to-resident interactions as much as possible, for a 14 day period from transfer.

Any transferred resident should have twice daily fever and symptom checks for a 14 day period.

- 2. Transfers to LTC facility short-stay multi-bed rehabilitation units:** 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.
- 3. Same day medically essential one off transfers to acute care (i.e. for hip x-ray from fall), or recurring medically essential treatments or appointments that cannot be deferred or modified (e.g. renal dialysis) should continue, as long as the following conditions are met:**
  - Resident is asymptomatic (no symptoms of possible early COVID-19 infection)
  - All transport and acute care staff must [Optimal Use of Personal Protective Equipment \(PPE\)](#)
  - Resident is transferred directly to appropriate department for procedure and back to LTC facility
  - Resident may return to the LTC facility without requiring 14 days isolation and symptom monitoring
  - Any potential breaches or potential COVID-19 exposures during transfer are to be reported immediately to the MHO

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

### **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](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>