
Here They Come

Wave 1, Wave 2, Wave 3, and we are about to experience Wave #4! Fortunately, this is not another wave of COVID in our communities. Rather, I am referring to the wave of residents about to flow into LTC and retirement buildings. MLTC has just updated Directive #3 (April 23rd), and the very sensible changes will remove many of the obstructions hampering the admission process.

We are all familiar with the ever changing 3rd Directive. It mandated a 14-day isolation period for newly admitted residents and forced staff to choose just one care home to work in. This limited spread of the virus, but reduced UCP and registered staff availability. As a result, admissions have trickled in for months and months, leaving most homes with many vacant beds.

Effective immediately (on April 23rd) fully immunized staff will once again be allowed to work in multiple facilities. More importantly, fully vaccinated seniors (e.g. two doses of Pfizer or Moderna,

plus a 14-day immune response waiting period), combined with a negative PCR test qualify for an isolation-free admission. Recovered COVID patients are also to be admitted without isolation, if their illness occurred within the past 90 days. Partially vaccinated individuals (one dose) can be admitted with a reduced, 10-day isolation period, provided they are PCR negative on entry and Day 8. These are very sensible changes. They will unburden family members and relieve hospital logjams so our vulnerable elderly can be cared for properly in your homes.

Hyperglycemia P&P

Hyperglycemia is always a focus in LTC. The LTC Public Inquiry that wrapped up in 2019 and its subsequent Directives only served to heighten our attention to low blood sugar events.

It may be that all this effort has caused us to overlook other diabetic events, particularly hyperglycemia. One of our facilities asked us to create a hyperglycemia policy [P&P 4.17 (a)], as their DOC felt the team could be missing significant elevations that may place residents at risk of severe outcomes or hospitalization.

The two key features of the policy are registered and non-registered staff recognition of hyperglycemia signs and symptoms and productive

monitoring and management of high sugar levels. Signs and symptoms are readily available from many sources and are included in the P&P. The elderly may not present with classic hyperglycemia symptoms, so diabetics with unusual behaviours, lethargy or any status change should have their sugar checked to rule out hyper-hypoglycemia. With the increased use of SGLT2 inhibitors (gliflozins), diabetic ketoacidosis (DKA) in the absence of hyperglycemia is also possible. Residents taking these useful medications must be watched closely for signs of DKA, such as nausea, vomiting and general malaise.

Nursing Week

For years I've observed the tireless work done by nurses and UCP staff in each of our facilities. It is difficult for those not involved in our sector to appreciate the sacrifice and dedication you display.

Florence Nightingale's birthday, May 12th, has always helped us mark International Nursing Week, which will be recognized the week of May 9th this year. Once again, we will be providing our pink flashlight pens (another colour option will be available for pink-averse) and \$25 gift and coffee cards for recognition raffles. Thank you for your tireless efforts on behalf of your residents and Happy Nursing Week!