Overview
The presence of COVID-19 in Toronto has introduced new challenges for people who use drugs and programs providing harm reduction services. Pandemic protocols across community health and social service sectors have limited access to essential care that people who use drugs depend on to survive the co-occurring drug poisoning crisis. Some harm reduction programs have also seen their services reduced in order to support public health measures or for reasons otherwise related to the local COVID-19 situation. In order to continue providing critically important supports such as safer drug use equipment and naloxone distribution, workers and organizations must have access to reliable, up-to-date information as well as the expertise of the community when revising the ways in which they support people who use drugs.

This guideline was created to support harm reduction workers in their outreach and overdose response work while COVID-19 circulates in the community. It draws from the existing evidence and community knowledge to offer COVID-19 risk mitigation guidance for harm reduction practice. This guideline incorporates the expertise of people who use drugs, and acknowledges that creative strategies are required to help protect people who use drugs, workers and communities from the consequences of the drug poisoning crisis and COVID-19 spread.

COVID-19: The Basics
COVID-19 is an infection caused by a recently discovered coronavirus that can cause mild to severe respiratory illness. It spreads from person to person through respiratory droplets when someone who is infected with the virus coughs or sneezes. These droplets can spread up to two metres/six feet. It may also be possible for a person to get COVID-19 by touching a surface or object that has the virus on it, and then touching their own mouth, nose, or possibly their eyes. Current evidence suggests that COVID-19 does not spread through the air.

COVID-19 symptoms range from common to severe respiratory illnesses and include:

- Fever
- Cough (new or worsening)
- Muscle aches and tiredness
- Difficulty breathing
- Sore throat
- Headache
- Runny nose
- New loss of taste or smell,

It is common for people with COVID-19 to experience only mild symptoms. However, a person with a mild cough who is infected but appears otherwise well can potentially transmit the virus to others. While we continue to learn more about this virus, currently it is understood that someone with COVID-19 with no symptoms poses a very low risk of infecting others.
Risk of severe disease may be higher for people with weakened immune systems. This may be the case for:

- Older people
- People with a chronic disease such as diabetes, cancer, heart, kidney or chronic lung disease
- People with HIV who have very low CD4+ cell counts

The World Health Organization advises that symptoms may appear in as few as two days or as long as 10 to 14 days after contracting COVID-19.

Programs should consult the City of Toronto’s COVID-19 website for up-to-date information.

**Infection Prevention Practices for Outreach Workers**

The local COVID-19 situation gives harm reduction service providers the difficult task of concurrently following general public health directives, supporting clients to practice these directives, and quickly implementing enhanced infection prevention practices in their work, all while meeting the continuing harm reduction needs of clients across a variety of settings. Outreach, whether by foot or vehicle, presents specific challenges for implementing proper infection prevention measures. The guidance below offers some outreach-related strategies that align with current COVID-19 infection prevention recommendations:

1. **Do Frequent Hand Hygiene.** Washing hands thoroughly with soap and water for at least 15 seconds provides important protection against COVID-19 and other viruses. Alcohol-based hand sanitizer will also kill COVID-19 and is a more portable an accessible option for outreach workers. There is no evidence that BZK wipes will kill COVID-19 although they will help prevent the spread of bacteria and fungi.

   **Tips:**
   - **Always clean hands before and after:** loading outreach bags, using the bathroom, touching phones, screens, handrails, door handles or your face, riding on transit or in a car, smoking, using substances, or physically assisting someone.
   - Pack travel-sized hand sanitizer if accessible into outreach bags for staff and client use.
   - Use public hand-washing stations when accessible.
   - Avoid wearing jewellery and nail polish and any other additional surface for germs to attach to

2. **Avoid touching your eyes, nose, and mouth (especially with unwashed hands).** COVID-19 and other respiratory infections are spread when the virus enters the body through the mucous membranes of the eyes, nose and mouth. Unintentional face touching with unclean hands can easily introduce a COVID-19 infection.

   **Tip:**
   - **Perform hand hygiene often.** Most people unconsciously touch their face. Diligently and thoroughly cleaning hands reduces the risk of transferring the virus

3. **Cover your cough or sneeze.** Coughing or sneezing into a tissue, then immediately throwing the tissue in the garbage and following up with hand hygiene, best contains and gets rid of expelled respiratory droplets. If you don’t have a tissue, sneeze or cough into your sleeve or arm.
Tips:

- Pack tissue packages into outreach bags for staff and client use.
- Take off outreach clothing as soon as you get home. Put them directly into a washing machine or store in a disposable bag that you can close off until you next do laundry. Clean these clothes as per garment instructions and dry thoroughly before wearing again. They can be laundered with other pieces of clothing.
- Always wash your hands after taking off and handling your worn outreach clothes.

Resource consulted:

4. Practise physical distancing. Limiting the number of close contacts with others creates fewer opportunities for the virus to pass from person to person. Physical distancing is ideally maintained between workers as well between worker and client, providing that the situation is otherwise safe. It is important to maintain at least a two metre (six feet) distance between you and other people. Because outreach clients may have limited access to information, educating them about the current public health recommendations and legal requirements in place to slow the spread of COVID-19 is essential.

Tips:

- Plan outreach shifts by phone or virtually, and coordinate packing such that physical distancing can be done.
- Have each outreach team member pack and only access their own supplies.
- Walk or bike with two metres (six feet) between outreach team members.
- When travelling by car together, sit as far from each other as possible, and avoid face-to-face conversations.
- Where possible, designate one staff to handle any multi-user devices used on outreach.
- Ask clients to meet you outdoors and avoid outreach inside of facilities like respites, drop-ins or shelters.
- Avoid giving high fives, shaking hands or doing any other mutual physical contact.
- Provide harm reduction supply drop offs rather than handing them directly to the client. Leave the requested supplies in a bag on the ground for the person to retrieve immediately after the delivery.
- Put loose supplies in a bag instead of directly handing them off.
- Do not allow clients to “self-serve” or access outreach bags.
- Encourage clients to take enough supplies to last them a few weeks given the unpredictability of service closures.
- Wear non-latex gloves and perform hand hygiene before and after handling sharps returns in biohazard bins.
- Offer to make phone calls on behalf of clients, if appropriate, or clean the device well with a disinfectant before and after client use.
- Update or educate clients on physical distancing recommendations and work with them to strategize ways for them to follow current directives and reduce the likelihood of interactions with enforcement officers.

5. Avoid close contact with people who are sick. Close contact with people who are sick with COVID-19 and other illnesses creates an easy opportunity for disease transmission. When meeting up with someone who is, or appears symptomatic, maintain a two metre (six
foot) distance, or if this is not possible, put on the appropriate personal protective equipment (PPE – see PPE section below).

Tips:
- Offer phone-based support in place of in person interactions
- Provide only harm reduction and other supply drop offs for clients who report having symptoms.
- Offer supplies to last 14 days or more.
- Offer food only in single-wrapped packaging.
- Offer support and referrals as necessary for health care, COVID-19 testing and supportive shelter space.

6. Clean and disinfect frequently touched objects and surfaces. COVID-19 and other respiratory viruses can survive on surfaces then transferred through human contact with that surface. Routinely and frequently cleaning surfaces that are touched often during outreach will help prevent spreading the virus.

Tips:
- Develop enhanced cleaning protocols: increase the frequency of cleaning outreach equipment and bags with cleaners that can be safely used by workers.
- Use only cleaners and techniques proven to disinfect effectively.
- Implement pre- and post-shift, and as-needed cleaning of all equipment and frequently touched items, such as: bag zippers, keys, pens, binders, phones, tablets, ID badges, safe disposal equipment.
- Do pre- and post-shift, and as-needed cleaning of frequently touched surfaces in outreach vehicles, such as: keys, door handles and buttons, steering wheels, seat belts, dashboard, inside door panel and armrest, glove compartment, cup holders, gear shifter and parking break, audio and electronic dials and buttons, climate control switches, wiper and turn signals, rear-view mirror, touch-screens, and seat adjustment components.
- Sanitize glasses, payment cards, ear buds often and after each shift.
- Minimize the amount of items brought on outreach and have only one worker carry the bag.
- Use cleanable bags for outreach supplies, and avoid using reusable shopping bags that have not been laundered between uses.

7. Stay home if you are ill. Minimizing contact with others when sick is essential in stopping the spread of COVID-19. It will be difficult to stay home from work that is critical to the well-being and survival to people who use drugs and live on the social margins. Given that many harm reduction clients are also at high risk for severe COVID-19 infection, staying away from work may be the single most helpful harm reduction intervention. Workers who develop symptoms while on shift should immediately don a surgical mask and self-isolate.

Tips:
- While staff are well, make alternative plans for outreach for when staff are off sick. This may include cross-training other workers or collaborating with other programs.
- Know your agency’s illness policy and any changes to health and safety protocols related to COVID-19.
- Ensure that all staff who are off sick are kept up-to-date with outreach and other agency operational changes, including PPE requirements.
• Staff who are ill should access up-to-date guidance on whether to get tested for COVID-19, and seek immediate medical care or convalesce at home, as required.

Additional references:
• http://www.bccdc.ca/health-info/diseases-conditions/covid-19/vulnerable-populations/people-who-use-substances

Personal Protective Equipment (PPE)
The PPE discussed in this guideline refers to equipment worn by healthcare providers and allied health workers to keep safe from infectious agents like COVID-19. PPE reduces the risk of disease transmission by providing a barrier between pathogens and skin, as well as mucous membranes of the eyes, nose and mouth. PPE is considered the last defence against infectious disease transmission. It should not be used in isolation or without instruction, and should be used after education, environmental controls and administrative supports for the prevention and containment of a disease are in place. During COVID-19, it is important that workplaces and other service settings prioritize implementing hand hygiene protocols, respiratory etiquette, infection prevention and control measures, as well as physical distancing to protect the safety of staff, volunteers, and clients.

PPE used in the various levels of care for individuals with confirmed or suspected COVID-19 includes surgical masks, eye protection, isolation gowns or coveralls, n95 respirator masks and medical gloves. It is important that any worker who wears PPE knows why it is used, which PPE to wear, when to wear it, how to put it on (“donning”) and how to take it off (“doffing”). Donning PPE carries the risk of contaminating clean PPE and accidentally passing infectious organisms to others. Doffing can spread infectious agents to others and the environment if not done according to best practice. Hand hygiene also plays a critical role in the use of PPE, and must be done at specific times in the processes of donning and doffing.

The decision on what PPE a worker should wear depends on three things: the care to be provided, the worker’s role in providing care, and the current knowledge of the known or suspected infectious agent(s) carried by the person to whom care is provided. There are three combinations of transmission-based PPE, or “precautions,” used in health care: contact, droplet and airborne. Contact precautions are used to prevent transmission of infectious organisms via direct or indirect contact with a person or their environment. Droplet precautions aim to prevent transmission through close respiratory or mucous membrane contact with larger respiratory secretions, often spread by coughing and sneezing. Airborne precautions prevent transmission of smaller respiratory secretions that remain suspended in the air and travel further than droplets.

To prevent the transmission of COVID-19, contact and droplet precautions should be used for any direct care (e.g. support necessarily given within two metres (six feet) of the person or any physical care) given to people through outreach activities during COVID-19. Airborne precaution PPE, or an n95 respirator, should added to contact and droplet PPE only if an Aerosol Generating Medical Procedure (AGMP) is being performed. Examples of AGMPs potentially done on outreach and in overdose response, include rescue breathing, BVM use with high flow oxygen therapy; these activities and AGMPs are discussed later in this document. For effective
protection caregivers must be fitted for a N95 mask, wear the correct size of mask and test their N95 mask for a seal after application.

PPE Necessary to Prevent COVID-19 Transmission in Harm Reduction Work

<table>
<thead>
<tr>
<th>Precaution</th>
<th>Routine</th>
<th>Droplet and Contact Precautions</th>
<th>Airborne, Droplet and Contact Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenario</td>
<td>If a worker is able to maintain at least two metres (six feet) distance between themselves and another worker or client, PPE is likely not necessary. Example: a worker provides psychosocial support or drops supplies of without coming within two metres of the client</td>
<td>Applied when worker is in close direct contact (less than two metres) with a probable or confirmed case of COVID-19. ** Example: a worker dons droplet precaution PPE if they come across someone who is on a heavy nod and want to check them for responsiveness.</td>
<td>Applied when an Aerosol Generating Medical Procedure (AGMP) is being performed on a probable or confirmed case of COVID-19. Example: workers respond to an opioid overdose while on outreach, applying high-flow oxygen with a BVM as part of their intervention.</td>
</tr>
<tr>
<td>Worker PPE</td>
<td>Dependent on activity: - Gloves (if potential for contact with blood or other body fluid or to protect others) - Surgical/Procedure Mask* if feeling unwell</td>
<td>• Surgical/Procedure Mask* - Gloves - Isolation Gown - Eye protection (goggles or face shield)</td>
<td>• N95 respirator (fit-tested and seal-checked) - Gloves - Isolation Gown - Eye protection (goggles or face shield) <em>(In a clinical/hospital setting, ideally, the patient would be treated in a &quot;Negative Pressure Room,&quot; reducing the risk that aerosolized pathogens travel out of the treatment space)</em></td>
</tr>
</tbody>
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*If possible, in addition to caregivers donning appropriate PPE a surgical/procedure mask can be worn by someone who has a confirmed or suspected case of COVID-19 as source control. **Given people who are asymptomatic may still transmit COVID-19 as source control,*

Many agencies are requesting staff don droplet and contact PPE anytime staff are within two metres/six feet of clients or other staff members.

Non-medical or cloth masks can be effective in reducing the spread of COVID-19, according to the Public Health Agency of Canada. However, they have not yet proven effective in protecting the person wearing it nor have they endorsed their use in providing medical or other supportive care.
care to others. Agencies should refer to the Public Health Agency of Canada’s website for further information.

Resources consulted:

- [https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html](https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html)

Outreach Staffing Considerations

There is increasingly limited access to social services in Toronto related to the impact of COVID-19, making it difficult to balance the needs of people who use drugs with those of outreach staff and program operations. Special consideration and deliberate care should be taken when outreach involves workers with living experience (“Peers”) as some worker protections available to other staff may not apply to them. Additional consideration should be given to outreach workers who identify or are identified as at high risk for severe COVID-19 infection. Any worker who believes their work is unsafe for themselves or a colleague has the right to refuse work under the Ontario Occupational Health and Safety Act.

Tips:

- Include outreach workers with living experience of drug use (“Peers”) in COVID-19 related planning, and ensure that they understand their rights.
- Consider shift rotations that cohort staff into teams (e.g. schedule shifts by team to help minimize the risk of COVID-19 exposure across the entire staff roster).
- Ensure there is a forum for workers to discuss concerns and have them addressed in a compassionate, timely and evidence-informed way.
- Ensure that outreach teams understand the current public health recommendations and legal requirements that might impact their work and clients.
- Ensure outreach related policies and protocols, including harm reduction supply distribution and overdose response, are updated to include enhanced worker protections.
- Consider creating a form letter for outreach workers to carry that endorses their status as essential service worker under federal legislation.
- Continue to pay outreach workers who cannot work due to their vulnerability to severe COVID-19 infection.

Resource consulted:


Community overdose response during the pandemic

Community overdose response is as critical, if not more so, while COVID-19 is circulating in the community. Opioids and other depressants, such as the novel benzodiazepines that are consistently found in Toronto's illicit drug supply, slow the rate of breathing. This, in addition to COVID-19 infection, may increase people’s risk for overdose due to the potential for further respiratory depression. The risk of people overdosing alone, without someone to assist them is also heightened during the pandemic given the reduced capacity of supervised consumption services, outreach programs, social services and even the general public to offer overdose response.
Routine practices in infection prevention are a cornerstone in Toronto harm reduction work and overdose response protocols. However, the spread and potential severity of COVID-19 has ushered in the need for disease-specific and intervention-based precautions. Although there is currently no standardized, evidence-based protocol available for community-based overdose response addressing the risks of COVID-19 transmission, there is a growing knowledge-base from which to draw from:

- The World Health Organization (WHO) and Public Health Ontario (PHO) recommend using airborne precautions for AGMPs with suspected and confirmed COVID-19 positive individuals; such procedures include the manual ventilations with a bag valve mask (BVM) and intubation with cardiopulmonary resuscitation (CPR). The WHO states that it is plausible that CPR generates aerosols, although the supporting evidence is weak.
- PHO does not recommend the use of n95 respirators for routine and non-aerosol generating medical procedures when caring for individuals with confirmed or suspected COVID-19 infection.
- The International Liaison Committee on Resuscitation (ILCOR) suggests that during the COVID-19 pandemic, lay rescuers consider only administering chest-compressions for adult CPR. ILCOR suggests that rescue breathing is only administered as needed, to children.
- PHO states that administering intranasal naloxone does not produce aerosols.
- The Ontario Ministry of Health’s Ontario Naloxone Program recommends the continued use of intranasal naloxone. It also advises against rescue breathing and encourages chest compression-only CPR for clients of naloxone distribution programs.
- The Ontario Base Hospital Group’s Medical Advisory Committee, which advises on pre-hospital emergency care protocols, recommends that paramedics consider withholding intranasal naloxone if an alternative administration route is available.

COVID-19’s infectivity, the setting in which workers respond to overdose, responder skillsets and the availability of droplet and contact precautionary PPE, all factor into the development of revised overdose response protocols for harm reduction workers. Below are some considerations based on the current knowledge base, the Toronto context of community harm reduction work, as well as the provincial recommendations for community overdose response from prior to the community spread of COVID-19. They are also based on the assumption that it is reasonable for harm reduction workers to respond to overdoses in the community presuming that the victim is infected with COVID-19.

1. **Risk Assessment: Organizational and on-scene**
   - Written and understood overdose response protocol.
   - Staff trained and competent in overdose response protocols, PPE practices, environmental cleaning.
   - Adequate overdose response equipment in relation to staff skillset (e.g. naloxone, one-way valve pocket masks, BVM, oxygen, cell phone, alcohol-based hand sanitizer).
   - Adequate PPE (non-latex gloves, surgical masks, fit-tested n95 respirators for each staff person, eye goggles or face shields, isolation gowns, garbage bag for disposing used PPE).
   - Health status/vulnerability of overdose responder.
   - Presentation of overdose victim.
   - Setting of overdose, including ventilation quality, surfaces in proximity.
   - Number and proximity of people on-scene for the overdose response.
2. Infection Prevention: Exposure reduction on-scene

- **Prioritize calling 911.** Engaging paramedics early in the overdose response will help to get advanced care faster and limit the number of people potentially exposed. If you suspect a respiratory illness or know that the person is COVID-19 positive, inform the dispatcher.

- **Limit the number of staff members providing direct patient care.** Pre-plan which staff will take on specific overdose response role (e.g. one staff will do naloxone administration and CPR, and the other will call 911, do crowd control and act as secondary responder as needed).

- **Limit the number of observers’ on-scene.** Request that witnesses or onlookers stand back at least two metres/six feet, and preferably move onward if not needed on site.

- **Clean hands before taking any action.** Use hand sanitizer prior to donning PPE and accessing naloxone and resuscitation equipment.

3. Infection Control: Interventions and PPE

- **Put on PPE before coming within two metres/six feet of the overdosed person.** Ideally all overdose responders in the community will wear at minimum donning in order: gown, mask, eye protection, and non-latex gloves.

- **Gently bring the overdosed person on to their back.** Rolling someone over to their back has aerosol-generating potential.

- **Visually assess airway, breathing and circulation.** The primary assessment can be done without personal contact by looking for the person’s chest rise and fall and their skin colour. Listen for a gurgling or rattling throat sound, or gasping.

- **Do not administer mouth-to-mouth rescue breaths.** There is no evidence that CPR face shields or pocket masks offer protection against COVID-19.

- **If administering chest compression-only CPR, use droplet and contact precautions.** Put on a mask, eye protection, an isolation gown and non-latex gloves prior to administering care.

- **If administering full CPR, ventilating with a BVM, use airborne precautions.** BVMs should only be used by trained and skilled responders and are not necessarily appropriate for non-clinical settings. Put on a gown, fit-tested and seal-checked n95 respirator, eye goggles or face shield, and non-latex gloves prior administering care of any sort. While the first responder dons PPE, the second responder can call 911 and prepare resuscitation equipment as needed.

- **BVMs should be fitted with a HEPA or other viral filter, where feasible.** HEPA and other viral filters most effectively trap small expelled foreign particles and viruses. Only knowledgeable and skilled workers should administer rescue breaths with a BVM. BVMs including all of their parts must be disposed of immediately after use.

- **After placing someone in the recovery position, move to their back side and monitor.** When the responder positions themselves away from the person’s face there is less chance of exposure to infectious respiratory droplets.

- **Doff PPE in the correct sequence and properly dispose PPE following an overdose response.** Include a garbage bag with overdose response equipment. Put used PPE carefully into the garbage bag, in the proper sequence, then tie off securely and dispose in a garbage bin as soon as possible.
Additional Resources:


Supporting Someone with Symptoms of COVID-19

Symptoms of COVID-19 include cough (new or worsening), shortness of breath, fever, sore throat, headache, muscle aches, fatigue, runny nose, and joint aches, and may also include nausea, diarrhea and stomach pains. Symptoms may range from mild to severe. Some people with mild symptoms may require testing. All people with mild symptoms must be assisted to self-isolate for 14 days. Provisions are being made to ensure people who are homeless can be tested and provided with a space to self-isolate if necessary.

If you encounter someone with symptoms of COVID-19 while on outreach, please refer to information provided by Toronto Public Health for updated information on how to support access to testing and isolation. You can also call Telehealth Ontario at 1-866-797-0000.

Resources for People Who Use Drugs during COVID-19

The resources below were developed to help support people who use drugs and harm reduction workers to make evidence-informed decisions about making drug use safer during the pandemic.

- Toronto Public Health: COVID 19 Harm Reduction Tips (Information Sheet)
- British Columbia Centre for Disease Control: COVID-19: Harm Reduction and Overdose Response (Information Sheet)
- European Monitoring Centre for Drugs and Drug Addiction: The implications of COVID-19 for people who use drugs (PWUD) and drug service providers

This guidance document was prepared by Toronto Public Health/The Works, in consultation with Street Health, Parkdale Queen West Community Health Centre, and people with a living experience of drug use.