

COVID-19: Infection prevention and control for harm reduction workers in Ontario

PRESENTED BY

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April 22, 2020



Agenda

1. Recommendations for IPAC and PPE for harm reduction in Ontario
Dr. Gary Garber, Medical Director, IPAC, Public Health Ontario
2. COVID-19 Guidance for Consumption and Treatment Services
Chris Harold, Addiction and Substances Policy and Programs, Ministry of Health
3. Frontline perspectives on adapting services for COVID-19
Megan Van Boheemen, Manager, Carepoint Program, Regional HIV/AIDS Connection
Sonja Burke, Director, Harm Reduction Services, Regional HIV/AIDS Connection
4. Reminders from the Ontario Harm Reduction Distribution Program
Nadia Zurba, Program Manager, Ontario Harm Reduction Distribution Program

COVID-19 and Infection Prevention and Control (IPAC) Practices in Harm Reduction Settings

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Infection Prevention and Control-PHO
CATIE Webinar April 22, 2020

Acknowledgements

- CAITE
- Ministry of Health
- Ontario Harm Reduction Network (OHRN)
- Ontario Harm Reduction Distribution Program (OHRDP)
- Triti Khorasheh
- Dr Pamela Leece
- PHO IPAC Dept

Disclosure

Dr. Garber had no conflicts of interest to declare.

Overview

- Review IPAC Guidance for Personal Protective Equipment (PPE)
- Discuss how IPAC guidance can be applied in community care settings such as CTS
- What is an aerosol generating medical Procedure? (AGMP)
- How can I safely save a life?
- Provide opportunity for discussion of current challenges in CTS

Elements of routine practices

Risk assessment

- Organizational, point of care

Hand hygiene

- Before/after client contact

Control of the environment (placement, cleaning, engineering controls)

- Cleaning of equipment and environment, barriers, cohorting, point-of-care, ventilation

Administrative controls

- Organizational policies and procedures (i.e., restricting entrances, physical distancing), staff training and education

PPE

- Availability, support, appropriate use including gloves, gowns, masks, eye protection

How do we protect ourselves as healthcare providers; Role of PPE

- 1) **Administrative** controls-policies, procedures and training
- 2) **Environmental** controls- single rooms, distance between patients, cohorting, environmental cleaning, air circulation
- 3) **Personal protection**; masks, face shields/eye protection, gowns and gloves
- 3a) **Hand hygiene** is pivotal and dramatically under emphasized in healthcare and is the key to protection for viruses that are spread predominantly by contact/droplets.
- 3b) Type of mask/ respirator: myths and fears

Case definition for COVID-19

Probable Case

- A person with fever and/or onset of cough AND any of the following within 14 days prior to onset of illness:
 - Travel to impacted area **or**
 - Close contact with a confirmed or probable case of COVID-19 **or**
 - Close contact with a person with acute respiratory illness from an impacted area

Confirmed Case

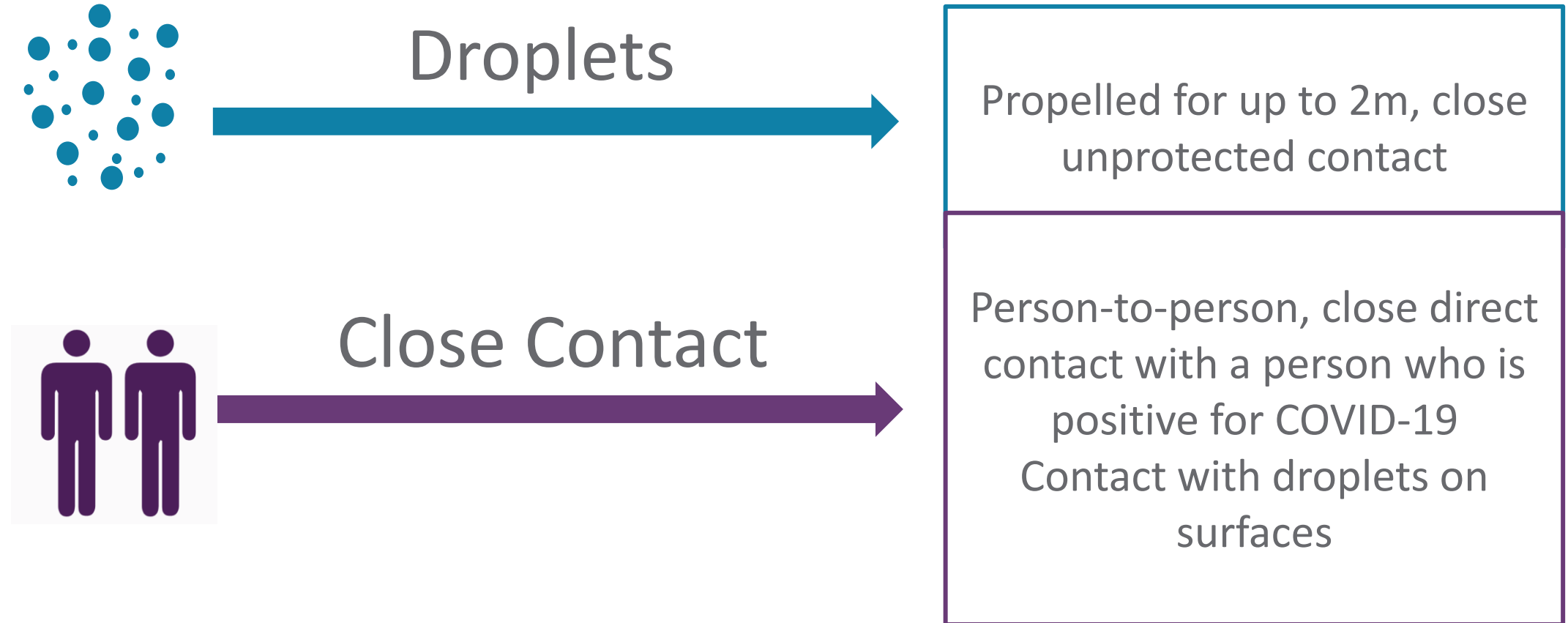
- A person with a laboratory confirmation of COVID-19
- Laboratory confirmation is performed at a reference laboratories (e.g., Public Health Ontario) or non-reference laboratories (e.g., hospitals)

Ontario. Ministry of Health. Case definition- Novel Coronavirus (COVID-19) [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 Apr 10]. Available from http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

COVID-19- diagnosis and prevention

- 50% of cases have no defined link
- The more testing we do the more positive cases we find
- >95% of our testing is negative for COVID-19
- Many cases are only mildly symptomatic
- Healthcare providers make up 10% of cases
- Most HCW have acquired infection from the community and not from work (except in Long Term Care outbreaks)

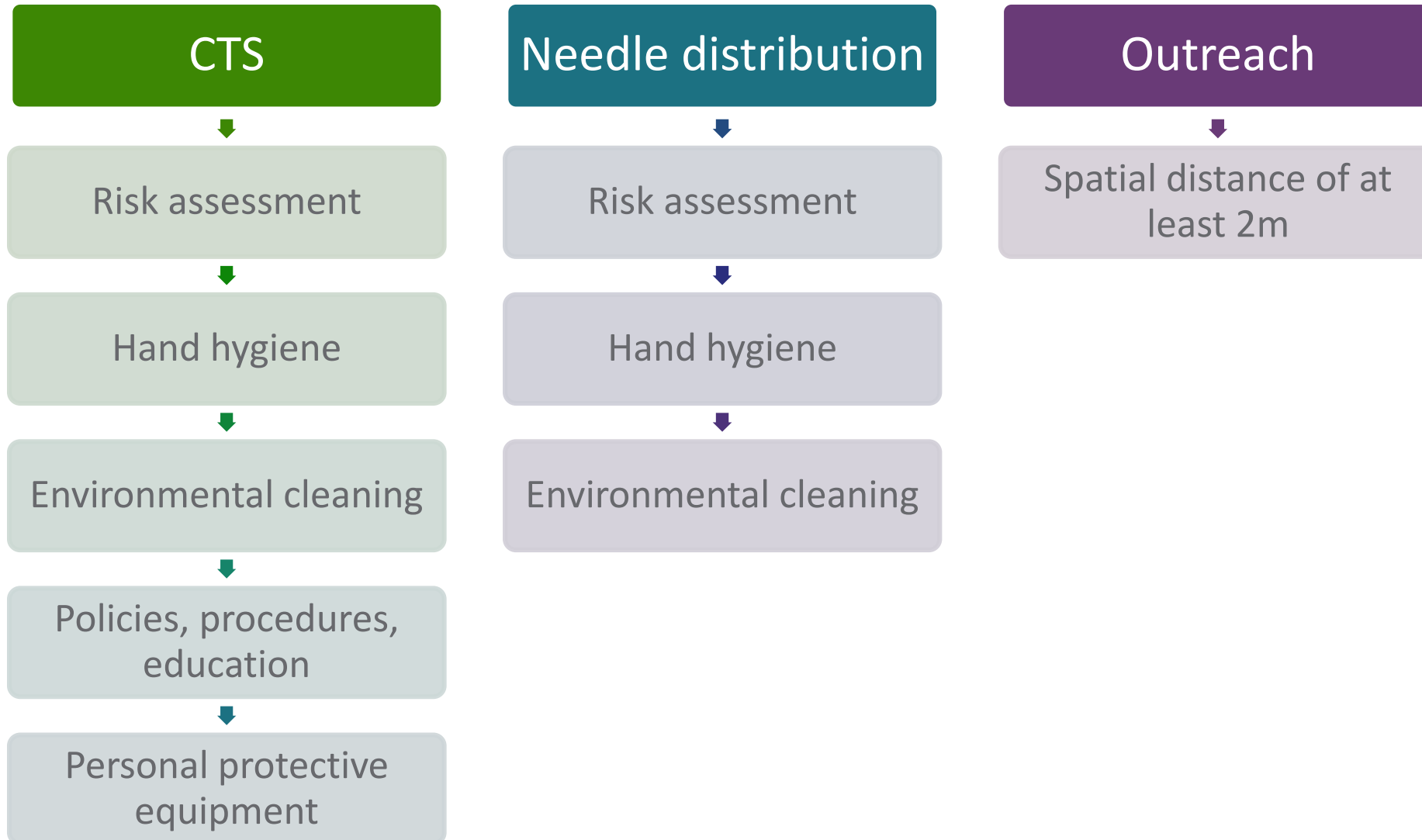
COVID-19: what we know about transmission



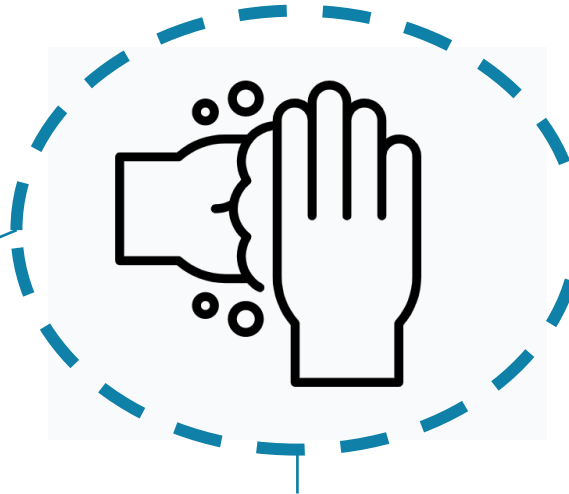
COVID-19: what we know about transmission

- The virus does not stay in the air very long (seconds to perhaps minutes)
- The virus is NOT spread through the air
- Airborne diseases would likely have 10 times the number of cases
- Studies of patient rooms with COVID-19, virus not detected in the air
- Virus detected on surfaces in the room mostly within 2 meters but can be further away
- Cough or sneeze create aerosols but that does not make the virus airborne because of the short duration of time in the air

Recommendations for harm reduction services



Hand hygiene: Please clean hands before you touch your face!



BEFORE:

- **Contact** with each client
- **Invasive procedures**
- **Preparing, handling, serving or eating** food
- **Putting on** gloves and other PPE
- **Moving to** another activity

AFTER:

- **Contact** with each client
- **Care** involving body fluids
- **Taking off** gloves and other PPE
- **Personal body functions**
- **Contact** with items in the client's environment

OTHER:

- **Contact** with secretions, excretions, blood & body fluids
- **If there is doubt, clean your hands!!!**

Environmental cleaning

Environment and equipment:

- Clean and disinfect all equipment for use by other clients
- Disinfection of high touch surfaces; in rooms used by clients 2x daily

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-additional-precautions-non-acute-care.pdf?la=en>

Personal protective equipment (PPE)

DROPLET

What is it? Surgical/procedure mask

When to use it? Care of known or suspected cases of COVID-19

CONTACT

What is it? Gown, gloves, eye protection (goggles or face shield)

When to use it? Care of known or suspected cases of COVID-19

AIRBORNE

What is it? N95 respirators fit tested, seal-checked

When to use it? Aerosol generating medical procedures

Aerosol generating medical procedures (AGMP)

What are AGMPs?

Artificially manipulate the airway and secretions within

May increase risk of infection to health care workers in close proximity

Require minimum level of respiratory protective equipment

What medical procedures generate droplets/aerosols?

Intubation, including during CPR

Manual ventilation (bagging) during CPR

Open airway suctioning

Sputum induction

Non-invasive pressure ventilation

High flow oxygen therapy through nasal prongs

Other AGMP considerations

- Limited number of people

Experienced staff

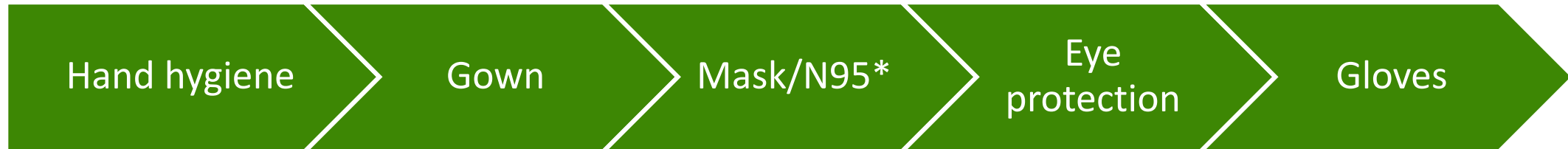
Move clients away from the field of action

What is not AGMP

- Chest compressions
- Oxygen via mask including BVM
- Naloxone IM or IN
- Cough or sneeze
- Once a client is intubated, there is no more AGMP

Personal protective equipment (PPE)

PUTTING ON PPE (within 2m of patient):



*For AGMP, replace mask with N95 respirator (fit tested, seal-checked)

TAKING OFF PPE:



Replace mask when it becomes damp or humid
Do not reuse single-use mask. Discard mask when finished using it.

<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-how-to-wear-mask.pdf?la=en>

Putting on and taking off PPE - videos



Videos

Showing 6 of 20 documents



Putting on Flatfold N95 Respirator

1 min | Published 7 Feb 2020



How to Hand Rub

1 min | Published 22 Oct 2019



Putting on Gloves

1 min | Published 22 Oct 2019



[Routine Practices and Additional Precautions | Public Health Ontario](#)

Select a type of resource – videos

Putting on and taking off full personal protective equipment; Putting on and taking off N95 respirator

A safe environment

- **Risk assessment;** does the client have symptoms, contact history
- Can you have clients call first for a pre-assessment?
- **Hand Hygiene:** the clients clean their hand when entering the facility
- **Social distancing:** spacing out the clients, space between client and staff
- **Masking:** prevents the spread from mildly symptomatic clients to staff
- **PPE:** procedure mask for staff with face shield if patient has symptoms or for resuscitations
- **Environmental cleaning:** between clients, spills or major events.
- **Training and education:** know how , what and when to use PPE

Overdose response

Naloxone (nasal, injectable)	<ul style="list-style-type: none">• Surgical/procedure mask• Isolation gown• Gloves• Eye protection (goggles or face shield)
Rescue breathing	<ul style="list-style-type: none">• Surgical/procedure mask<ul style="list-style-type: none">• Even for using Bag-Valve-Mask, non-rebreather mask which don't really use high flow oxygen) . N95 respirator for intubation• Isolation gown• Gloves• Eye protection (goggles or face shield)
Chest compressions	<ul style="list-style-type: none">• Surgical/procedure mask• Isolation gown• Gloves• Eye protection (goggles or face shield)



**Consider limited number of staff to respond to overdose to ensure adequate supply of N95 masks
New PPE at each overdose event**

Overdose response: what if I don't have PPE?

- The key protection is hand hygiene.
- If someone is not breathing , she/he isn't coughing
- Give naloxone, start chest compressions, call 911
- If the person starts to arouse, consider turning their head away from you or cover their mouth with a cloth
- Make sure to clean your hands before you touch your face.
- If you don't resuscitate, the person dies
- You can mitigate your health risk. It isn't perfect but resuscitation like hygiene, is in your hands

Resources

- <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/vulnerable-populations/people-who-use-substances>
- http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/health_care_providers_HPPA.pdf
- http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_consumption_treatment_services_guidance.pdf
- <https://www.publichealthontario.ca/-/media/documents/ncov/evidence-brief/eb-covid-19-first-responders.pdf?la=en>
- <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/report-covid-19-aerosol-generation-coughs-sneezes.pdf?la=en>
- <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-additional-precautions-non-acute-care.pdf?la=en>
- <https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en>
- <https://www.publichealthontario.ca/-/media/documents/bp-rpap-healthcare-settings.pdf?la=en>
- <https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-how-to-wear-mask.pdf?la=en>

For More Information About This Presentation, Contact:

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PublicHealthOntario.ca

- Questions?

Regional HIV/AIDS Connection

Harm Reduction Takes on COVID 19



Regional HIV/AIDS Connection

Carepoint

- Open 7 days per week
 - 9am – 9pm
 - 4 booth Injection room
 - 6 seat Aftercare room
-

Counterpoint NSP

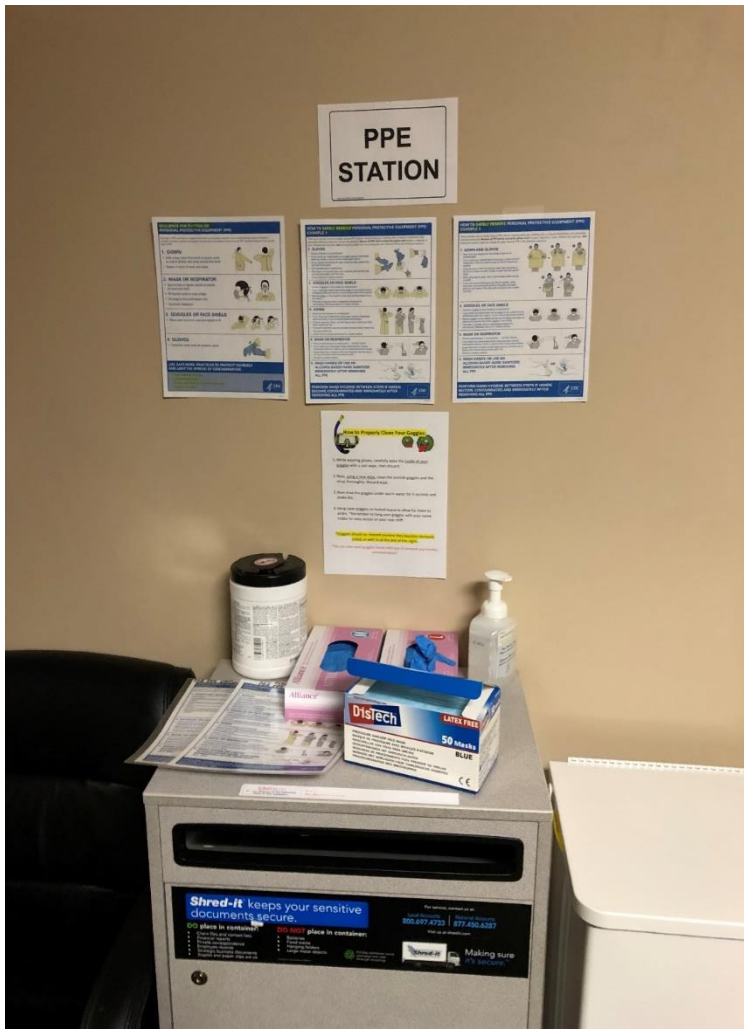
- Open Mon – Fri
- Open NSP
- 9am – 5pm
- Cart services on Weekends and Evenings
- 23 Satellite/Outreach locations

Counterpoint Mobile Outreach

- Open Mon – Fri
- 11am – 6pm



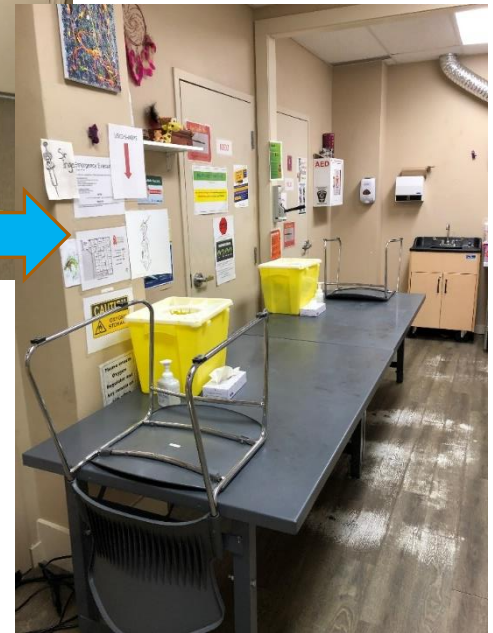
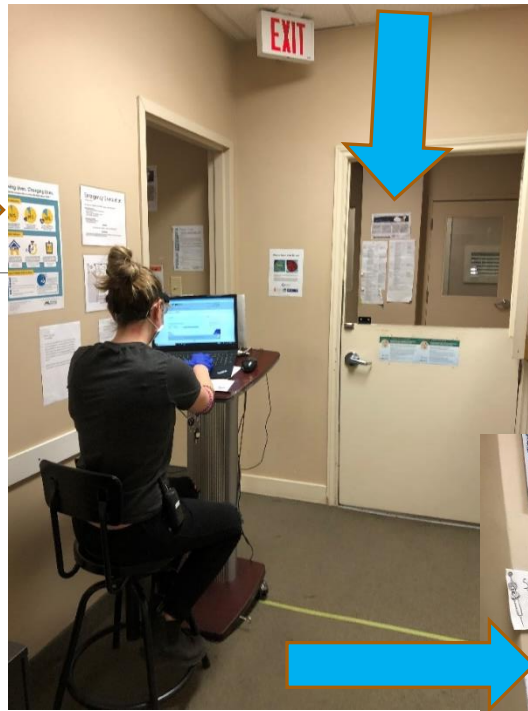
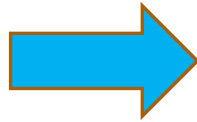
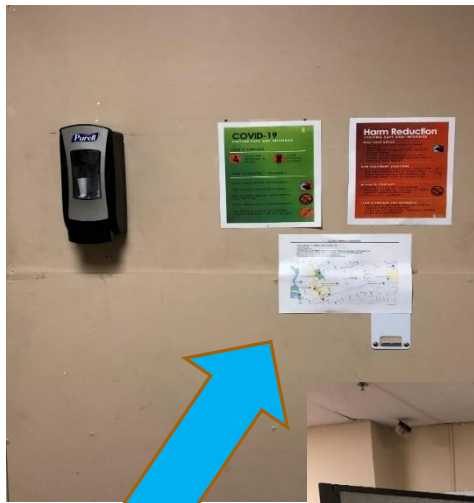




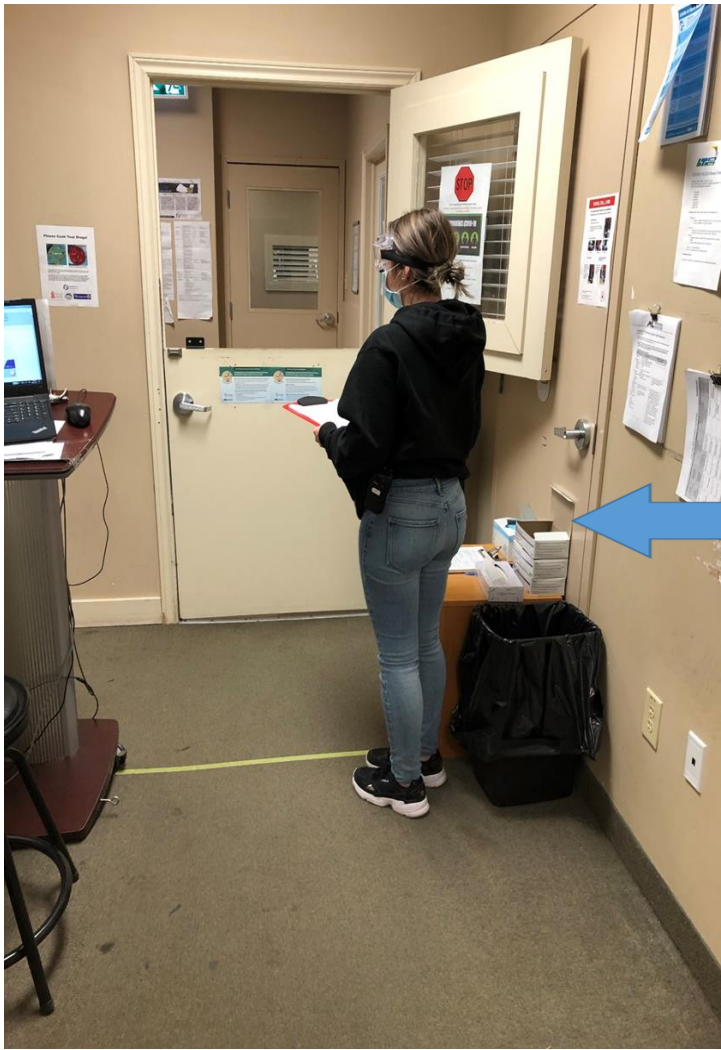


Staff champions supporting each other with correct PPE donning and doffing procedures





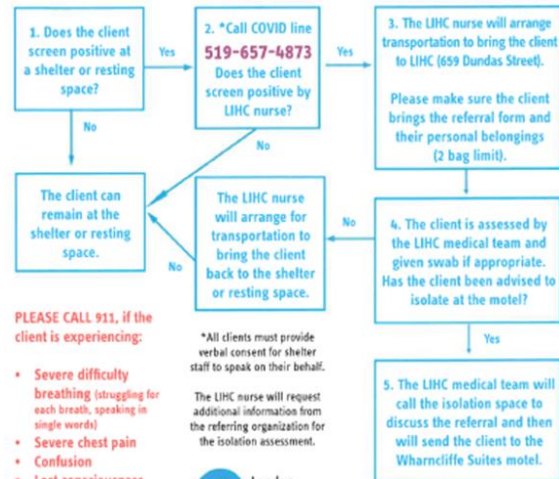
Information posted a multiple points of contact for quick discussion points



BZK Wipes given to clients to take away after every visit

Revised March 31st, 2020

Suspected COVID-19 Cases in Shelters or Resting Spaces – Flow Chart



PLEASE CALL 911, if the client is experiencing:

- Severe difficulty breathing (struggling for each breath, speaking in single words)
- Severe chest pain
- Confusion
- Lost consciousness
- Difficulties waking up

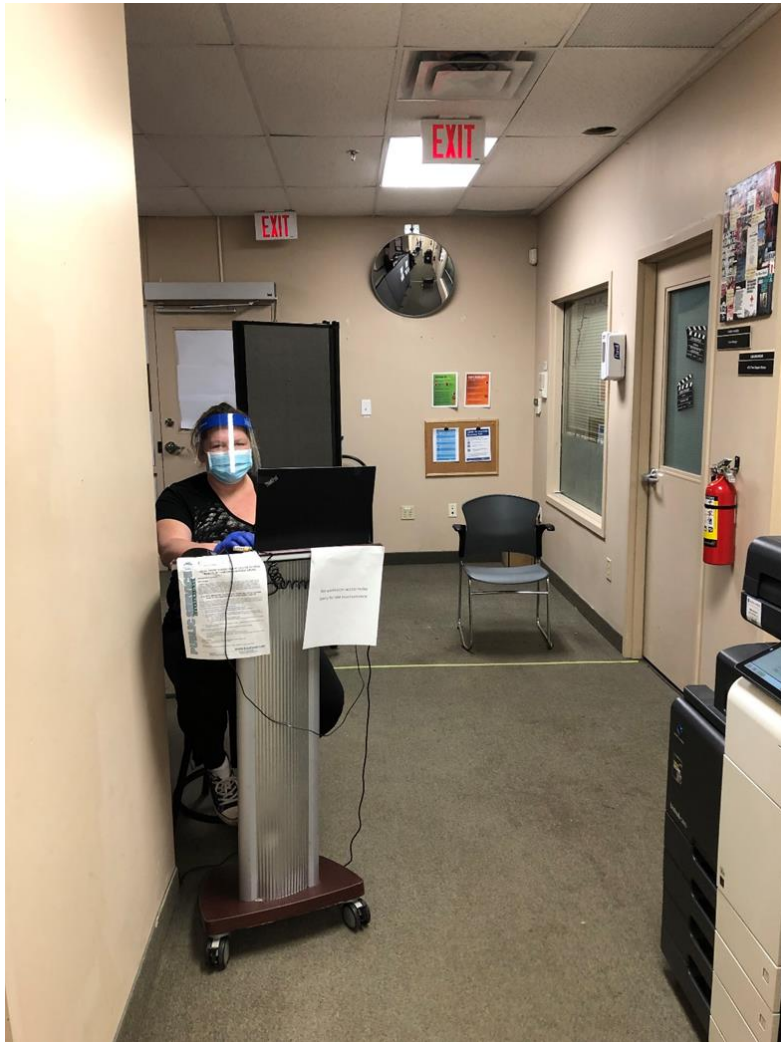
*All clients must provide verbal consent for shelter staff to speak on their behalf.

The LIHC nurse will request additional information from the referring organization for the isolation assessment.



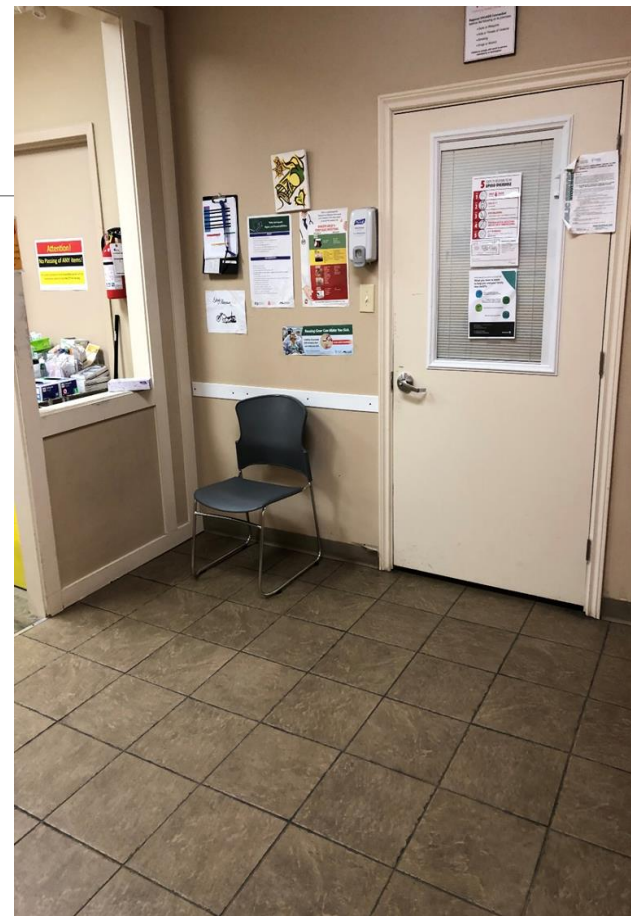
After Hours:

Between 4:00pm - 9:00am, if a client screens positive, keep the client in the shelter's isolation space until the next morning. Then call the LIHC COVID line 519-657-4873.









Community Inspired. Courage Driven.







Outreach Van



Gaps/Challenges

- Illustration of inequities for marginalized communities
- ~~Screening symptoms can be similar to symptoms people accessing our service experience everyday~~
- Resource access is limited – agency closed, on line or on reduced staff
- Some methods used to obtain funds impacted
- Substance availability is changing daily
- Client concern with food insecurity, lack of washrooms, showers
- Lack of availability of face masks for clients
- Clients impatient with wait times
- Service access numbers in Carepoint and Counterpoint down 25%

Challenges

- Under current of anxiety and worry for clients and staff
 - Information is changing every day
-
- Challenges in public optics due to perceived loitering
 - Changing PPE requirements
 - Difficult to wear mask and goggles all day
 - Our “temporary space” continues to be inadequate to meet the needs –even more demonstrated now
 - We were in the middle of on boarding, we have minimal staff and covering shifts is challenging
 - We were in the middle of on boarding new staff

Successes

Amazing, resilient, committed, caring compassionate staff who show up everyday



Community Inspired. Courage Driven.



CAREPOINT



Counterpoint
Harm Reduction

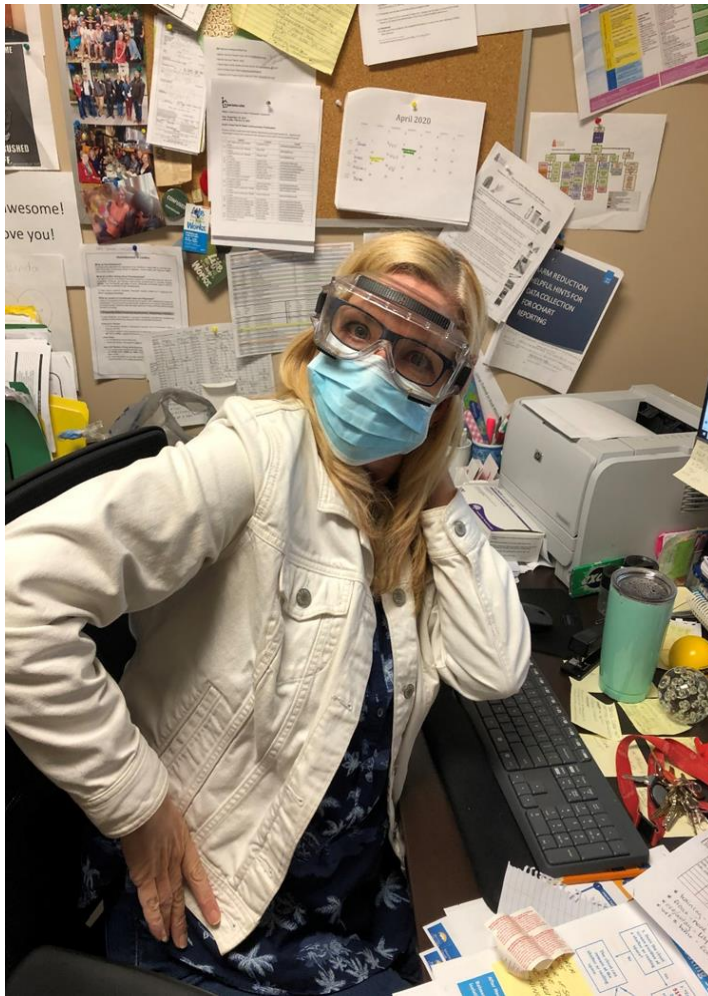
Successes

- Amazing, resilient, committed, caring compassionate staff who show up everyday
-
- CTS' deemed an essential service
 - Receiving support and donations from community members and businesses for clients including cloth masks
 - Continuous communication with MLHU and the physician overseeing site to be consistent in our approach and most up to date
 - Community members have donated lunches and snack packs for staff and clients
 - Permission to use available resources to support clients, to address food insecurity, transportation to assessment centres, testing, hospital etc



Strategies to Support Staff

- Huddle every morning to navigate the strategies for the day
- FSTV – clinical debriefing for teams and one to one
- Continue recruitment process through technology
- Staff appreciation snacks, beverages, meals, including staff working from home gift certificate for food delivery
- Laughter, a lot of laughter
- Celebrating client successes each day



We have staff wear the goggles and face mask in increments to get used to them and in preparation for when you are called in to assist

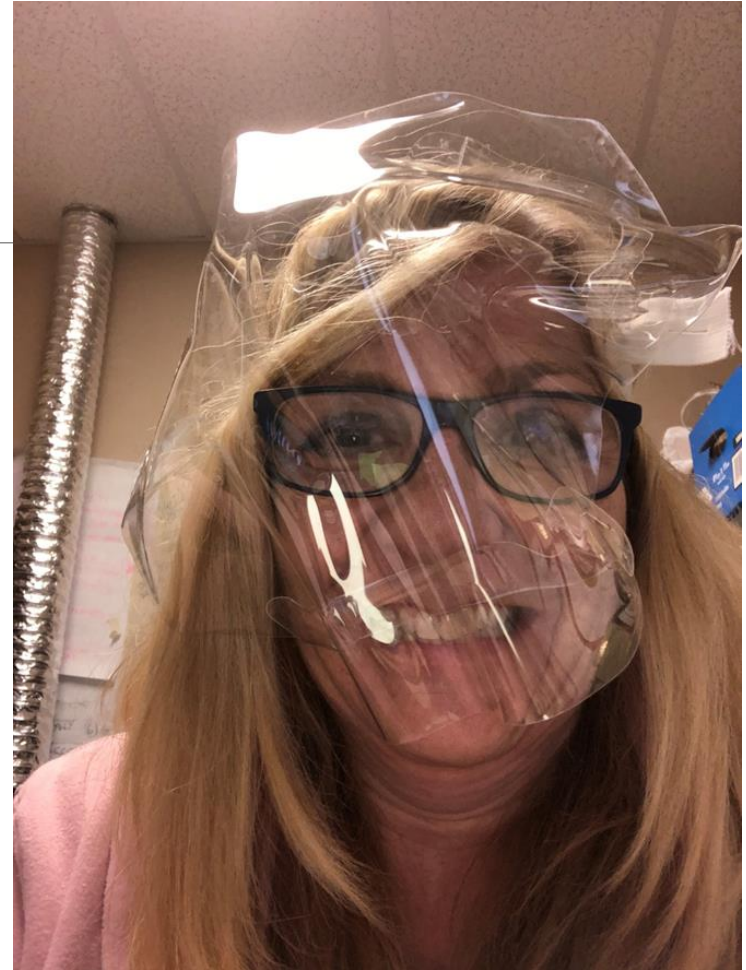


We set up various Harm Reduction kit making stations for staff who are rotating through front facing client services

Keep staff engaged in service delivery needs while giving breaks and tap outs to everyone

Important Learnings



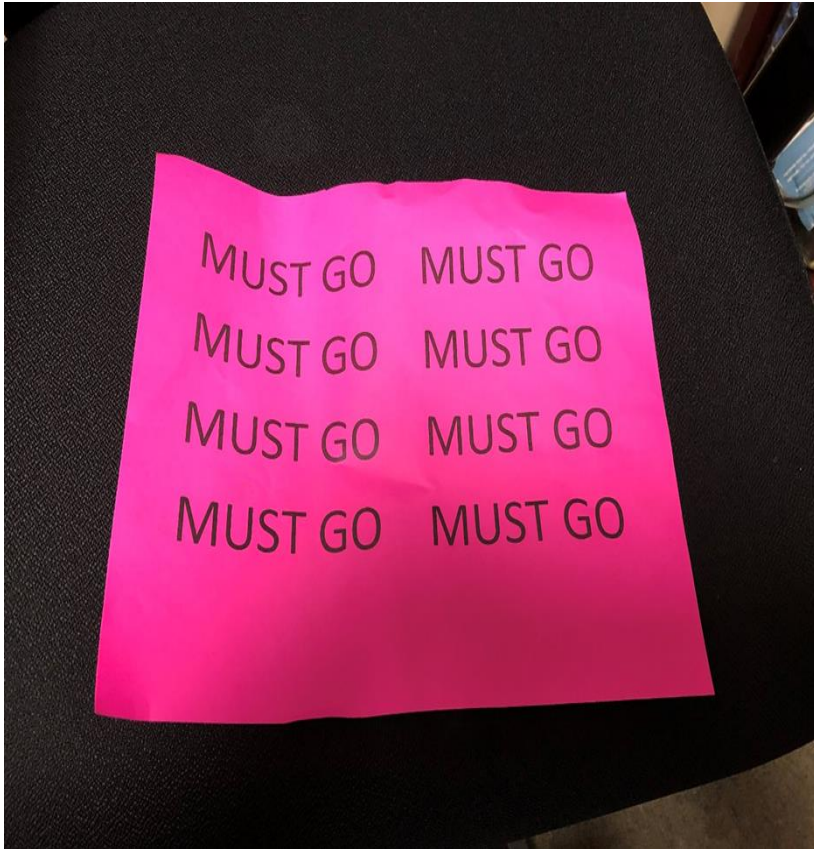


You can't wash face shields in the dishwasher



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When you mess up your equipment order.

OHRDP will make sure the delivery company knows how badly you need the product.

What questions do you have?



Harm Reduction Supplies During COVID-19

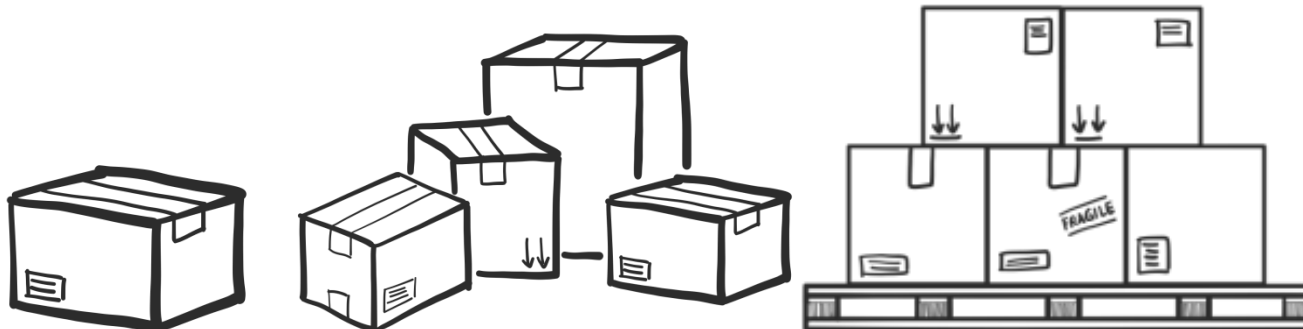
Working Together!

**435 ACCESS
POINTS**



Harm Reduction Supplies

- Ontario's harm reduction supplies are healthy
- Core Programs continue to monitor and order stock ensuring a 2 week supply is always on hand
- OHRDP staff continue to work business as usual - Order Desk open all month long
- Core Programs continue to be prepared to accept orders

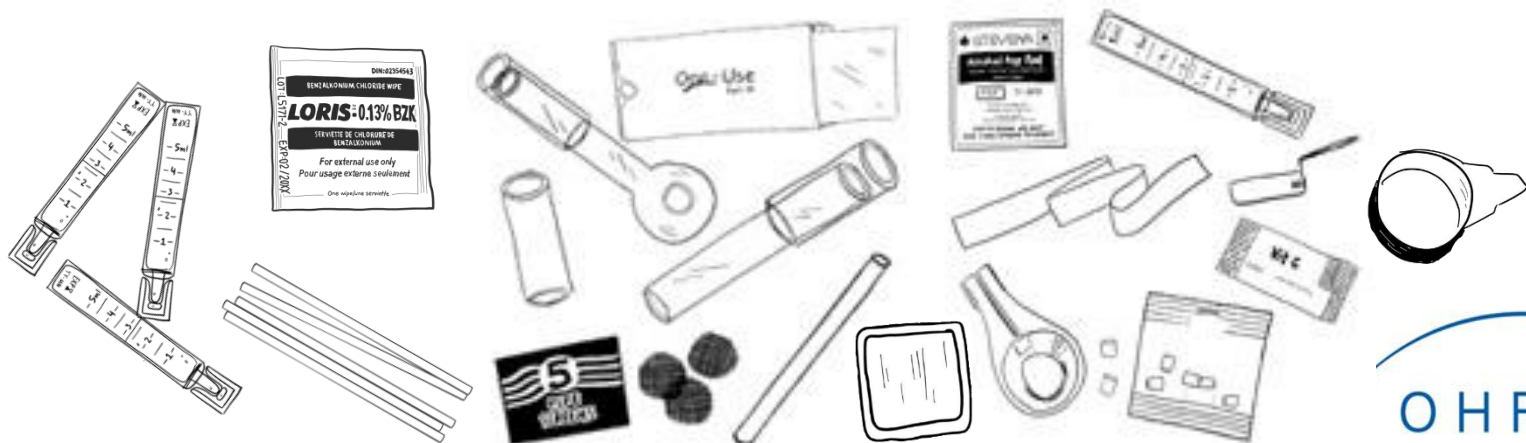


Keep Calm and Carry On

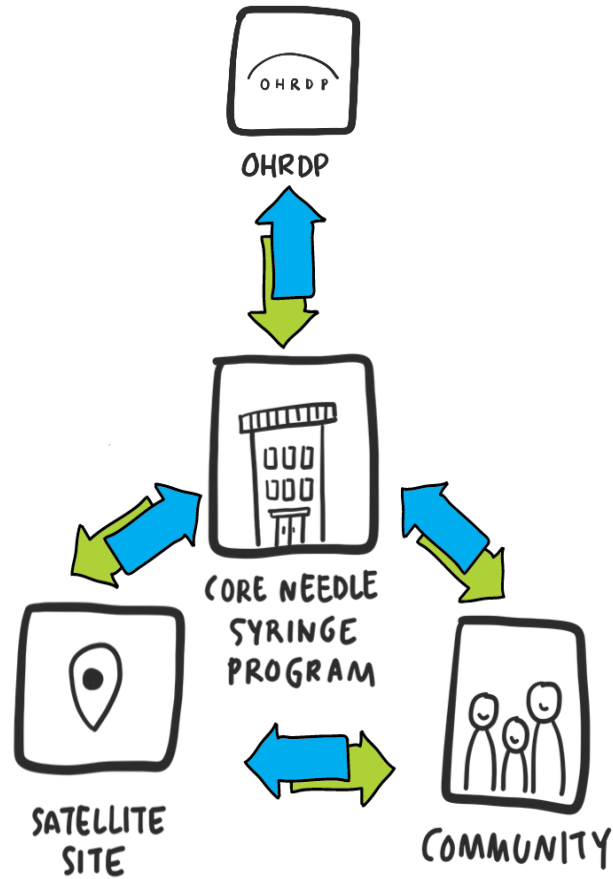


Programs should ensure all access points have the volume of supplies they need to continue with their service provision

Clients should have enough supplies to support them through a required isolation period



Stay Connected



1.866.316.2217

Orders@ohrdp.ca



Kingston Community
Health Centres

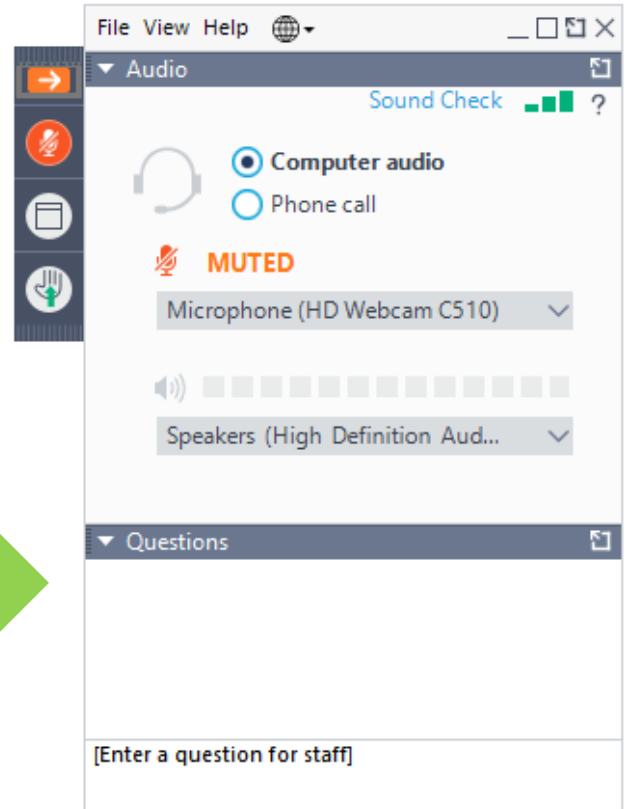
Centres de santé
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OHRDP is a program of the Kingston Community Health Centres



Q&A and group discussion

Type in your questions
and comments!



WEBINAR:

**Adapting to COVID-19:
Delivering Community Programs Virtually and Remotely**

Thursday, April 30 2020

Go to [CATIE.ca](https://www.catie.ca) for registration details!

