

VCH Overdose Response in Overdose Prevention Sites and Supervised Consumption Sites for COVID-19

PERSONAL PROTECTIVE EQUIPMENT (PPE)

All staff in contact with participants must wear the following PPE in the order of the following steps:

1

Medical masks are applied at start of shift and only changed when soiled/damp.

2

Goggles/face shields are to be removed at end of shift and cleaned according to appropriate guidelines.

3

Gloves are changed after every interaction with a participant (e.g. when providing hands-on booth care).

Remove PPE in the opposite order: gloves, goggles, mask.

****Perform hand hygiene prior to putting on, in between, and after removing PPE****

SCREENING ASSESSMENT FOR COVID-19

All participants need to be screened for COVID-19:

1. Do you have any of these **symptoms**?

COUGH



FEVER



DIFFICULTY
BREATHING



2. Have you **travelled outside of Canada in the last 14 days**?
3. Have you **been in contact with someone who has tested COVID-19 positive** in the last 14 days?

If yes to any of these questions:

Give a mask to the individual. If the person refuses to wear a mask, make sure to keep a minimum of 2 metres between them and others. Ensure that there is a system in place to identify anyone who has symptoms.

Education to all participants:

Provide education about slowing down, splitting doses, etc. to help mitigate overdose risk.

Explain that overdose (OD) response has changed slightly due to risk of transmission of COVID-19. In some cases will be using naloxone first, and unable to use oxygen the same way as before.

OVERDOSE RESPONSE MANAGEMENT

As COVID-19 has spread in the community, some cases no longer have identifiable risk factors. People who are at risk of having COVID-19 may not present with symptoms; therefore, risk of transmission cannot be determined based on a screening assessment. Thus, all overdoses will follow the same procedure.

Things to consider before giving breaths: The CPR face shield found in the THN kit covers a large area of the face, and has a one-way valve. It does provide some protection against virus transmission, however, some risk remains. The responder can decide to provide rescue breaths on a case by case based on: participant condition, personal circumstances and training, weighing their risk of contracting COVID-19 from provision of breaths against the risk of complication from overdoses.

In the event of an overdose:

- 1 Staff is recommended to **wear full PPE** (all above listed, plus **gown**) to provide direct care within a proximity of 2 meters or less to the individual.
- 2 **If giving breaths**, follow the usual procedure of providing rescue breaths using the CPR face shield. Dispose after use.
- 3 **Administer two doses of naloxone IM** (2 x 0.4 mg = 0.8 mg). Nasal naloxone is not recommended.
- 4 **If further oxygen is required, use a simple face mask (SFM)** with flow rate of 6-10 L/min.
- 5 **For sites that have trained and fit-tested staff with access to N95 respirators**, a bag valve mask (BVM) with HEPA or bacterial/viral filter attachment for ventilation can be used for severe ODs. This is an aerosol-generating medical procedure (AGMP), therefore, airborne precautions are required (N95 respirator as opposed to medical mask).
 - > Clear all non-responders and participants from the room before performing AGMP.
 - > For all other sites, proceed with next step.
- 6 **Call 911 if the client does not rapidly respond.**
 - > Emergency Medical Services (EMS) has training and access to appropriate PPE needed to perform aerosol-generating OD response procedures.
 - > Clear the injection room of all staff and participants before EMS performs AGMP.
 - > Direct participants to the closest OPS in the meantime.

If performing AGMP (e.g. BVM), the OPS needs to **be closed for 1 hour** following the end of this procedure.

Offsite overdoses:

- > In the event of overdoses that occur outside and nearby the site, you may not be able to assess for COVID-19. It is best to maintain safety for staff while responding to an OD. Follow the procedure outlined above.
- > For those sites which are using BVM, have non-essential staff stand 4.4 metres away from responder and person.

Cleaning after site closure due to use of BVM:



- Cleaning should be completed after 1 hour has elapsed to allow aerosolized particles to drop.
- The person cleaning the site is required to wear PPE: N95 respirator, gown, goggles, gloves.
- Remove debris, paper, wall postings and furniture that are not wipeable.
- For floors, wet mop with Accelerated Hydrogen Peroxide or other Health Canada approved cleaner e.g. bleach- sodium hypochlorite 5.25% (1 bleach:50 water). Follow the 2-step cleaning process.
- For surfaces and equipment, follow the 2-step process using the same product (Accel wipes or bleach solution). Clean areas where the resuscitation was near, including walls and furniture.

Step 1: Clean equipment/surfaces/floors with a new wipe(s) or cloth using friction (rub/scrub motion) to remove any foreign matter (e.g. dust, soil, food, feces, blood, sputum) immediately followed by Step 2.

Step 2: Disinfect all equipment/surfaces/floors using friction with another new wipe(s) or cloth(s). To complete the disinfection process, items must be wet long enough to maintain the wet contact or dwell-time stated on the product label (e.g. stays wet for 1-3 mins., check product label) followed by air-drying.

Cleaning, changing, and disposing of PPE:

Always perform hand hygiene when putting on and removing PPE. Hand hygiene must be performed immediately after touching or adjusting the goggles or mask while wearing it. If **ANY item** of PPE is removed, it must be replaced by a clean set.

Medical masks

- > Masks can be worn up to 4 hours, **but**
- > Change your mask if visibly soiled, wet, or damaged.
- > Change your mask when leaving the site.

Gowns

- > Remove after each client care and cleaning.
- > Change your gown if it becomes soiled, wet or damaged, or when leaving the site.

Goggles

- > Use throughout the shift and clean at end of shift.
- > To clean: Put on gloves. Using an Accel wipe, clean from the inside to outside of the face shield or goggles, then clean with a new wipe to disinfect. Rinse with clean water to remove residue. Allow to fully dry (air dry or wipe with a clean towel). Remove gloves and perform hand hygiene.

Gloves

- > Change after booth care, OD response and direct care with symptomatic individuals.
- > These are single use. Use only once and dispose after.
- > Perform hand hygiene after disposal.

Storing of PPE:

All PPE should be stored in a secure location and accessible to staff only (for inventory management).

There may be changes to this document to reflect practice changes developed by VCH Infection Control and Prevention. This document can also be found on the VCH website: <https://sneezesdiseases.com/covid-19-community-resources>