

Ministry of Health

COVID-19 Guidance: Consumption and Treatment Services (CTS) Sites

Version 1 – March 23, 2020

This guidance document provides basic information only. It is not intended to take the place of medical advice, diagnosis, or treatment.

- Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document, case definition, FAQs, and other information:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

General Advice to CTS

There are several things that healthcare workers (HCWs), harm reduction workers, social workers, peers, and clients can do to protect themselves and others:

- Implement organizational pandemic and/or business continuity plans as appropriate.
- Review infection prevention and control/occupational health and safety policies and procedures with staff.
- Offer education regarding proper hand hygiene for clients and ask clients to not share items with other clients that touch the mouth or nose (e.g. drug use equipment, straws, other utensils, cigarettes).
- Consider possible ways to increase social distancing within the CTS space. For example, increasing the space between each consumption booth (2 metres apart if possible), using every second booth, monitoring and staggering attendance to allow for social distancing within the space, etc.
- Consider designating HCWs and other staff who are appropriately trained in PPE, IPAC and resuscitation to respond to overdoses, where possible.

- On March 12, the Chief Medical Officer of Health released a directive outlining that airborne precautions need to be used only when aerosol generating medical procedures (AGMPs)* are planned or performed. More information about appropriate personal protective equipment (PPE) for suspected and confirmed cases of COVID-19 can be found here: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>
- If a CTS needs to modify its operations as a result of COVID-19, or has any questions, they should inform the Ministry of Health by contacting addictionandsubstances@ontario.ca.

Screening

1. The latest case definition for screening is available on the MOH [COVID-19 website](#).
2. All CTS sites should undertake active and passive screening.
3. [Signage](#) should be posted on all entry points at CTS sites. Signage should prompt anyone to self-identify to a specific location/person if they screen positive using the case definition.

Active Screening for HCWs, Staff and Volunteers

4. HCWs conducting screening should ideally be behind a barrier or stand 2 meters away from clients to protect from Droplet/Contact spread. A plexiglass barrier can protect reception HCWs from sneezing/coughing clients.
5. CTS sites must instruct all staff and volunteers to [self-monitor](#) for COVID-19 at home as well as potential exposure risks that require self-monitoring or self-isolation. All HCWs, staff and volunteers should be aware of early signs and

* AGMPs include: bag-valve mask ventilation (BVM), endotracheal intubation (including during cardio-pulmonary resuscitation), cardio-pulmonary resuscitation (CPR), open airway suctioning, bronchoscopy (diagnostic or therapeutic), surgery and autopsy, sputum induction (diagnostic or therapeutic), non-invasive positive pressure ventilation for acute respiratory failure (CPAP, BiPAP3-5), and high flow oxygen therapy

symptoms of acute respiratory infection (such as fever, cough or shortness of breath).

6. All HCWs, staff and volunteers who are required to self-isolate must not come to work. Anyone with symptoms of an acute respiratory infection must not come to work and must report their symptoms to the CTS site.
7. All HCWs, staff and volunteers who have been advised to self-monitor for 14 days from an exposure should discuss with their supervisor whether to come to work.

Active Screening for Clients

8. CTS sites should conduct active screening (when possible, over-the-phone screening) for all new or returning clients for symptoms compatible with COVID-19 or any travel history in the past 14 days or other exposures to individuals with probable or confirmed COVID-19.
9. CTS sites must consult with the local public health unit if an in-coming or returning client has symptoms compatible with COVID-19, travel history outside of Canada, or other potential exposure to COVID-19.

Positive Screening: What do to

10. CTS sites should provide further guidance to anyone with respiratory symptoms or who have traveled or who have been exposed to a case of COVID-19 to postpone their visit until 14 days from last exposure.
11. If a client develops cough, difficulty breathing, or fever and has either traveled or been exposed to a case of COVID-19 in the past 14 days, instruct the client to wear a procedure mask. Place the client in a room with the door closed on arrival (do not cohort with other clients) within the existing CTS space, where possible, to avoid contact with other clients in a common area of the CTS site.[†] Alternatively, place the client in a separate area to avoid contact with other clients. Encourage the client to use respiratory hygiene/cough etiquette, and

[†] Operators should contact Health Canada if they change the location of their physical CTS space to ensure compliance with their exemption under Section 56.1 of the Controlled Drugs and Substances Act.

provide surgical/procedural masks, tissues, alcohol-based hand rub and a waste receptacle.

12. If required, HCWs should provide services to the client with probable or confirmed COVID-19 using Droplet and Contact Precautions or monitor the client from a distance (i.e. 2 metres or more). These include surgical/procedure mask, isolation gown, gloves, and eye protection (goggles/face shield).
13. Detailed precautions for HCWs, by activity and procedure are listed in PHO's [Technical Brief on Updated IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#).
14. Administrative areas and administrative tasks that do not involve contact with a client with suspected or confirmed COVID-19 do not require the use of PPE

Reporting of Positive Screening

15. COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable to local public health units under the [Health Protection and Promotion Act](#) (HPPA), by those who have a Duty to Report under the HPPA.
16. HCWs should contact their local public health unit to report a client, HCW, staff member or volunteer suspected or confirmed to have COVID-19.
17. All referrals to hospital should be made through emergency department triage. If a client is referred to a hospital, the CTS should coordinate with the hospital, local [public health unit](#), paramedic services and the client to ensure safe arrangements for travel that maintain the client in appropriate isolation.

Occupational Health & Safety

18. If COVID-19 is suspected or diagnosed in a HCW or other staff, return to work should be determined in consultation with their health care provider and the local [public health unit](#). The HCW must report to Occupational Health and Safety prior to return to work. Detailed general occupational health and safety guidelines for COVID-19 are available on the MOH [COVID-19 website](#).

Client-contact surfaces (i.e., areas within 2 metres of the person who has screened positive) should be disinfected as soon as possible (refer to [PIDAC Routine Practices and Additional Precautions In All Health Care Settings](#) for more information about environmental cleaning).

Optimizing the Use of PPE within the CTS

- 19. Staff must be trained on the safe use, care and limitations of PPE, including the donning (putting on) and doffing (taking off) of PPE.
- 20. As airborne precautions should be taken in situations where AGMPs are performed, the CTS could consider designating a limited number of HCWs and other staff within the setting to respond to a potential overdose. This approach will contribute to ensuring an adequate supply of fit-tested, N95 masks within the CTS. The table below describes which precautions should be taken depending on the scenario.

Infection Prevention and Control Precautions

	Droplet and Contact Precautions	Airborne, Droplet and Contact Precautions
Scenario	Applied when in close direct contact (less than 2 metres) with a probable or confirmed case of COVID-19	Applied when an AGMP is being performed on a probable or confirmed case of COVID-19
PPE	Surgical/procedure mask	Negative pressure room, if available
	Isolation gown	Isolation gown
	Gloves	Gloves
	Eye protection (goggles or face shield)	Eye protection (goggles or face shield)
		N95 respirator (fit-tested and seal-checked)

Source: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>