

COVID-19 Resources for NH Staff and Community Partners Working with Populations who Experience Vulnerabilities

Purpose: This document provides COVID-19 information and resources for community partners who work with vulnerable people e.g. people experiencing homelessness and/or are under-housed, people with complex care, people who engage in sex work and/or people with mental health and substance use needs.

Printable one-page resources are included at the end of this resource document for sharing with your clients and for posting in your facilities/service areas as appropriate.

This document contains information available as of September 10, 2020. Please note that this document will be updated on an ongoing basis. Please refer to the version number of this document and any resources to ensure you have the most up-to-date versions of materials.

COVID-19 Resources for NH Staff and Community Partners Working with Populations who Experience Vulnerabilities

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Overview

What is COVID-19?

COVID-19 is a virus that causes respiratory illness – meaning it affects the lungs and/or other parts of the respiratory system. It can spread through droplets when people cough or sneeze, or if you touch an infected surface with your hands and then touch your face. There are a variety of COVID-19 [symptoms](#) that may include:

- cough
- fever, and/or
- difficulty breathing

Most people, who contract the virus, will experience mild to moderate symptoms similar to a cold or flu.

Individuals with underlying medical conditions such as heart disease; hypertension; diabetes; chronic respiratory disease, and cancer are at risk of developing complications that are more serious.

Transmission of COVID-19 happens:

- Via larger liquid droplets when a person coughs / sneezes.
- When droplets enter through the eyes, nose or throat if you are in close contact (<2 meters).
- By touch if a person has used their hands to cover their mouth or nose when they cough.
- By touching a surface or an object contaminated with the virus. The virus is NOT known to be airborne (e.g. transmitted through the particles floating in the air) and it is not something that comes in through the skin.

How can you protect yourself?

We anticipate increased demand on the health care system because of COVID-19, so it is important for all health care providers to take steps to ensure their health and wellness. Practicing proper hand hygiene and physical distancing, staying home when sick and considering getting tested are practical ways to protect ourselves and others.

The best way to protect yourself and your clients is to practice good hand washing. Washing your hands with soap and water or an alcohol-based hand sanitizer (with at least 60% alcohol content) for at least 20 seconds.

Always wash your hands:

- when you enter and leave a client's home
- before and after you provide personal care
- before preparing any food

- after going to the washroom

Other infection prevention measures:

- Avoid touching face
- Avoid contact with sick people
- Stay home if sick
- Cough or sneeze into sleeve, or into tissue and throw away and wash your hands
- Clean and disinfect frequently touched surfaces
- Wear a mask only if you have symptoms.

Additional infection control resources, including handwashing, personal protective equipment/droplet precaution, and point-of-care risk assessment are included in this resource.

How can you provide safe care to clients?

Should you become ill, please contact your supervisor or manager.

If, in the course of your work, you encounter a client with COVID-19 symptoms, immediately report this to your Supervisor/ Manager so that appropriate follow-up steps can be taken. If a client is coughing or sneezing during a visit, ask them to wear a mask and use droplet and contact infection control procedures.

Encourage, educate and support your clients by reinforcing hand washing and reporting of symptoms. Please refer clients to any of the attached resources in this document.

Additional resources include an overview of how to provide culturally safe, trauma-informed care during a public health response, as well as resources on supporting harm reduction/overdose prevention, safer use strategies, and learning about [gender-based violence](#).

COVID-19 and Vulnerable Populations

Provincial messaging requests individuals to practice physical distancing (>2 meters) and self-isolation to prevent the spread of COVID 19 within communities. These messages are often difficult for individuals living outdoors, in tents or are unsheltered in community to practice. People who use drugs (PWUD) are at a higher risk for isolation and overdose when messages encourage staying away from groups and avoiding gatherings.

NH recommends following the [BCCDC COVID-19: Harm Reduction and Overdose Response Best Practices](#).

COVID 19 & Safer Substance Use

- Do not share supplies, such as cigarettes, joints, pipes, injecting equipment, and containers for alcohol, utensils, and other supplies.
- If you have to share, wipe pipes with alcohol wipes or use new mouthpieces.
- Reduce close contact (e.g. shaking hands, hugging, kissing) and ensure condom use

Version 5.0 – September 10, 2020

- Wash your hands or use wipes before preparing, handling or using your drugs. Prepare your drugs yourself.
- Cough or sneeze into your elbow or use tissues. Throw tissues away immediately and wash your hands thoroughly.
- Clean surfaces with soap and water, alcohol wipes, bleach **OR** hydrogen peroxide before preparing drugs if possible
- Carry naloxone and have an overdose plan. Please use breathing masks available in the THN kits if responding to an overdose (BCCDC, 2020).

Prevention of COVID- 19 for Individuals who are Unsheltered

The following tips will help to protect yourself and prevent the spread of COVID-19:

- Wash your hands with soap and water for at least 20 seconds after touching surfaces and people.
- Don't touch your face. Sneeze or cough into elbows.
- If you cannot wash your hands with soap or use hand sanitizer, try to use alcohol-based hand wipes.
- Avoid hugs and handshakes. Keep two arms' length away from other people.
- Wipe down belongings.
- Don't share drinks and be cautious about food.
- Try to pick up pre-packaged meals and food from shelters and food banks. (BCCDC, 2020)
- If you are feeling sick, have someone else pick up pre-packaged meals for you. If this is not possible, practice physical distancing (>2 meters)

Further information regarding protecting those individuals who are precariously housed or unsheltered is on the [BC Housing website](#).

Prevention of COVID-19 for providers of services for people experiencing homelessness

Many people experiencing homelessness rely on community-based organizations, non-profits and accessible housing sites for many essential services. It is important that staff and volunteers help to prevent the spread of COVID-19 to the populations they work with in the following ways:

- Promote frequent hand washing and physical distancing for those accessing your service
- Display signage and posters outlining prevention measures to reinforce verbal messaging
- Staff should model physical distancing and remind clients of these precautions
- Encourage cough etiquette, coughing into a disposal tissue, sleeve or into the elbow
- If your site provides food offer pre-packaged meals. Allow participants to pick up food for friends and/or family who may be symptomatic. Where possible, encourage hand washing prior to eating
- Provide clients with a regular mask to wear if they are having respiratory symptoms

(coughing, sneezing, fever)

- Staff who develop symptoms while at work should wear a regular mask, and try to isolate at work, or go home immediately. They should not continue working, if at all possible, unless it compromises patient safety.
- For staff who report symptoms it is recommended they self-isolate as soon as possible for 10 days.
- Other types of PPE such as gloves, gowns, and n95 respirators ARE NOT REQUIRED in routine social service settings.
- Overdose training and response remains vitally important, BCCDC and the Ministry of Health (MOH) recommend that rescue breaths be provided with the administration of naloxone.
- For those responding to overdose in the context of COVID-19, please refer to the following resources: [BCCDC: people who use substances](#) as well as [BCCDC/MOH: Responding to Opioid Overdoses in Overdose Prevention Sites and Safe Consumption Sites](#)
- **The most important thing that can be done to stop the spread of the virus is for people who are sick to be in self-isolation for 10 days.**
- For more information please refer to [Guidance for providers of services for people experiencing homelessness in the context of COVID-19](#) and [Housing Sector & COVID-19 Updates](#) from BC Housing

Sex Work and Risks of COVID-19

The COVID-19 pandemic has placed sex workers in a difficult position, as most sex workers are unable to apply for employment insurance or access other employer paid benefits such as sick leave. Therefore, those engaged in sex work and other full service workers (stripper, massage workers, etc.) are at risk for receiving little to no income if practicing physical distancing.

We recognize many of these workers will need to go ahead with business as usual, as this is a reality of criminalization and stigma. However, in-person sex work should be a last resort and alternatives should be considered.

Staying protected from COVID-19

- Offering sessions through Skype, phone or text as possible alternative to in person sessions
- Screen potential clients for risks, symptoms, travel outside of Canada or exposure to someone who has COVID-19
- Decline clients who have symptoms (coughing, sneezing, fever) or meet any of the above risk factors
- Wash your hands frequently with soap and water or hand sanitizer for 20 seconds between clients, handling money or changing locations.
- Require clients to thoroughly wash their hands and face with soap prior to contact or carry hand sanitizer for clients to use
- Wherever possible, avoid kissing, mouth contact to skin and direct contact with bodily

fluids

- Choose sexual positions that limit face to face contact
- After each appointment disinfect your space and surfaces
- Avoid sharing of dishes, cups, cutlery
- Other guidance for clients and third party establishments visit: [Sex Work and COVID-19](#).

Trusted sources of information for COVID-19

Trusted sources of general information about COVID-19

BC Centre for Disease Control (BCCDC)

The BCCDC website contains the latest information about the disease, particularly as it relates to the health and well-being of British Columbians. Relevant BCCDC resources and channels include:

- [Health information for the public](#)
- BCCDC Twitter feed: @CDCofBC
- BCCDC [Food safety](#)
- BCCDC [Food banks & food distribution](#)
- BCCDC [People who are or may be experiencing violence](#)

Government of British Columbia

- BC COVID Information Line: 1-(888)-268-4319
- [Health Link BC](#)

[Northern Health website](#)

COVID-19 resources for service providers

[Online learning resource:](#)

1. Infection Prevention and Control (IPC) for novel coronavirus (COVID-19)
2. Introduction to emerging respiratory viruses, including novel coronavirus
3. [Gender-Based Violence: We All Can Help Improving the Health Sector's Response](#) – Learning Hub course

Infection Prevention and Control (IPC) for novel coronavirus (COVID-19)

- [Coronavirus Trainings IPAC:](#)
 - This course provides information on what facilities should be doing to be prepared to respond to a case of an emerging respiratory virus such as the novel coronavirus; how to identify a case once it occurs; and how to properly implement IPC measures to ensure there is no further transmission to HCW or to other patients and others in the healthcare

facility

Additional Resources

- [BC Housing](#) (section on Homeless Service Provider Updates)
- [Guidance for providers of services for people who are experiencing homelessness](#) (Government of Canada)
- [Cleaning and disinfecting public spaces](#) (Government of Canada)
- [WHO Q&A on infection prevention and control for health care workers](#) caring for patients with suspected or confirmed 2019-nCoV
- [Household food insecurity guidelines for health professionals](#) (Northern Health)
- [Recommendations for minimizing COVID-19 risk for community-based food programs](#) (Vancouver Coastal Health)

Additional Resources Specific to Homeless Shelters

- [BC Housing – COVID-19](#)
- [Canadian Network for the Health and Housing of People Experiencing Homelessness](#)
- Department of Housing and Urban Development Webinar on [Infectious Disease Preparedness](#) among Homeless Assistance Providers and Their Partners.
- Government of Canada Summary of [Transmission assumptions](#)
- Government of Canada [Community-based measures to mitigate the spread of coronavirus disease \(COVID-19\) in Canada](#)

Appendix A: Resources

1. [COVID-19 Poster for housing facilities, shelters & other community services \(VCH\)](#)
2. [Personal Protective Equipment Poster \(BCCDC\)](#)
3. [Five Steps to Don PPE \(BCCDC\)](#)
4. [Six Steps to Doff PPE \(BCCDC\)](#)
5. [Droplet Precaution: Steps to donning and doffing personal protective equipment \(BCCDC\)](#)
6. [Protect Yourself & Others from COVID-19 \(BC Government\)](#)
7. [COVID-19 Infection Prevention \(BCCDC\)](#)
8. [How to Hand Wash and Hand Rub Poster \(WHO\)](#)
9. [Cover your Cough \(VCH\)](#)
10. [Point of care risk assessment \(PCRA\) tool for COVID-19 \(adapted from BCCDC\)](#)
11. [Caring for Vulnerable Populations during a COVID-19 Public Health Emergency](#)
12. [COVID-19 Harm Reduction & Overdose Response \(BCCDC\)](#)
13. [Guidance for People Who Use Substances on COVID-19 \(YPAM\)](#)
14. [Safer Use Strategies to Reduce Risk of COVID-19 Transmission \(VCH\)](#)
15. [Information for Unsheltered People \(BC Government\)](#)
16. [Supporting people with alcohol dependency during COVID-19 \(FNHA\)](#)

Where available, printable PDFs or links to printable materials are embedded in this document.

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1. COVID-19 Poster for housing facilities, shelters and other community services (VCH)

COVID-19

Prevent or slow the spread of Covid-19 within housing facilities, shelters, and other community services.

1 COVID-19 BASICS

Coronaviruses cause mild to severe illnesses (eg: common cold, SARS). Most people will have a mild illness and recover. Symptoms are similar to the common cold (fever, cough, shortness of breath). People at high risk (older, other underlying conditions) may experience complications or severe illness including **difficulty breathing**.

3 CONTAINMENT IN FACILITIES

Minimize face-to-face contact (designated staff in each area, use physical barriers). Wear **gloves** to touch client belongings. **Space beds 6 ft apart**, head to toe. Provide fluids, tissues, garbage bags. Stock sinks: **soap**, drying materials. Provide alcohol hand **sanitizer** (60%) at key points. Post **signs** at entrance asking about symptoms.

5 BATHROOMS

Clean bathrooms thoroughly after every use. Stock sinks with soap and drying materials. **Close toilet seats before flushing**. Provide **designated bathroom for sick clients** (COVID-19 symptoms), if possible. Individual bathrooms and showers for each person/couple are ideal.

7 HARM REDUCTION

Give supplies in **individual packages**. Minimize sharing of supplies, including for smoking. Clients should stock up on supplies/ drugs, **wash hands** and prepare their own drugs, keep surfaces clean where they use. **Prepare for overdose** with Naloxone, using an OPS, buddy systems, and wellness checks (through doors).

9 SEVERE SYMPTOMS:

Extremely difficult breathing (not being able to speak without gasping for air). Bluish lips or face. Chest pain. Change in level of consciousness. Call 911.

2 INFECTION PREVENTION AND CONTROL

Transmission is via **droplets**. To stop the spread of the virus, wash hands, avoid touching your face. Avoid contact with sick people, stay home if sick. Cough or sneeze into sleeve, or into tissue and throw away (and then wash hands). Clean and disinfect frequently touched surfaces. Wear a mask **only if you have symptoms**.

4 CLEAN AND DISINFECT

COVID-19 is not a hardy virus: **cleaning works!** Clean, then **disinfect** equipment/ surfaces after every use, **high touch surfaces** (e.g. door knobs, hand rails etc.) **at least 2 X a day**. Use pre-made solutions or ready-to-use wipes. Shared equipment should be cleaned + disinfected before moving. When someone sick has been moved, clean the entire room/bed area, including all touch surfaces.

6 FOOD

Food should be **individually packaged**. Deliver food outside doors and leave for pickup. Avoid buffets and shared food, unless all clients are positive for COVID-19.

8 MILD SYMPTOMS:

Cough, sore throat, fever, sneezing, difficulty breathing. **Clients with symptoms should be: 2 meters from others**, confined to separate room and bathroom if possible, **masked** if out of room, avoid common areas. If clients refuse mask, staff should mask and maintain 2 m distance. If you need to be closer than 2 m for care or bed changes, wear full Personal Protective Equipment (PPE): mask, eye shield, gown, gloves. **Learn to put on ("don") and, especially to take off ("doff") your PPE safely.**

10 MASK AND GLOVES:

Masks should be changed every 2 hours and gloves between each person. Don't forget to wash hands after each use of mask/glove. Don't touch your face with the gloves. Keep masks and gloves in a secure location.



For more information about COVID-19, please visit: vch.ca

Vancouver Coastal Health
Version 2: March 20, 2020

Source:

<https://sneezesdiseases.com/assets/wysiwyg/COVID%2019%20community%20resources/COVID%2010%20points%20March%2020%2C%202020%20V2.pdf>

2. Personal Protective Equipment Q&A (VCH)

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Q&A about PPE like masks and gloves

1 WHEN SHOULD I WEAR PPE?

Masks: You need to wear a mask when you are in direct contact with someone presenting flu like symptoms (fever, cough, shortness of breath...) OR if you have symptoms and cannot be isolated. If you don't have symptoms or if you can keep 2 meters between yourself and others, you don't need a mask

Gloves: Wear gloves when touching potential contaminated surfaces or symptomatic person and environment.

2 HOW TO WEAR PPE?



To put the mask:

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin



To remove the mask:

- Front of mask is contaminated- DO NOT TOUCH
- Grasp bottom ties or elastics of the mask, then the ones at the top, and remove without touching the front
- Discard in a waste container



Gloves:

- Wash your hands before putting gloves on
- Extend to cover wrist

3 WHEN SHOULD I CHANGE MY PPE?

Masks: If you are wearing a mask because you are symptomatic, change mask if wet, damaged, or after 4 hours. For staff, same as above and change mask between persons you are assisting.

Gloves: Change gloves if damaged or between persons you are assisting.

Always wash your hands before and after each mask/pair of gloves.

3 WHERE SHOULD I KEEP SUPPLIES?

Make sure to keep your masks and gloves in a secure location as these supplies are in high demand right now. Supplies are not to be distributed to public.



For more information about COVID-19, please visit [VCH.ca](https://vch.ca)

Vancouver
CoastalHealth


March 19, 2020

3. Five Steps to Don PPE (BCCDC)




Source: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Donning.pdf

4. Six Steps to Doff PPE (BCCDC)



Coronavirus COVID-19


BC Centre for Disease Control | BC Ministry of Health



The 6 steps to Doff (take off) Personal protective equipment (PPE)


Remember to perform hand hygiene between each and every step when doffing

1 Gloves




Remember, the outside of gloves are contaminated. Grasp palm area of one gloved hand and peel off first glove. Slide fingers of hand under other glove at wrist and peel off. Discard in regular waste.

2 Perform Hand hygiene




Clean all surfaces of hands and wrists

3 Gown




Unfasten ties, pull gown away from neck and shoulders, touching ONLY the inside of the gown. Turn gown inside out and roll into a bundle. Discard in regular garbage.

4 Perform Hand hygiene




Clean all surfaces of hands and wrists

5 Goggles or face shield




Do NOT touch the front of them. Discard in regular garbage or put in receptacle for reprocessing.

6 Perform Hand hygiene




Clean all surfaces of hands and wrists

7 Surgical/procedure mask




Grasp ties or elastics at back and remove WITHOUT touching the front. Discard in regular garbage.

8 Perform Hand hygiene




Clean all surfaces of hands and wrists

9 Exit Room





AFTER cleaning all surfaces of hands, exit room




STOP

If at any time during this process you become concerned that you may have contaminated your hands, STOP and do hand hygiene an additional time.



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.



Source: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing.pdf

5. Droplet Precaution – steps to donning and doffing personal protective equipment (BCCDC)

Donning (putting on) PPE

1. Hand hygiene – Clean all surfaces of hands and wrists.
2. Gown – Cover torso and wrap around back, fasten behind neck and waist.
3. Surgical/Procedural mask – Secure ties at middle of head and neck, fit nose band to your nose and pull bottom down to completely cover chin.
4. Eye protection (face shield or goggles) – Place goggles or face shield over face and eyes and adjust to fit.
5. Gloves – Extend to cover wrist of gown.

Doffing (taking off) PPE

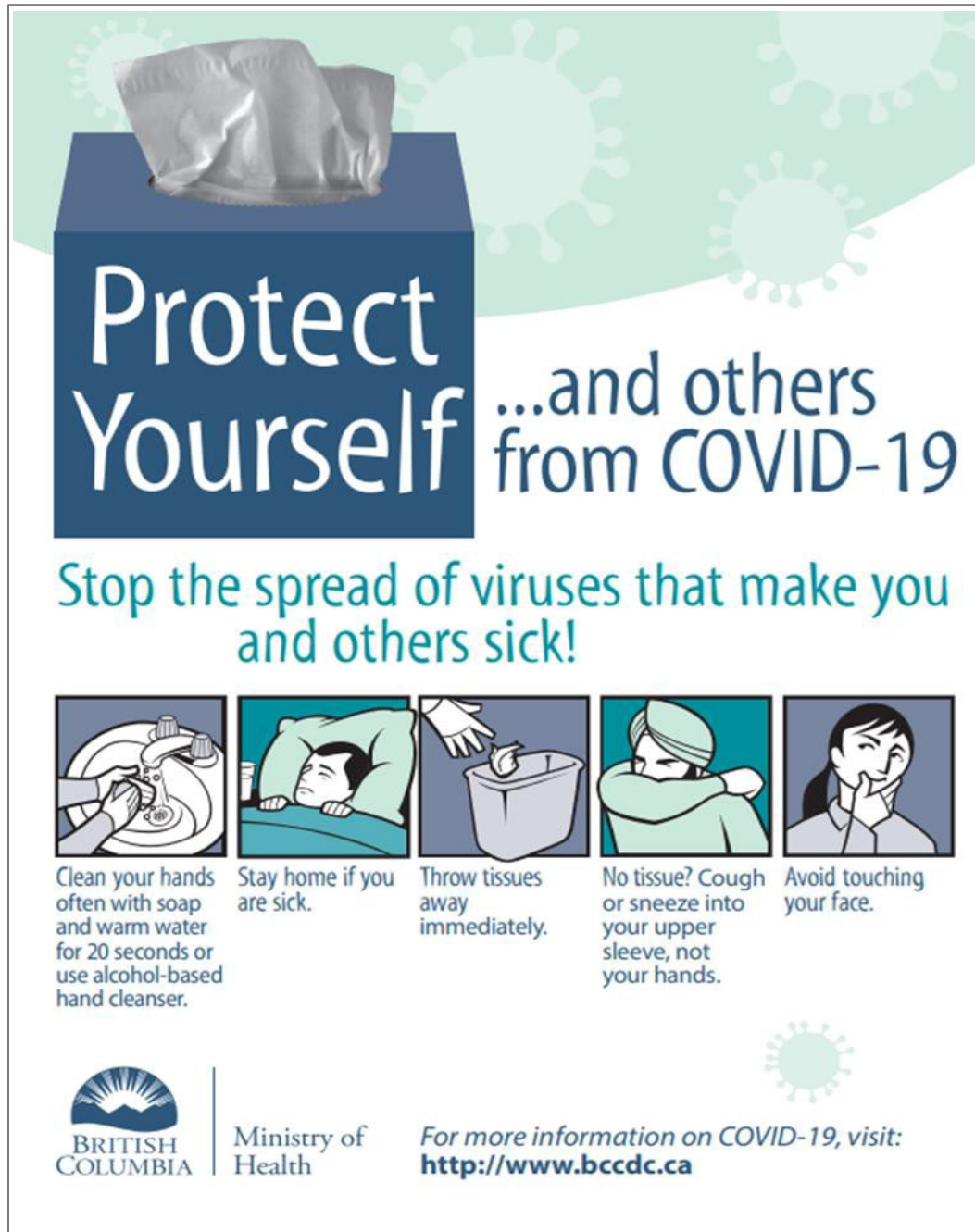
1. Gloves – Remember, the outside of gloves are contaminated. Grasp palm area of one gloved hand and peel off first glove. Slide fingers of hand under other glove at wrist and peel off. Discard in regular waste.
2. Gown – Unfasten ties, pull gown away from neck and shoulders, touching ONLY the inside of the gown. Turn gown inside out and roll into a bundle. Discard in regular garbage.
3. Hand hygiene – Clean hands and use a paper towel to touch the doorknob to exit the room. If paper towel is not available then clean hands again after leaving room before removing gown.
4. Eye protection (face shield or goggles) – Do NOT touch the front of them. Discard in regular garbage or put in receptacle for reprocessing.
5. Surgical/Procedural mask – Grasp ties or elastics at back and remove WITHOUT touching the front. Discard in regular garbage.
6. Hand Hygiene – Clean all surfaces of hands and wrists.

IMPORTANT: If performing an aerosol generating medical procedure (e.g. nebulizing treatment), HCW must wear appropriate PPE including a gown, gloves, eye protection (face shield or goggles) and N95 Respirator

Source:

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>

6. Protect yourself and others from COVID-19 (Government of BC)



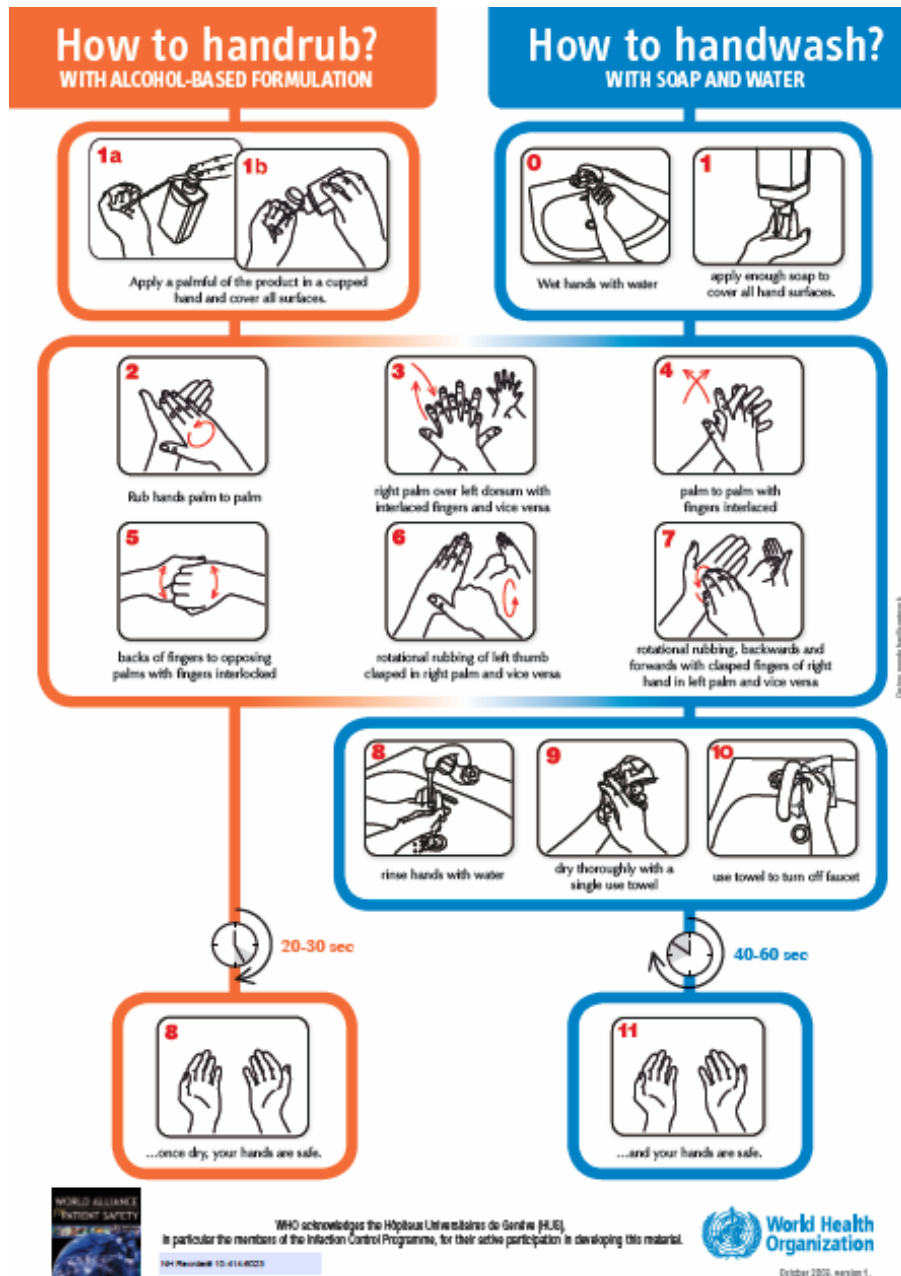
Printable poster: <https://www.bchousing.org/publications/Covid-19-protection-poster.pdf>

7. BCCDC COVID-19 Infection Prevention (BCCDC)



Printable poster: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control>

8. How to hand wash and hand rub (WHO)



Printable poster: <https://www.who.int/gpsc/tools/GPSC-HandRub-Wash.pdf>

9. Cover your Cough (VCH)



Printable poster:

<https://sneezesdiseases.com/assets/uploads/1539202407I614F7IsFgWOy3eYM0QqCmavWh7z.pdf>

10. Point of care risk assessment (PCRA) tool for COVID-19 (adapted from BCCDC)

Prior to any patient interaction, all health care workers (HCWs) have a responsibility to always assess the infectious risk posed to themselves and to other patients, visitors, and HCWs. This risk assessment is based on professional judgement about the clinical situation and up-to-date information on how the specific healthcare organization has designed and implemented engineering and administrative controls, along with the availability and use of Personal Protective Equipment (PPE).

Point of Care Risk Assessment (PCRA) is an activity performed by the HCW before every patient interaction, to:

1. Evaluate the likelihood of exposure to COVID-19,
 - from a specific interaction (e.g., performing/ assisting with aerosol-generating medical procedures (AGMPs), other clinical procedures/ interaction, non-clinical interaction (i.e., admitting, teaching patient/ family), transporting patients, direct face-to-face interaction with patients, etc.),
 - with a specific patient (e.g., infants/ young children, patients not capable of self care/ hand hygiene, have poor-compliance with respiratory hygiene, copious respiratory secretions, frequent cough/ sneeze, early stage of illness, etc.),
 - in a specific environment (e.g., single rooms, shared rooms/ washrooms, hallway, assessment areas, emergency departments, public areas, therapeutic departments, diagnostic imaging departments, housekeeping, etc.),

AND

2. Choose the appropriate actions/ PPE needed to minimize the risk of patient, HCW/other staff, visitor, contractor, etc. exposure to COVID-19.

PCRA is not a new concept, but one that is already performed regularly by professional HCWs many times a day for their safety and the safety of patients and others in the healthcare environment. For example, when a HCW evaluates a patient and situation to determine the possibility of blood or body fluid exposure or chooses appropriate PPE to care for a patient with an infectious disease, these actions are both activities of a PCRA.

Adapted from: http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

11. Caring for Vulnerable Populations during a COVID-19 Public Health Emergency

Caring For Vulnerable Populations During a COVID-19 Public Health Emergency

Population Care Guidelines

Trauma and Violence Informed Practice (TVIP)



TVIP recognizes that services are provided in ways that value an individual's need for physical and emotional safety, as well as choice and control in decisions affecting one's treatment. Indeed, it is the application of three core concepts of person and family centered care; dignity and respect, information sharing and participation.

- 1. Trauma Awareness:** Trauma is a common experience that people experience, and it can be central to personal development. People make a wide range of adaptations to cope and survive trauma, which result in a range of physical and mental health concerns.
- 2. Safety and Trustworthiness:** Emphasis on physical, emotional and cultural safety is crucial. Environments where individual safety, choice and control is essential.
- 3. Opportunity for Choice, Collaboration, and Connection:** Individual care must focus on self-determination, dignity and personal control. As safe connections and interactions are created, it may serve as a reparative experience for individuals coping with trauma.
- 4. Strength Based and Skill Building:** Care providers partner with clients to identify strengths, and develop self-efficacy, agency, resiliency and coping skills.

Harm Reduction



Harm Reduction is both a set of service delivery practices, and a fundamental philosophical approach to providing equitable health promotion, illness & injury prevention, treatment and care across all areas of health care. There are 6 Guiding principles:

- 1. Peer Involvement:** A peer is someone who may experience health harms related to drug use or sexual activity. Peers have a lot of knowledge and experience and must be involved in creating and delivering services for others.
- 2. Priority of Immediate Goals:** Meet the client "where they are at" & their most pressing needs.
- 3. Focus on Harms:** The goal is to decrease potential harms related to an activity, not to stop people from doing certain activities.
- 4. Maximize Intervention Options:** By providing prompt access to a broad range of services, harm reduction helps keep people alive and safe.
- 5. Human Rights:** respects the basic human dignity of people regardless of their activities, & emphasizes a person's right to choice & responsibility for their actions.
- 6. Pragmatism:** Substance use & sexual activity happen in all communities, can have benefits for individuals, but can also have harms. We need to do everything we can to reduce any harms.

Culturally Safe Care



Cultural Safety reduces barriers to care, increases the quality and safety of services, positively impacts patterns of service utilization, improves clinical outcomes and leads to fewer disparities in health status between Indigenous and non-Indigenous people. There are 3 areas in which healthcare can be transformed:

- 1. Inclusion of Indigenous Knowledge and Expertise in Health Care:** Indigenous communities are central in the identification, development, delivery and evaluation of health services for Indigenous people.
- 2. Welcoming and Acknowledgment of Traditional Territory:** Indigenous people's connection to traditional and unceded territories is recognized as an integral component to Indigenous health, well-being and care.
- 3. Right to Traditional Medicines:** Indigenous cultural practices are included in culturally competent health care delivery for Indigenous people. Indigenous people have an inherent and recognized right to access cultural practices as part of their health care plan.

Supporting Care During COVID-19:



8 THINGS TO REMEMBER WHEN SUPPORTING FAMILIES WITH INDIGENOUS BACKGROUNDS

1. WELCOME

Offer a warm welcome and ensure your words and manner project acceptance and caring.

2. RESPECT

Remember that many people experience poverty and social status different from ours; the words we use can sometimes be perceived as biased or discriminatory.

3. SERVICE

Remember, we are here to serve. People need and deserve the best we can give them.

4. CARE & CAUTION

Be mindful of the trauma people are experiencing now, as well as the trauma they may have experienced in the past. Our words can be helpful, not harmful, if we pay attention to what we say and how we say it.

5. INTEREST

Show your interest and support as individuals share their issues and concerns.

6. IMMEDIATE

Be present with the person in front of you knowing that each person brings a history and a context.

7. SAFETY

Be the safe person that an Indigenous person will feel able to talk to, ask questions and seek support from.

8. INDIGENOUS CULTURE

Be aware that Indigenous cultures have different understandings of well being and of communication. If you don't know, or you are unsure about something ask.

COMMITTED TO CULTURAL SAFETY







*in the Health Care System
during COVID-19*



Culturally Safe Practices

The goal of cultural safety is for all people to feel respected and safe when they interact with the health system. Culturally safe health services are free of racism and discrimination.

People are supported to draw strengths from their identity, culture and community. We all share a responsibility to develop culturally safe practices with vulnerable peoples. Having culturally safe practices means that you:

-  recognize and learn about the role of history and culture in shaping health and health care experiences;
-  foster caring relationships with the people you serve based on mutual respect and trust;
-  increase your understanding of what wellness means for the people you serve;
-  engage in self-reflection to learn about your biases and assumptions;
-  reflect on the inherent power dynamics in the health care system; and
-  honour people's experiences of the health care system.

CULTURALLY RESPECTFUL RELATIONSHIPS: SOME TERMS & ISSUES



Why does terminology matter? The words we speak are important because they carry meanings and representations of histories and power dynamics.

Cultural Safety

The goal of cultural safety is for all people to feel respected and safe when they interact with the health system. Culturally safe health services are free of racism and discrimination. Cultural safety considers how social, political and historical contexts shape health and healthcare experiences, and ask us to look at our own beliefs, practices and histories and how these might affect others.

Cultural Humility

Cultural humility is a lifelong journey of self-reflection and learning. It involves listening without judgement, being open to learning from and about others, and learning about our own culture and our biases. Cultural Humility is a building block for cultural safety.

Cultural Awareness

Cultural awareness is about recognizing that differences and similarities exist between cultures. Learning about the histories that impact Indigenous peoples in Canada is an important part of developing cultural awareness.

Cultural Sensitivity

Cultural sensitivity grows when we start to see the influences of our own culture and acknowledge that we have biases. It is NOT about treating everyone the same.

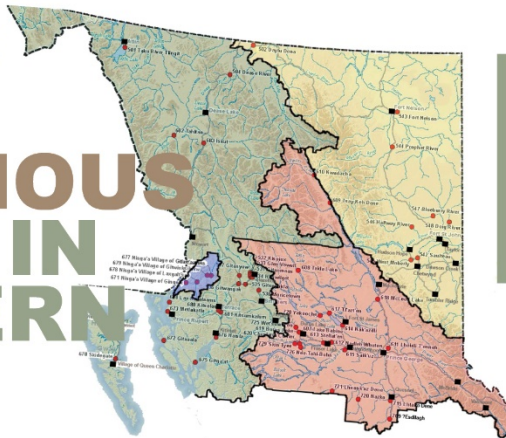
Cultural Competence

Cultural competence requires developing knowledge, skills and attitudes for working effectively and respectfully with diverse and different peoples. It's about reducing the number of assumptions we make about people based on our biases. Cultural competence does not require us to become experts in cultures different from our own.

Colonialism

Colonialism is the extension of a nation's sovereignty over territory beyond its borders. This happens by establishing either 'settler colonies' or 'administrative dependencies.' Indigenous peoples are directly ruled or displaced. Colonizing nations generally dominate resources, labour, and markets of the colonial territory, and may also impose social, cultural, religious and linguistic structures on [Indigenous] peoples. — based on New World Encyclopedia

5 FACTS ABOUT INDIGENOUS PEOPLE IN NORTHERN BC



Northern BC is roughly the size of France. This map shows where First Nation Communities are located across the north using traditional languages

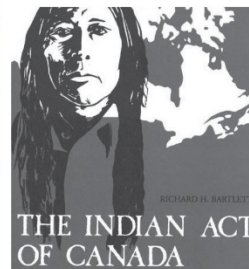
There are 54 First Nations in Northern BC

6 Residential Schools Were in Northern BC

1 Indian Hospital

17 distinct First Nation language groups are spoken

Northern BC is home to 35.6% of the province's First Nation population.



THE INDIAN ACT

The Indian Act was first passed in 1867 and is the principal statute that the federal government uses to administer and regulate Indian Status, local First Nation governments and the management of reserve land and finances. The Indian Act continues to impact the lives of First Nations peoples today.

INDIAN HOSPITAL

Indian Hospitals were federally-funded facilities often operated by Christian missionaries. After WWII, the federal government expanded these hospitals, which admitted patients based on their Indian Status rather than illness. These hospitals were intended to further assimilation goals and replace traditional healing with western medicine. Miller Bay is the only known Indian Hospital in Northern BC. Miller Bay did not close until 1971.



Lejac Indian Residential School, Fraser Lake, British Columbia

RESIDENTIAL SCHOOLS

There were six residential schools operating in northern BC from as early as 1863.

These schools were located across northern BC and included sites in Greenville (Nass Valley), Lower Post, Fraser Lake, Metlakatla and Fort Simpson.


EMAIL: Indigenous.Health@northernhealth.ca / PHONE: 250-564-7198 / WEB: www.indigenoushealthnh.ca

Sources: Item 2006.20.1.311 - Lejac Residential School at Fraser Lake, BC. UNBC Historical Archives <https://searchnbc.unbc.ca/index.php/lejac-residential-school-at-fraser-lake-bc>

10-307-6037 (IND 02/19)

12. COVID-19 Harm Reduction and Overdose Response (BCCDC)

BC Centre for Disease Control Information Sheet


BC Centre for Disease Control
Prevention. Control. Support. & Recovery.

COVID-19: Harm Reduction and Overdose Response

We recognize that many of the public health messages being shared on COVID-19 are hard to practice when people are living outside, in a tent, in an SRO, or in a shelter. People who use drugs are already doing incredible work to keep communities safe and reduce the spread of infection. We need creative solutions to slow down the spread of COVID-19 and protect people who use drugs, have underlying health conditions, and/or may be elderly.

Risk of overdose

- COVID-19 is a virus that can cause a respiratory infection and other health problems
- Fentanyl and other opioids can slow your breathing rate, so COVID-19 may increase the risk of overdose death when using opioids

Practice safer drug use

- Do not share supplies, such as cigarettes, joints, pipes, injecting equipment, containers for alcohol, utensils, and other supplies. If you have to share, wipe pipes with alcohol wipes or use new mouthpieces.
- Reduce close contact (e.g. shaking hands, hugging, kissing) and ensure condom use
- Wash your hands or use wipes before preparing, handling or using your drugs. Prepare your drugs yourself.
- Cough or sneeze into your elbow or use tissues. Throw tissues away immediately and wash your hands thoroughly.
- Clean surfaces with soap and water, alcohol wipes, bleach or hydrogen peroxide before preparing drugs if possible
- Carry naloxone and have an overdose plan. Please use breathing masks available in the THIN kits if responding to an overdose.

Accessing testing

- For most up to date information on testing please see [BCCDC](#) or use the [self-assessment tool](#)

Buddy up

- Buddy up when you are using. COVID-19 is passed by droplets. Stay 2m (6.5 ft) from your buddy to avoid passing the virus. Using with a buddy is safer than using alone.
- Find your "buddies" who can bring you food, harm reduction supplies, medicine, and substances so that you can stay well. You can also be a buddy to those who may need extra support. Check in on your buddies regularly.

If you are quarantined or in isolation

- See if your buddy can pick up supplies including naloxone from a harm reduction site
- Try to have the substances you need to stay well. Know that carrying large amounts may put you at risk by the police and other people looking to score. Consider alternatives to your drug of choice and prepare for potential supply disruptions.
- You may go through involuntary withdrawal if your dealer gets sick. Have backup plans and be cautious if using a new supply.
- Try to have the medications you need, re-fills may be available directly through your pharmacist or by phone without having to see your physician. If you are feeling unwell and require medications, call your pharmacy in advance.
- Health Canada is working on exemptions to ensure access to OAT and other medicines
- For more information contact: hc.exemption.sc@canada.ca

Continue to use OPS, SCS and supportive housing OPS sites

- Regular cleaning that already takes place at these sites will help reduce the spread of infection

Cleaning

- If you share a washroom with others, clean and disinfect high-touch surfaces, such as knobs, taps, and flushers with soap and water, bleach, hydrogen peroxide or alcohol-based wipes (70%) after every use. Do not mix different types of cleaning solutions.
- If you cannot wash your hands with soap or use hand sanitizer, try to access alcohol-based hand wipes

To learn more about COVID-19 visit the [BCCDC](#)
For Harm Reduction visit [Toward the Heart](#)

www.bccdc.ca
Last updated: 2020-03-18



For registered harm reduction and naloxone sites in BC

- BCCDC does not anticipate supply chain disruptions
- Registered sites should continue to order supplies as needed weekly/monthly to avoid stock piling
- Please continue to distribute supplies as usual, and note that if there is a specific request for supplies for an individual who requires quarantine or isolation, additional supplies may be provided for the 14-day period
- If you are awaiting your next order to arrive and are temporarily low on any supplies, connect to your local Harm Reduction Coordinator. Individuals can also be referred to nearby existing sites by using the [site finder](#).
- Please circulate this information to any secondary or satellite sites of your location

For more information

- On accessing your local [OPS, harm reduction, and naloxone sites](#)
- On COVID-19 <http://www.bccdc.ca/health-info/diseases-conditions/covid-19>
- On exemptions for OAT and other prescriptions contact hc.exemption.sc@canada.ca
- On BC pharmacists order <https://bcpharmacists.org/covid19>
- For organizations implementing pandemic outbreak response plans <https://sneezesdiseases.com/resource/vch-regional-pandemic-outbreak-response-plans>

13. Guidance for People Who Use Substances on COVID-19

Guidance for People Who Use Substances on COVID-19 (Novel Coronavirus)



BE AWARE that some early symptoms of withdrawal and COVID-19 infection are similar. These include fever and muscle soreness. If symptoms include a persistent cough, it could be COVID-19.

YOU ARE AT AN INCREASED RISK OF BECOMING SERIOUSLY ILL OR DYING because

1. COVID-19 infection will worsen breathing impacts of opioids, benzos, and alcohol
2. Opioid withdrawal may worsen breathing difficulties
3. Smoking, including drugs like crack or meth, makes breathing problems worse

DIFFICULT TO INHALE: If you smoke drugs, like crack or meth, cigarettes or vapes, COVID-19 infection will make it more difficult to inhale smoke. Smoking drugs, cigarettes, or vapes will worsen breathing problems.

IF YOU THINK YOU'RE GETTING SICK: Avoid going to your local harm reduction and addictions programs - **HAVE THEM DELIVER SUPPLIES TO YOU.** Tell them you are sick so they can take steps to keep themselves safe.

BE PREPARED FOR INVOLUNTARY WITHDRAWAL: Be ready to go through involuntary withdrawal. Your dealer might get sick or the drug supply might be disrupted. Try to be prepared by stocking up. Talk to a medical provider about starting methadone or buprenorphine. Make sure you have all the necessary medications, food, and drinks needed to help detox. Try to have protein-based and electrolyte drinks like Pedialyte or Ensure on hand.

STOCK UP ON THINGS YOU MAY NEED TO MANAGE YOUR SUBSTANCE USE AND PRACTICE HARM REDUCTION

DRUGS

If you have money and are able, stock up on your drug(s) of choice before things deteriorate. **AVOID BINGEING** on drugs that you are stockpiling so you have access to a supply. Try to buy from people you trust and have as many **WAYS TO CONTACT DEALERS** in your area as possible.

ALCOHOL

If you have an alcohol use disorder, the money, and are able, stock up on enough alcohol to last a few weeks. **AVOID BINGEING** on stockpiled alcohol so that you have access to enough to avoid alcohol withdrawal, and things like seizures. One way to do this is by **MANAGING YOUR ALCOHOL USE** by consuming an amount of alcohol equivalent to one can of beer, 1.5 ounces of rum, or 5 ounces of wine hourly as needed. Try to avoid bootleg alcohol.

HARM REDUCTION SUPPLIES

Be prepared for the POSSIBILITY OF SYRINGE EXCHANGES AND DRUG TREATMENT PROGRAMS CLOSING DOWN. If you are able, stockpile enough harm reduction supplies to last you a few weeks - longer if you are at higher risk of infection or complications. This includes things like:

Naloxone • Syringes • Cookers • Pipes • Straws

Get a Sharps container to get rid of used syringes. If you can't get one, use something like a plastic laundry detergent bottle or soda bottle. Label these bottles "SHARPS CONTAINER". Do not recycle them.

NALOXONE: Stock up on naloxone in the event of an unintentional overdose. Emergency services are likely to take longer than usual during a pandemic.

METHADONE & BUPRENORPHINE

Check with your medical provider to see if services might be changing. IF YOU HAVE A PRE-EXISTING CONDITION that puts you at greater risk of infection, LET YOUR PROGRAM KNOW. Ask your program and provider if you can have take homes or more refills on your medications. This means that you don't have to go to your provider to get new doses after your first collection.

REMEMBER THAT PRACTICING HARM REDUCTION CAN HELP YOU TO AVOID COVID-19 INFECTION AND ADDITIONAL STEPS CAN HELP TO REDUCE YOUR RISK OF GETTING SICK

- **DON'T SHARE YOUR DRUG USE SUPPLIES:** Injecting equipment; crack or meth pipes; rose or spoons (for smoking crack or freebasing), straws or other nasal tubes (for inhaling/snorting); bongs, vapes, joints; and drinks.
- **AVOID INJECTING ALONE:** The illicit drug supply continues to be toxic. Be careful about risk of overdose. Try not to use alone, especially if you inject drugs like heroin, fentanyl, or drugs that might have come into contact with them. There are a couple of things you can do to try to stay safe: (1) You can reduce your risk of COVID-19 infection by staying at least six feet away from other people, coughing or sneezing into your arm, avoiding touching your face, and washing your hands for at least 20 seconds with soap and water. (2) If you have a phone, call someone, preferably nearby, and ask them to stay on the line while you are injecting so they can act or call 9-11 if you become unresponsive.
- **IF YOU RUN OUT OF SYRINGES:** These can be disinfected and help prevent HIV and Hep C with 1:10 DILUTED BLEACH. If there's a lot of blood, rinse once with water to remove it. If not, skip this step and rinse once with bleach. Load bleach fully into the syringe and expel it. Then rinse twice with clean water. If you don't have bleach, at least three rinses with clean water can work almost as well. Dull syringes can be sharpened using the striker on a matchbook. Rinse after sharpening to remove any particles in the syringe.

- **IF YOUR SYRINGES ARE NO LONGER SAFE**, you have a few options but be aware that these might be difficult with COVID-19 or make symptoms worse:
 - **SNORT IT** - Chop them into a powder finely and sniff slowly. It works but not as well as injecting does.
 - **BOOTY BUMP IT** - Dissolve with citric or ascorbic acid, put in a **NEEDLELESS SYRINGE** and squirt it up your bum/anus. Onset takes longer but you need less and the high lasts longer.
 - **SWALLOW IT** - Heroin/fentanyl will go via your liver **BEFORE** reaching your brain, resulting in a morphine effect - but stopping withdrawal.
 - **SMOKE IT** - Smoke drugs instead of injecting but keep in mind this can be hard to do with some drugs.
- **CLEAN YOUR SMOKING SUPPLIES**: Use mouthpieces and pipe covers on your smoking supplies when possible. Frequently clean these mouthpieces and pipe covers using an alcohol-based cleaner (like Purell or some other brand) or wipe (minimum 60% alcohol concentration).
- **WIPE DOWN DRUG PACKAGES**: Use an alcohol-based cleaner or wipe to immediately wipe down your packages. If your dealer carries drugs in their mouth, ask them if they can stop doing this. If they won't, be careful handling the packages and do the cleaning as advised above. Remember that antibacterial washes don't kill viruses but are better than nothing, especially if they contain alcohol.
- **DO NOT PUT DRUG BAGS OR WRAPS IN YOUR MOUTH, VAGINA OR ANUS**: If you must carry drugs in your body, clean vigorously with an alcohol-based cleaner both before and after you take it out.
- **WASH YOUR HANDS** with soap and hot water vigorously for at least 20 seconds (but longer if you can) every time you come into contact with others, after handling money and after you get your drug packages. Paper towels are preferred for drying hands, or at least use a clean towel. If you cannot wash your hands, clean your hands with an alcohol-based cleaner or wipes (minimum 60% alcohol concentration) - like the ones distributed by harm reduction programs.
- **PREPARE YOUR DRUGS YOURSELF**: Don't handle or touch other people's drugs or equipment and don't let them touch yours. Avoid buying and splitting packages of drugs with others during this pandemic, if possible, to limit the number of people handling drugs. If you must split the drugs, make sure the person who touches the drugs washes their hands.

REMEMBER that people who use drugs and the people in their lives commonly have weaker immune systems, respiratory (breathing) problems, and other conditions that place them at a higher risk of getting COVID-19 infection. **Help keep everybody safe by following this advice.**

Created in collaboration by the Yale Program in Addiction Medicine, Global Health Justice Partnership, and Crackdown. Adapted with thanks from a document produced by 3D Research.

Source: <https://yale.app.box.com/v/COVID19HarmReductionGuidance>

14. Safer Use Strategies to Reduce Risk of COVID-19 Transmission (VCH)

AVOID USING ALONE.

- **Always** have narcans.
- The drug supply is still unsafe and overdose risk is still a reality.
- To minimize risk of contact try to use at least two arms length away from other people.
- If you have any symptoms, consider using outside of an OPS but be sure to use a buddy system. Using with a buddy can help reduce risk of fatal overdose because a buddy can witness use or can check on you after use either in person or by phone.
- If you have a phone buddy, make sure they are nearby and ask them to stay on the line while you are using so they can call 911 if you become unresponsive.
- Some OPS (VANDU) have designated areas for people, who might be sick, to use in.
- Use in a park (or other area you will be noticed) if none of the above are options.



HARM REDUCTION FOR COVID

- **If snorting**, always clean your surface **first**.
- **If injecting**, always clean the surface you are preparing your drugs and also the area of the body you will be injecting.
- **If smoking**, give distance from others and increase ventilation and access to fresh air if at all possible. Switching to snorting (heroin, crack) and edibles (cannabis) is a better option than smoking.
- **Always** put used drug use supplies in a sharps container so people know they are used.

SAFER USE STRATEGIES TO REDUCE RISK OF COVID-19 TRANSMISSION



VER.1.0. MAR 19 2020



TRY TO MINIMIZE CONTACT.

- Be mindful of social distancing (two arms length).
- Avoid touching your face.
- If you're buying drugs off someone who held them in their mouth or hands, do your best to cook your drugs.
- When receiving drugs, immediately wipe down the package with microbial wipes, alcohol (at least 70% isopropanol or 60% ethanol), or bleach.

DEALERS:

- Try to avoid bodily contact with drugs that are for sale, i.e. don't hold them in your hand or mouth.
- If you have to carry drugs in your body, clean well before and after you take them out.
- When packaging drugs for sale, wash hands with soap and water for 20 seconds; or use an alcohol based hand sanitizer (at least 70% isopropanol or 60% ethanol); or disposable gloves.
- Always prepare drugs on a regularly disinfected surface.
- When giving out drugs, keep them in a container or clean ziplock rather than your pockets. Use a clean hand (or a clean surface) to pass anything.
- If possible, pass drugs on clean surfaces without making contact with anyone.
- Please use gloves when handling currency. If not available, wash your hands after receiving currency.



PREPARE YOUR DRUGS YOURSELF.

- Wash/disinfect your hands.
- Don't share any drugs that you have personally prepared. Let others prepare their own.
- Don't share any supplies.
- If you have to share either wipe with microbial wipes, alcohol (at least 70% isopropanol or 60% ethanol), or bleach; or use separate mouthpiece.
- Don't let other people handle your drugs or supplies.
- If you must split the drugs, make sure the person who touches the drugs washes their hands before and after.

15. Information for Unsheltered People



CORONA VIRUS (COVID-19)

Information for Unsheltered People: Protect Yourself and Others



There is a highly contagious virus (COVID-19 or coronavirus) impacting all communities. Here is important information for unsheltered people to protect yourself and others.

Prevention

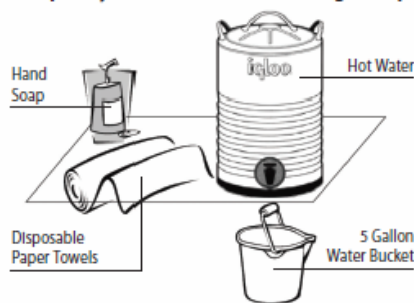
- » Wash your hands with soap and water for at least 20 seconds after touching surfaces and people.
- » Don't touch your face. Sneeze or cough into elbows.
- » If you cannot wash your hands with soap or use hand sanitizer, try to use alcohol-based hand wipes.
- » Avoid hugs and handshakes. Keep two arms' length away from other people.
- » Wipe down belongings (including money).
- » Don't share drinks and be cautious about food.
- » Try to pick up packaged meals and food from shelters and food banks.
- » **Harm reduction:** Do not share supplies, such as cigarettes, joints, pipes, and other supplies. If you have to share, wipe pipes with alcohol wipes or use mouthpieces. Prepare your own supplies and drugs.

» **Note:** Some people may have minor or no symptoms and still carry/spread the virus. Be cautious, avoid large groups of people.

Makeshift Sanitation Station If You Do Not Have Access To Water

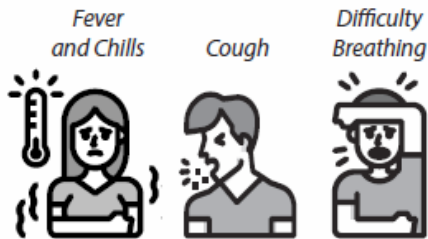
Supplies needed: 5 gallon or larger gravity flow, insulated container, water, waste water bucket, soap, paper towels, and hand sanitizer. **Ask outreach or frontline staff for help if you do not have 24/7 access to running water.**

Temporary Food Stand Handwashing Set-up:



Symptoms

Symptoms of human coronaviruses may be very mild or more serious, such as:



What To Do If:

1. You have flu-like symptoms, fever or a dry cough or think you have been exposed to COVID-19.

- Try to self-isolate and call the new hotline **1 888-COVID19 (1 888-268-4319)** to ask about medical assistance and screening for testing.
- If you don't have a phone, outreach workers and shelter staff can help. Inform staff immediately of your symptoms and maintain a distance from others.

2. You have underlying health issues (TB, Hep, HIV, diabetes) or are Immuno-compromised and are concerned about exposure to COVID-19 at clinics, hospitals or shelters.

- Call **8-1-1** for medical information.
Call for non-medical information **1 888-COVID19 (1 888-268-4319)**.

3. You are having difficulty breathing, new chest pains or fever.

- Call 9-1-1, or ask someone to call for you

4. You have to self-isolate or quarantine but do not have anywhere safe to go or any supplies.

- Inform outreach or shelter staff of your situation. There will be emergency options available.
- Call the new hotline **1 888-COVID19 (1 888-268-4319)**
- Buddy up when you are using. COVID-19 is passed by droplets. Stay 2m (6.5 ft) from your buddy to avoid passing the virus. Using with a buddy is safer than using alone.

5. You need prescription medication, access to Overdose Prevention sites or Opioid Agonist Therapy (suboxone, methadone).

- Ask for help. Talk to a pharmacist or addictions doctor.
- Try to have the medications you need (such as OAT). Refills may be available directly through your pharmacist or by phone without having to see your physician.

Please note some public spaces like libraries, recreation centres, community centres and stores may be closed. Please reach out and ask for help if you need it.

For additional information visit:
www.bccdc.ca

16. Supporting people with alcohol dependency during COVID-19 (FNHA)



Supporting People with Alcohol Dependency during COVID-19

Reducing Alcohol Consumption Abruptly can be Dangerous



During the pandemic, most of us are living more isolated lives to prevent the spread of the virus. We are either home alone or spending time only with the family members who live in the same household. This situation can be especially challenging for individuals who are dependent on alcohol.

ALCOHOL CAN BE A COPING MECHANISM

Some of our family members may be using alcohol as a way to cope during this crisis, while others may be drinking heavily on a daily basis or in binges and need access to alcohol. Some family members may feel pressured to reduce their alcohol consumption or to stop drinking altogether. Others may no longer have access to alcohol and might seek out other sources to self-medicate.

We need to support each other with compassion and lateral kindness during this time of uncertainty. Reduced alcohol use can lead to physical and psychological symptoms. An abrupt loss of access to alcohol can lead to a state of acute alcohol withdrawal or, in severe cases, a life-threatening medical emergency.

TIPS FOR SUPPORTING PEOPLE WITH ALCOHOL DEPENDENCY

- Learn to spot the signs of alcohol withdrawal and how to manage symptoms.
- Explore options to manage alcohol withdrawal by talking to your community health workers.
- Be open to the idea that a loved one continuing their regular use of alcohol in appropriate quantities may be the safest option at this time, particularly if your community has limited access to medical professionals.
- Learn about drinking safely during the pandemic [here](#).

MILD TO MODERATE SYMPTOMS

Mild to moderate symptoms of alcohol withdrawal can appear as early as 2–12 hours after a person stops drinking. The symptoms usually peak 24–72 hours after their last drink and may last for several days. Symptoms include:

- | | |
|-----------------------------------|----------------------------|
| ■ Anxiety or nervousness | ■ Sweating |
| ■ Irritability | ■ Headaches |
| ■ Feeling depressed | ■ Difficulty sleeping |
| ■ Feeling tired | ■ Nausea and/or vomiting |
| ■ Shakiness | ■ Loss of appetite |
| ■ Mood swings | ■ Faster heart rate |
| ■ Not being able to think clearly | ■ Pale skin |
| ■ Having nightmares | ■ Uncontrollable twitching |
| ■ Large pupils | |

Lying down in a quiet room with dim lighting, being in a positive and supportive environment, eating healthy foods, and drinking lots of fluids can ease symptoms. If symptoms are causing discomfort, consult with a health professional. A doctor may be able to prescribe medications to help withdrawal symptoms and manage alcohol cravings.

SEVERE SYMPTOMS

Severe symptoms of alcohol withdrawal usually emerge 2–5 days after a person stops drinking. Symptoms include:

- Fever
- Extreme agitation
- Extreme confusion
- Hallucinations – feeling, seeing, or hearing things that are not there.
- Seizures – a person may fall down, shake, stiffen, vomit, drool, lose bowel control, stare off into space or have jerky body movements. After a seizure ends, a person may feel sleepy and will not remember what happened.

If these symptoms appear, seek medical attention immediately.

Hospitalization may be necessary. Severe symptoms can result in death if untreated.

For more information about COVID-19, visit www.fnha.ca/coronavirus

Source: <https://www.fnha.ca/Documents/FNHA-Supporting-People-with-Alcohol-Dependency-during-COVID-19.pdf>