Strategies to reduce SARS-CoV-2 transmission in supportive recovery programs and bed-based addiction treatment services

NATIONAL RAPID GUIDANCE

VERSION 2 GUIDANCE DOCUMENT

CRISM-ICRAS
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This publication is available in English. A French version will be available on the Canadian Research Initiative in Substance Misuse (CRISM) website: https://crism.ca

Land Acknowledgement

We would like to respectfully acknowledge that much of the development of this document occurred on the unceded homelands of the Coast Salish Peoples, including the traditional territories of xʷməθkwəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlilw̓ətaʔɬ (Tsleil-Waututh) Nations.

We recognize that the ongoing criminalization, institutionalization, and discrimination against people who use drugs disproportionately harm Indigenous Peoples, and that continuous efforts are needed to dismantle colonial systems of oppression. We are committed to the process of reconciliation with Indigenous Peoples, and recognize that it requires significant and ongoing changes to the health care system.

We hope that this guidance document helps to reduce the harms faced by people who use drugs in the COVID-19 pandemic.

About the Canadian Research Initiative in Substance Misuse

Funded by the Canadian Institutes of Health Research (CIHR), the Canadian Research Initiative in Substance Misuse (CRISM) is a national research consortium focused on substance use disorders, comprising four large interdisciplinary regional teams (nodes) representing British Columbia, the Prairie Provinces, Ontario, and Quebec/Atlantic. Each CRISM node is an expert network of research scientists, service providers, policy makers, community leaders, and people with lived experience of substance use disorders. CRISM's mission is to translate the best scientific evidence into clinical practice and policy change. More information about CRISM can be found at: https://crism.ca.

About this Document

This document is one in a series of six national guidance documents, developed rapidly by the CRISM network at the request of the Government of Canada. Collectively, the six documents address the urgent needs of people who use substances, service providers, and decision-makers in relation to the COVID-19 pandemic. The urgent nature of this work required rapid development and dissemination of this guidance. This, and the continuing evolution of the knowledge base regarding COVID-19, precluded CRISM from conducting a comprehensive review of the relevant literature.

The guidance provided in this document is subject to change as new information becomes available. Readers should note that the intent of this document is to provide general guidance rather than detailed procedural and logistical advice. Readers are advised to consult local public health and medical authorities for specific input on navigating their own unique regulatory and policy environments, as necessary.

The CRISM/COVID-19 guidance documents cover the following topics:

- Supporting People Who Use Substances in Shelter Settings During the COVID-19 Pandemic
- Telemedicine Support for Addiction Services
- Harm Reduction Worker Safety
- **Strategies to reduce SARS-CoV-2 transmission in supportive recovery programs and bed-based addiction treatment services (this document)**
- Supporting People Who Use Substance in Acute Care Settings
- Medications and Other Clinical Approaches to Support Physical Distancing

These documents are available at www.crism.ca/projects/covid. Each document was developed by a core CRISM regional authorship committee, drawing on expert knowledge, available scientific evidence, and a review of relevant documentation from public health authorities. Draft documents produced by each authorship committee were reviewed by pan-Canadian panels of content and clinical experts. People with lived and living experience of substance use, including Indigenous people with lived and living experience of substance use, have participated in the production of the CRISM COVID-19 guidance document series, either as part of review or authorship committees. A Directed Operating Grant provided funding for this work to CRISM from the Canadian Institutes of Health Research (CIHR).

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Legal Disclaimer

warranty (including, without limitation, representations or warranties of title or non-infringement). This document is intended to provide a conceptual overview of strategies to reduce the spread of SARS-CoV-2, which causes COVID-19, for operators of bed-based substance use treatment and supportive recovery residences. This guidance document is not intended as a substitute for the advice or professional judgment of a health professional or public health office, nor is it intended to be the only approach to the management of the COVID-19 pandemic. We cannot respond to patients or patient advocates requesting advice on issues related to medical conditions. If you need medical advice, please contact a local health care professional.

TABLE OF CONTENTS

1.0 Key points of the guidance document

- **Operators of supportive recovery and bed-based addiction treatment facilities should have protocols in place that specifically address infection prevention and control in the context of their facilities and programs.**
- **Facility operators should develop procedures to minimize interactions among staff and clients to reduce transmission of SARS-CoV-2 within and between facilities.**
- **Facility operators should implement screening procedures for clients, staff, and visitors (if permitted).**
- **Facility operators should develop substance use care plans to ensure continuity of care despite pandemic-related disruptions.**
- **The physical space and programming in facilities should be modified to accommodate physical distancing, including shifts to outdoor spaces or online platforms.**
- **Facility operators should implement hygiene and cleaning procedures, including hand hygiene, personal protective equipment, and facility cleaning and disinfection procedures.**
- **Facility operators should prepare for the possibility of an outbreak and develop an outbreak protocol that includes procedures for communication with staff, clients, and public health officials.**
- **Outbreak protocols should also include procedures for how to isolate presumed or confirmed cases of COVID-19 and manage care for individuals who develop severe illness.**
- **Facility operators should ensure that clients and staff from Indigenous communities are supported in maintaining cultural connection during the social isolation resulting from the pandemic.**
- **Facility operators should ensure that a basic level of support is maintained during any disruption of services.**
- **Facility operators should implement procedures to support the mental health and well-being of staff.**
- **This guidance document does not supersede infection prevention and control directives from regional, provincial, and national public health officials.**

2.0 Purpose and Scope

On March 11, 2020, the World Health Organization (WHO) declared COVID-19—caused by the novel coronavirus SARS-CoV-2—a pandemic, citing concern over alarming levels of spread and severity across the globe since its discovery in December 2019. The novel coronavirus has since caused a national outbreak of respiratory infections in Canada.

Bed-based (also referred to as residential) substance use treatment centres and supportive recovery residences are essential services along the continuum of care for people who are seeking to begin or maintain their recovery. These programs often involve assisted-living environments, where multiple individuals collectively pursue recovery from substance use disorders and reside in shared living environments. While recovery in this context can often pursue abstinence from substance use, there are many approaches to recovery in which abstinence is not required. This document is applicable to all services that provide stability and non-medical support in a bed-based setting with the aim of supporting individuals to meet their personal recovery-oriented goals relating to substance use.

Facility operators may face specific challenges in implementing infection prevention and control protocols (such as physical distancing measures) due to financial constraints, shared living spaces, group activities, cultural gatherings, and staggered intake processes. Pandemic-related disruption to services provided through bed-based substance use treatment centres and supportive recovery residences can be highly detrimental to clients of these facilities, putting them at risk of destabilization from their recovery goals. Ensuring that clients can maintain a connection to recovery programs, support groups, and their friends and family in the context of additional barriers resulting from the pandemic is essential to supporting clients' health and wellbeing.

This resource was developed to provide strategies for infection prevention and control to facility operators of Canadian bed-based substance use treatment and supportive recovery residence services in the context of the COVID-19 pandemic. The guidance provided in this document is intended to support safer facility operations that reduce the risk of viral transmission. This document provides an overview of and resources on the following topics: risk assessment; equipment and infrastructure changes; screening practices; physical distancing; hygiene practices; outbreak protocols; access to cultural practices; and staff self-care.

The COVID-19 pandemic has impacted each province and territory differently. For this reason, facility operators are encouraged to refer to local public health officials and health authorities for specific prevention measures and directives for their region and facility type. The authors of this document acknowledge that the pandemic is continually changing; this document will be updated regularly as new information about how to best prevent and control the spread of COVID-19 and new resources become available.

2.1 INTENDED AUDIENCE

This document is intended to support operators and staff of Canadian bed-based substance use treatment and supportive recovery residence services to develop and implement protocols for infection prevention and control in the context of the COVID-19 pandemic. The guidance contained in this document may also be relevant for policymakers, public health authorities, advocates, families, and people with lived and living experience of substance use.

2.2 DEVELOPMENT

An independent committee of experts in recovery-oriented services was assembled to serve as the authorship committee. The authorship committee (n=10) developed the content for an initial draft based on current protocols and resources related to assisted living, bed-based services, and substance use care. The draft was shared with the review committee (n=10), which consisted of additional experts, researchers, and service managers. The contents of this guidance document are not linked to any commercial product or entity, and therefore, disclosure of conflicts of interest from committee members was not requested. Feedback and consensus were sought through one round of review via email (June 2020). Feedback was incorporated into version 1 of this guidance document, which was circulated for final approval by the authorship and reviewer committees.

Following the publication of version 1, feedback was sought from 4 additional experts in (November 2020). The document was also reviewed by members of the authorship and review committees and updated to reflect current guidance, where relevant (February 2021). Feedback was incorporated into version 2 of this document and was approved for publication by all committee members.

3.0 Risk Assessment

Risk assessment is an ongoing process that involves identifying risks present in a given facility and determining appropriate measures to reduce those risks. While many facilities already have protocols in place, risk assessment should include protocols specific to infection prevention and control, which should be updated regularly in response to changing public health orders. Facility operators, administrative leaders, and other relevant facility staff should consult with regional health authorities to determine appropriate methods for conducting continuous risk assessment of their facilities.

Operators may be required to adhere to infection prevention and control requirements as set out by relevant regulations, standards, funders, regional facility licensing bodies, and professional colleges. Where guidance from these sources is lacking, operators should strive to align with current provincial and federal government directives on preventing SARS-CoV-2 transmission in care settings.

4.0 Staff Management

Interactions between staff and clients increase the risk of SARS-CoV-2 transmission. In particular, movement of staff between facilities can result in outbreaks that occur in multiple facilities. Facility operators should consider ways that they can reduce staff movement and minimize the number of client and staff interactions that take place while ensuring a basic continuity of services.

Facility operators should implement some or all of the following changes to staffing procedures:

- Assign staff to work at only one facility
- Create teams of staff who always work the same shifts
- Assign staff to work on specific floors or building areas, where applicable
- Alter shifts to minimize overlap of staff teams
- Provide online training for staff on changes in procedures due to COVID-19

Additional resources:

- Alberta Health Services (AHS): Congregate Living Settings—Recommendations for Staff Cohorting During COVID-19
- Institut National de Santé Publique du Québec (INSPQ): COVID-19 Prise en Charge des Travailleurs de la Santé dans les Milieux de Soins

5.0 Equipment and Infrastructure Changes

Facility operators should consider what equipment and changes to facility infrastructure are required to support physical distancing and protect clients and staff, in addition to other necessary procedures to reduce viral transmission.

Examples of equipment that facility operators should obtain include:

- Medical equipment, including thermometers and personal protective equipment (PPE)[a] such as masks and gloves
- Personal communication devices, including phones, smartphones, tablets, or laptops
- Walkie-talkies
- Screens, monitors, or a mini projector for supporting virtual group activities

Examples of infrastructure changes that should be considered include:

- Designating certain rooms or areas of the building for residents with presumed or confirmed infections
- Designating certain rooms or areas of the building for residents who are at high risk of complications from infection (e.g., those with respiratory conditions or chronic infections)
- Moving bedroom furniture in shared rooms to increase physical distance between clients, such as by having beds placed toe-to-toe
- Dedicating a single access point to facilitate screening on entry
- Removing furniture that may hinder efforts to maintain appropriate physical distance
- Replacing any common, upholstered furniture (e.g., couches) with furniture that is not covered in fabric for easy cleaning and disinfection
- Altering the layout of shared facilities, such as waiting rooms, bathrooms, and eating areas
- Ensuring that existing air ventilation equipment is in working order

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[a] Personal protective equipment is equipment that is worn by an individual to protect them from harm. Masks, gloves, face shields, goggles, medical gowns, and respirators are examples of PPE that are worn to protect an individual from infection by a virus such as SARS-CoV-2.

Regional, provincial, and federal programs may be available to provide funding support for equipment and infrastructure needs related to infection control. A brief list of resources that may be helpful for seeking support funding is listed in **Appendix 1: COVID-19 Funding Resources on page 31**.

6.0 Screening Practices

Screening is an effective strategy to reduce the risk of transmission by quickly identifying and isolating symptomatic cases. While the symptoms of COVID-19 are non-specific, they may include general flu-like symptoms, including headache, sore throat, fever, chills, reduced appetite, nausea, or vomiting, or other upper respiratory tract symptoms such as runny nose, loss of sense of taste or smell, difficulty breathing, or shortness of breath. Several online self-assessment tools are available—the Government of Canada self-assessment tool can be found here. Note that not all cases of COVID-19 present with these symptoms, which is why it is critical to implement universal infection control precautions for all residents, staff, and visitors.

All individuals entering the facility: In order to reduce the risk of viral transmission to residents, staff, and the public, all individuals entering a facility should be screened for symptoms and possible exposure. Symptomatic individuals should not be permitted to enter, unless the facility has the capacity to manage symptomatic residents and there is an urgent circumstance (e.g., urgent need of housing or recovery support; compassionate care visits from family). As part of the screening process, staff should provide education to visitors on the importance of screening to reduce the risk of exposure to SARS-CoV-2 for residents and staff. All screening and education should be performed respectfully and with an understanding that being unable to visit their loved ones may be emotionally challenging for visitors.

New clients: Routine pre-admission screening and enhanced intake procedures may help to identify individuals who are symptomatic, as well as individuals who have likely been exposed to SARS-CoV-2. Pre-admission screening can be conducted over the phone to reduce contact between staff and potential clients. Screening measures may include asking about recent travel, potential contact history with individuals with COVID-19, and assessing respiratory symptoms and fever, where possible (see **Appendix 2: Pre-Admission Screening tool for COVID-19 Symptoms on page 32** for an example pre-admission screening tool). Facilities should develop protocols to determine what steps should be taken in the case of a positive screen (e.g., whether individuals who are symptomatic will be admitted with droplet precaution[b] protocols, put on a wait-list, or referred elsewhere). Individuals who screen negative should follow pre-determined admission protocols upon their arrival (e.g., isolation for 14 days, or isolation until a negative COVID-19 test result is received).

[b] Droplet precautions are infection control measures that are to be used when an individual has a suspected or confirmed infection that is spread through droplets, such as SARS-CoV-2. Droplets are expelled into the air through breathing, talking, coughing, and sneezing, and may deposit onto surfaces in the vicinity of an infected individual. Precautions should include isolation of the infected individual as much as possible, hand hygiene procedures, the use of PPE by care providers, and increased frequency of cleaning and disinfection procedures.

Current clients and staff: Screening for fever, new cough, difficulty breathing, and shortness of breath should be conducted regularly, and according to regional protocols (see **Appendix 3: Example Daily Screening Logs on page 34**).

Visitors: As a general rule, visitors (such as friends and family of clients) should be restricted, in order to reduce the risk of an outbreak. Depending on the course of the pandemic in each region, there may be regional and provincial restrictions on visitors that facility operators must follow. If facilities are permitted to allow visitors, facility operators should consider restricting visitors to essential visits only, which may include onsite medical personnel, essential service workers, and compassionate care visits. Protocols should be developed to screen on entry and minimize potential transmission from visitors (e.g., hand hygiene, providing masks). Where possible, greeters can verbally screen visitors and supply hand sanitizer and masks. Facilities should screen visitors and track visitations (e.g., with a sign-in sheet—this can be similar to the screening logs found in **Appendix 3**) to support contact tracing by public health teams in the event of an outbreak. Visits or other interactions should be conducted in outdoor spaces, given the higher risk of SARS-CoV-2 transmission in indoor spaces. Where visits are not allowed, other means (such as phone, text messaging, and video calls) should be provided to allow for continued contact.

Signage: Signs can act as a useful passive screening tool, reminding clients, staff, and visitors to alert staff, self-isolate, and not to enter the facility if symptomatic. Facilities should ensure that all individuals who live in or enter the facility are aware of COVID-19 and the specific protocols that must be followed in order to reduce viral transmission. Consider having signs in multiple languages that are culturally appropriate and written clearly and simply, to increase accessibility for a wide variety of literacy levels. Greeters can also verbally relay the information provided on signs to individuals who enter the facility.

Additional resources:

- Public Health Agency of Canada (PHAC): Guidance for Providers of Services for People Experiencing Homelessness (in the Context of COVID-19)
- BC Centre for Disease Control (BCCDC): Daily Self-Monitoring Form for COVID-19
- Saskatchewan Health Authority (SKA): COVID-19 Move-In Guidelines Quick Reference (long term care or personal care home)
- SKA: Admission, In Facility Placement and Discontinuing COVID-19 Precautions
- Shared Health Manitoba: COVID-19 Highlights—Long Term Care
- Ontario Ministry of Health: COVID-19 Guidance—Independent Health Facilities

- Horizon Health Network COVID-19: Visitor Restrictions at Hospitals and Health Care Facilities
- Nova Scotia Health Authority (NSHA): Mental Health & Addictions Standard Operating Procedure—COVID-19 MHA Inpatient Staff Active Monitoring
    - See Appendix A for sample staff active monitoring tool
- NSHA: COVID-19 Assessment Chart for Mental Health and Addictions Inpatient Units
- NSHA: Staff Guidance on Visitor Restrictions during the COVID-19 Pandemic
- Yukon: Communal Living Recommendations During COVID-19
- US Centers for Disease Control and Prevention (CDC): COVID-19 Guidance for Shared or Congregate Housing
- CDC: Screening Clients for COVID-19 at Homeless Shelters or Encampments

7.0 Substance Use Disorder Treatment and Care Plans

Substance use disorder treatment and care are essential components of supportive recovery and bed-based addiction treatment facilities. Protocols that aim to reduce transmission of SARS-CoV-2 may impact the delivery of substance use disorder treatment and care (for example, physical distancing, restrictions on visitors, or isolation in the event of an outbreak).

Facility operators should develop treatment and care plans to ensure that clients have continued access to substance use disorder treatment and care services that support their recovery goals, needs, and preferences, where possible. This may include:

- Substance use disorder pharmacotherapy
- Supportive medications, such as medications for pain management
- Psychosocial interventions and support (e.g., cognitive behavioural therapy)
- Healthcare appointments (if these cannot be facilitated on-site, consider arranging virtual or phone appointments)
- Substance use disorder and recovery programming (e.g., support groups, mutual support programs like AA or SMART)

Substance use disorder treatment and care plans should incorporate the guidance provided in the sections on **8.0 Physical Distancing on page 20**, **9.0 Hygiene Practices on page 21**, and **12.0 Access to Cultural Practices on page 29**. Refer to **Appendix 4: Resources for Virtual Program Planning on page 37** for additional resources for virtual program planning.

8.0 Physical Distancing

Due to the potential for respiratory transmission of SARS-CoV-2, even among individuals who show no signs of illness, all programs should implement protocols to help staff, clients, and visitors keep a physical distance of at least 2 metres at all times.

Operational changes: Facilities should implement policies that minimize person-to-person contact as much as possible. This may include staggered dining times, limiting movement between floors, creating one-way hallways and stairs, developing distancing protocols for room checks, and imposing limits on the number of individuals who can be in a shared area at one time (e.g., bathrooms, showers, elevators, and laundry rooms).

Visual reminders: Visual cues can help clients and staff maintain a 2-metre distance in areas where multiple individuals may be present. Tape or furniture can be used to mark out walking paths or areas of a room that are 2 metres apart. Visual reminders such as signs and stickers can also be useful in encouraging clients, staff, and visitors to maintain physical distance from others.

Social or therapeutic activities: All facility programs should be re-organized to enable participants to maintain a minimum 2-metre separation. Meetings should take place in outdoor or well-ventilated spaces to reduce the risk of droplet exposure (e.g., from speaking, sneezing, and coughing), and activities usually conducted by service providers or instructors may be done remotely or through other virtual platforms. A list of resources for virtual programming is available in **Appendix 4: Resources for Virtual Program Planning on page 37**. In cases where there are significant challenges to physical distancing, facilities should obtain and supply PPE to staff and residents.

Additional resources:

- Government of Canada: Infection Prevention and Control for COVID-19: Interim guidance for long-term care homes[c]
- AHS: Congregate Living Settings—Recommendations for Cohorting Clients during COVID-19 Outbreak
- Newfoundland: Guidance for Interaction with Vulnerable Populations in Community Settings

[c] While this document focuses on long-term care homes, some topics may be useful in the context of supportive recovery programs, including the section on resident activity.

9.0 Hygiene Practices

Personal hygiene and facility cleaning are critical to preventing SARS-CoV-2 transmission. Operators should ensure that hygiene-focused protocols are developed and implemented in their facilities.

Hygiene protocols should include specific practices that reduce viral transmission, including protocols on:

- Hand hygiene
    - Facility operators should ensure that all staff, clients, and visitors are aware of proper handwashing techniques and frequency (e.g., with training upon intake and signage throughout the facility)
    - Facilities can refer to the PHAC guidance on hand washing procedures
    - Facilities should provide hand sanitizer for staff and clients, especially in high-touch areas where it may not be feasible to wash hands frequently. Appropriate precautions should be taken to safely store alcohol-based hand sanitizers if they are used, as there is a potential for consumption if left unattended and the odour of alcohol may be triggering to some clients in recovery. A list of approved non-alcohol hand sanitizers can be found on Health Canada's website
- Respiratory etiquette and masks
    - Facility operators should ensure that all staff and clients are aware of respiratory etiquette protocols, including coughing into their sleeve, elbow, or a tissue, and hand hygiene after coughing or sneezing
    - Facilities should follow public health guidance on the use of masks. Current guidance in Canada is that non-medical masks (e.g., cloth masks) reduce transmission of the individual's respiratory droplets and should be worn in public settings to minimize transmission of SARS-CoV-2. In some provinces, wearing non-medical masks in shared living spaces—such as hallways and elevators in shared bed-based buildings—is mandatory under public health orders. Non-medical masks can help protect the wearer and others when in close proximity—refer to the Government of Canada's website for more information
    - The US CDC has developed a resource that may be useful in developing protocols for the use of non-medical masks, available here
- Contact precautions and use of PPE
    - When selecting PPE for the facility, operators should take into account the risk of transmission of COVID-19 in group settings and regional guidance on PPE

- The following resources provide information on the proper use of PPE, including procedures for putting on and removing PPE. These may be useful when developing protocols pertaining to droplet precautions and the use of PPE:

    ◊ WHO: How to Put On, Use, Take Off and Dispose of a Mask

    ◊ WHO: When and How to Use Masks

    ◊ BCCDC: The 5 Steps to Don (put on) Personal Protective Equipment (PPE)

    ◊ BCCDC: How to Wear a Face Mask

    ◊ AHS: Guidelines for Continuous Masking and Use of Face Shields in Home Care and Congregate Living Settings

    ◊ SKA: Masking Guidelines for Patients/ Residents/ Clients

    ◊ Shared Health Manitoba: COVID-19 PPE Table for Long-Term Care

    ◊ Shared Health Manitoba: Provincial Requirements for Personal Protective Equipment

    ◊ Public Health Ontario: Universal Mask Use in Health Care Settings and Retirement Homes

    ◊ Public Health Ontario: IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19

    ◊ Public Health Ontario: Droplet and Contact Precautions Non-Acute Care Facilities

    ◊ CDC: Sequence for Putting On Personal Protective Equipment (PPE)

- Facility cleaning and disinfection

    - Facility operators should follow cleaning and disinfection procedures proven to be effective against viruses. Procedures should be developed for cleaning and disinfection of shared facilities (e.g., kitchens, dining spaces, washrooms, staff rooms), shared resources (e.g., computers, phones, desks), and client rooms (e.g., privacy curtains, furniture, door handles). Refer to the following resources for further guidance on disinfectant products and developing cleaning and disinfection protocols:

        ◊ Government of Canada: Cleaning and Disinfecting Public Spaces during COVID-19

        ◊ Health Canada: Hard-Surface Disinfectants and Hand Sanitizers (COVID-19)

        ◊ BCCDC: Recommended Bleach, Water Ratios, and Cleaning Times Needed for COVID-19 Disinfecting

        ◊ BCCDC: Cleaning and Disinfecting

        ◊ BCCDC: Cleaning and Disinfectants for Public Settings

        ◊ Shared Health Manitoba: COVID-19 Infection Prevention and Control Guidance for

Personal Care Homes

- Public Health Ontario: Infection Prevention and Control Fundamentals
- Ontario Ministry of Health: COVID-19 Outbreak Guidance for Long-Term Care Homes
- INSPQ: Procédures de Nettoyage et de Désinfection de l'Environnement et des Équipements de Soins pour les Cliniques Médicales
- INSPQ: COVID-19 Mesures de Prévention et Contrôle des Infections pour les Milieux de Soins Aigus: Recommandations Intérimaires
- INSPQ: COVID-19 Mesures de Prévention et Contrôle des Infections pour les Installations et les Unités de Soins Psychiatriques
- New Brunswick: COVID-19: Guidance for Long-Term Care Facilities
- New Brunswick: COVID-19: Guidance for Adult Residential Facilities
- Prince Edward Island (PEI): Guidelines for Infection Prevention and Control of COVID-19 in Community Care Facilities
- PEI: Guidelines for Infection Prevention and Control of COVID-19 in Long Term Care Facilities
- Newfoundland: Personal Care Homes and Community Care Homes - Guidance

10.0 Outbreak Protocol

10.1 COMMUNICATION WITH STAFF, RESIDENTS, AND FAMILIES

It is important that operators provide clear communication to clients, staff, and families during the pandemic. This includes communication about all new and evolving protocols that are in place, precautions being taken, and the presence (if any) of confirmed or presumed cases within the facility.

Effective infection prevention and control measures rely on buy-in and uptake from clients, staff, and visitors; thus, education is a key part of implementing any changes due to the pandemic. Facility operators should communicate the reason that these changes are happening and provide handouts or links to reputable sources where individuals can learn more about COVID-19 and necessary precautions. Facilities should consider engaging staff and residents in prevention measures, such as by holding regular house meetings or other means of regular communication. Examples of reputable sources that provide education information include:

- WHO: COVID-19 Advice for the public
- Government of Canada: Coronavirus disease (COVID-19)
- Government of Canada: COVID-19 Awareness resources

Facility operators should ensure that specific protocols for communication are in place. In the event of an outbreak[d] within the facility, communication protocols should include:

- The creation of a COVID-19 response team within the organization that assigns individuals to take charge of communication with internal staff and clients as well as external stakeholders (e.g., referral agents, family members, and other emergency contacts)
- External communication procedures to notify public health teams of an outbreak and provide information to support contact tracing, in accordance with local directives
- Communication with staff, clients, and family about options for safely continuing to access services

[d] The specific definition of what constitutes an outbreak in a healthcare facility differs across provinces and regions in Canada. Facilities may consult with local or regional authorities for more information. Generally, an outbreak can be considered to be one or more confirmed cases of COVID-19 among staff and residents.

- Public communication procedures, including updating web and social media content, distributing press releases, and posting signage. These procedures should ensure that potential clients are aware that the facility is closed to new admissions, readmissions, or transfers unless medically necessary

- Procedures for maintaining privacy and confidentiality of clients and staff in the event of an outbreak, including the identity and personal information of infected individuals

Additional resources:

- Ontario Ministry of Health and Long-Term Care: Control of Respiratory Infection Outbreaks in Long-Term Care Homes
    - See Chapter 3: Outbreak Detection and Management for recommendations around communication

10.2 PROCEDURES FOR PRESUMED AND CONFIRMED CASES

Facility operators should develop protocols for responding to clients and staff who exhibit new flu-like or other identified viral symptoms, or who may have been exposed to an individual with a confirmed case of COVID-19. These should align with local guidance on self-isolation and notification of public health officials, in order to initiate contact tracing and testing. Procedures for testing and receiving results vary by jurisdiction and can be accessed by contacting local health authorities.

Each facility should develop and implement protocols for the following:

- Tracking presumed and confirmed cases and ensuring that this information is communicated to staff[e]

- Isolating presumed cases and symptomatic clients for a minimum of 14 days, or until testing comes back negative
    - For example:
        - ◊ Designating a certain room/area for those with symptoms
        - ◊ Using physical barriers if a separate room is not possible (e.g., privacy curtains)
        - ◊ Where isolation in a separate room is not possible, moving around furniture to facilitate

[e] Droplet precautions should be followed for all potential or confirmed cases for at least 14 days.

separation between presumed cases and non-symptomatic clients (e.g., have clients sharing a room sleep toe to toe)

- Alerting other individuals in the facility of potential exposure and supporting them to self-isolate
- Enhanced cleaning and disinfection procedures (see **9.0 Hygiene Practices on page 21**)
- Providing appropriate PPE to staff
- Communicating with isolated clients (e.g., with phones, smartphones, walkie-talkies, or tablets)
- Delivery of daily items (such as meals, medications, and harm reduction and overdose prevention supplies) to symptomatic or self-isolating individuals in a manner that reduces the risk of transmission to staff
- Supporting isolated clients to communicate with loved ones, participate in recovery programming, and access entertainment and other wellness needs (e.g., through phones, tablets, video, Wi-Fi)
- Determining how and when symptomatic and self-isolating individuals can leave and re-enter the facility when outdoor time is needed
- Supporting staff with return-to-work protocols after a potential exposure to SARS-CoV-2

Additional resources:

- Government of Canada: COVID-19 Symptoms and Treatment
- PHAC: Public Health Management of Cases and Contacts Associated with COVID-19 Appendix 1—Instructions for Isolating in the Home or Co-Living Setting
- Alberta Health Services: COVID-19 Return to Work Guide for Healthcare Workers
- Public Health Ontario: Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes
- Public Health Ontario: De-escalation of COVID-19 Outbreak Control Measures in Long-term Care and Retirement Homes
- INSPQ: COVID-19 Mesures Pour la Gestion des Cas et des Contacts dans les Centres d'Hébergement et de Soins de Longue Durée pour Aînés—Recommandations Intérimaires
- New Brunswick: COVID-19 Operational Plan Guide—Keeping New Brunswickers Safer Together
- Newfoundland: COVID-19 Personal Care Homes and Community Care Homes—Temporary Discharges

- CDC: COVID-19 Guidance for Shared or Congregate Housing
- CDC: Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

10.3 PROCEDURES FOR SEVERE COVID-19 CASES

In the case of serious illness, residents may require additional medical supports or need to be transferred to an acute care setting. Facilities should develop specific protocols to prevent viral transmission in the case that residents require additional medical supports or transfer to other facilities.

Procedures for transferring clients to acute care should include:

- Notifying the local medical health office that a client requires transfer to acute care and collaborating on a plan for transfer
- Ensuring that all staff from the recovery facility and the intake facility have access to PPE and follow droplet precautions
- Ensuring that any client concerns about continuation of care are addressed
- With the consent of the client, notifying an emergency contact of their transfer to another facility
- Ensuring that the client tests negative for COVID-19 before they are permitted to return to the supportive recovery facility
- Ensuring emergency medical services (e.g., ambulance or staff at emergency department) are aware that an individual with known or presumed COVID-19 is being transferred for care

Additional resources:

- BCCDC: Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Seniors Assisted Living
    - See Part B-12 on Client Transfer for protocols, which may also be useful for supportive recovery settings

11.0 Vaccination Plans

Vaccination programs for COVID-19 are beginning to be implemented across Canada. Facility operators should refer to national, provincial, and local guidance on vaccination procedures. Staff and clients should be supported to access the vaccine when they are eligible.

Staff, clients, and family members may be apprehensive about the COVID-19 vaccine. Facility operators should provide information and education about the vaccine, including the potential side effects, efficacy, and expected timeline of vaccination for staff and clients. This education should emphasize that the vaccine is not mandatory and will not affect an individual's access to treatment or services, but it is highly recommended to help reduce the spread of SARS-CoV-2.

Information and education for staff, clients, and family members about the facility's vaccination plans can be provided through a number of avenues of communication, such as by:

- Holding information sessions about the vaccine with nurses or other healthcare professionals (using virtual platforms or physically distanced)
- Using pamphlets or posters to raise awareness of the vaccine and provide pertinent education
- Communicating with family members over email, the facility website, or social media
- Directing staff and clients towards legimate sources of information about the vaccine

Additional resources:

- Government of Canada: Vaccines for COVID-19

12.0 Access to Cultural Practices

The COVID-19 pandemic has presented specific challenges in terms of cultural connection, which is a particular concern for Indigenous communities. Supporting clients in accessing cultural practices and staying connected should be a key priority.

Operators are encouraged to:

- Provide a designated space for persons to access cultural practices, including ceremony
- Create culturally responsive and accessible opportunities to support connection for underserved and vulnerable persons, including those in remote communities
- Provide clients with opportunities for virtual engagement with their community or communities
- Provide opportunities for virtual engagement with Elder(s), Knowledge Keeper(s), supports, and service providers
- Resume in-person cultural gatherings when safe to do so, while maintaining physical distancing precautions (e.g., Smudging, Brushing, Circles)
- Provide education on how to stay safe and connected during times of physical distancing

Additional resources:

- First Nations Health Authority (FHNA): Staying Connected during the Pandemic
- Thunderbird Partnership Foundation (TPF): COVID-19 Resources
- National Collaborating Centre for Indigenous Health (NCCIH): Updates on COVID-19

13.0 Staff Self-Care

Providing client care during the pandemic can be stressful and draining. Staff should be supported in maintaining their mental and physical health, which may include providing staff with a list of available options and resources for self-care. Staff should be consulted during this process to ensure that the supports being offered are meeting their needs.

Facility operators should implement supports for staff self-care. These could include:

- Offering adequate paid sick leave
- Supporting work from home arrangements—where possible—especially for staff who identify as part of a high-risk group for COVID-19 (e.g., due to age, immune status, or other chronic conditions)
- Engaging the organization in an Employee and Family Assistance Program or other pathway to obtain confidential therapeutic services
- Directing staff to provincial and federal government support programs
- Providing options for childcare or work modifications for working parents
- Providing staff with a platform for virtual connection with their peers, such as social media
- Arranging staff video conferencing sessions for socialization and wellness opportunities such as meditation, yoga, or other activities
- Providing access to and time for virtual mutual support group meetings (i.e., Lifering, SMART, Twelve-step) and other recovery-oriented programs

Additional resources:

- Care for Caregivers Healthcare Worker Resources
- Anxiety Canada Coping With COVID-19

Appendix 1: COVID-19 Funding Resources

The programs linked below may provide additional funding support to purchase equipment or facilitate program changes that are necessary due to the pandemic. Please note that this is not an exhaustive list of resources. Contact your regional or provincial public health authority to determine if other funding options are available for your facility.

Indigenous Services Canada

- Information on what expenses are eligible for support and how to request funding support

Federal government COVID-19 measures (Google Doc)

- This document provides links to federal initiatives for COVID-19 support that are relevant to the charitable and non-profit sector in Canada, and will be regularly updated during the COVID-19 pandemic

Canadian Red Cross: COVID-19 Emergency Support for Community Organizations

- Information on support for community programs and how to apply for funding opportunities

Community Foundations of Canada: Emergency Community Support Fund

- Information on funding opportunities for charities and non-profits serving vulnerable populations

United Way Centraide Canada: Emergency Community Support Fund

- Information on funding opportunities for charities and non-profits serving vulnerable populations

[i] Reproduced from Alberta Adolescent Recovery Society (AARC).

[j] Consider including instructions for taking temperature, if staff are not familiar with proper procedures

Appendix 2: Pre-Admission Screening tool for COVID-19 Symptoms

Pre-Intake Interview For Clients[f]

Ask the client the following[g]:

1. Are you aware of the COVID-19 pandemic?
2. Have you recently travelled outside of your local region or been in contact with anyone who has travelled outside of your local region?
3. Have you been in contact with anyone whose workplace has had a reported outbreak?
4. Do you have a fever, new cough, flu-like symptoms (body aches, fatigue, etc.), or difficulty breathing?
5. Have you been around anyone who has recently experienced a fever, cough, difficulty breathing, or other flu-like symptoms?
6. Have you been using public transportation (including buses, rapid transit, taxis, or ridesharing)?
7. Have you been gathering with friends, family, or others?
8. Tuberculosis (TB) screening: Have you had a TB test in the last 2–3 years? If yes, what were the results? If no, are you currently experiencing:
    - Persistent cough (which lasts for more than 2–3 weeks)
    - Cough with blood in sputum
    - Fever for more than 2–3 weeks

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[f] Adapted from Turning Point Recovery Society.

[g] Facilities should use region-specific screening tools and protocols where available. If there are no directives for screening from regional or local public health authorities, this list may be used as a starting point for developing facility-specific pre-admission screening questions for clients. If the client's responses indicate there may be a risk of transmitting SARS-CoV-2, facilities should follow regional or facility-specific protocols for client admission (e.g., isolation for 14 days, put on wait list).

- Sudden weight loss
- Night sweats
- Loss of appetite

9. Personal infection prevention practices:
    - Do you know what social/physical distancing is? How far apart are you supposed to be from others?
    - Do you wash your hands regularly? For example, before going out, upon returning home, anytime you have touched a common surface, before preparing or eating food, and before touching your face?
    - Are you aware of the importance of not touching your face unless you have just washed your hands?

Staff performing the interview can also visually observe the client if meeting in person or over video call. If the client exhibits symptoms of COVID-19 (see section **6.0 Screening Practices on page 16**), this should be documented as part of the pre-intake interview.

Appendix 3: Example Daily Screening Logs

The resources provided here are examples only. Where available, facilities should use screening tools that are specific to their facility or region.

Assessment Of Residents[h]

Directions: Each resident should be assessed for respiratory symptoms at least once per shift.

Resident name: ______________________________

If **NO** to all three questions, follow routine protocols. If **YES** to any of these questions, assist the resident to have a follow-up COVID-19 assessment with their health care provider.

Date & Time:	Yes	No	Comments
Do you feel feverish?			
Do you have a new or worsening cough?			
Do you have new or worsening shortness of breath?			
Assessed by:			

Date & Time:	Yes	No	Comments
Do you feel feverish?			
Do you have a new or worsening cough?			
Do you have new or worsening shortness of breath?			
Assessed by:			

Date & Time:	Yes	No	Comments
Do you feel feverish?			
Do you have a new or worsening cough?			
Do you have new or worsening shortness of breath?			
Assessed by:			

Date & Time:	Yes	No	Comments
Do you feel feverish?			
Do you have a new or worsening cough?			
Do you have new or worsening shortness of breath?			
Assessed by:			

[h] Reproduced from Fraser Health COVID-19 Screening Process for Long-Term Care, MSHU, Assisted Living and Other Residential Settings.

Assessment Of Staff[i]

Daily Sign-in Sheet Instructions

1. Everyone entering the building should sign in on this sheet
2. This is to be completed daily by an assigned staff member until further notice
3. Store sign-in sheets in a binder beside a sanitation station (hand sanitizer, tissue, and lined waste bin)
4. Ensure thermometers are stored with each sign-in sheet along with instructions on their use
5. **GREEN:** (symptoms checklist): If one or more items are checked off, please do not enter the building
6. **BLUE:** Shortness of Breath (SOB)—Whether only symptom checked or with accompanying symptoms, do not enter the building. Call 911, if severe
7. **PINK:** If yes to one or both, advise to follow self-isolation procedure and inform nurse for documentation
    - **TRAVEL**—Ask if they have travelled outside Canada in the last 14 days or if they are staying in the same household with someone who travelled outside Canada in the last 14 days
    - **CONTACT**—Ask whether they have been in close contact with someone with suspected or confirmed COVID-19 in the last 14 days
8. **YELLOW:** Only check if nurse was informed directly (e.g., phone or in person)
9. Action: Write down recommendations made (isolation protocol, approved to enter facility)
10. Notes: additional info (optional)

Normal body temperature: 36.5°C to 37.5°C

Factors that may affect normal temperature reading[j] :

1. Age
2. Fever
3. Activity/Exercise

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[i] Reproduced from Alberta Adolescent Recovery Centre (AARC).

[j] Consider including instructions for taking temperature, if staff are not familiar with proper procedures.

4. Digestion
5. Hormones/metabolic conditions (e.g., certain thyroid conditions)
6. Environment

COVID-19 Staff Daily Assessment DATE: _____

	NAME	Time	Temp	Cough	SOB	Sore Throat	Runny Nose	Fatigue	N&V Diarrhea	Other Sx	Travel	Contact	Nurse informed?	Action	Notes	Staff Initials
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

Example daily screening log. A similar table can be adapted for staff, clients, or visitors.

Appendix 4: Resources for Virtual Program Planning

A variety of new and already existing resources may support social distancing and self-isolation. These resources represent vital links to community and recovery supports for both individuals just starting a recovery journey and those already committed to long-term recovery.

Online Mutual Support Meetings

- AA Online Intergroup
  - Provides a listing of online AA meetings and the Zoom links required to access them
- In the Rooms
  - An online recovery community that includes traditional 12-step groups as well as SMART recovery and LifeRing groups.
- SMART Recovery
  - Online community for SMART recovery, an approach to fellowship that follows principles derived from cognitive behavioural therapy.
- Electronic AA
  - Online AA Resources that utilize email and forum based meetings.
- Computer and Gaming Addicts Anonymous
  - Online resource for individuals struggling with gaming or internet addiction. Meetings delivered in chat or in voice using the software Mumble.
- Marijuana Anonymous
  - Online fellowship for those in recovery from marijuana addiction, meetings available via chatroom.
- My Recovery
  - Online meetings, as well as a library of audio and video resources for those in recovery.
- Never Alone Club
  - 24/7 online recovery community, meetings available constantly via chat room.

- NA Recovery
    - Support in the form of online meetings, chatroom, and forums, as well as resources for education on addiction and recovery.
- StepChat
    - Recovery-oriented chat rooms and open discussion around step work, addiction, and recovery.
- Sex Addicts Anonymous Online
    - Online meetings for SAA, supporting those with sex, relationship, and pornography addiction. These include telephone and electronic meetings.
- Sex and Love Addicts Anonymous (women's resource)
    - Online meeting space and support for women with sex, relationship, and porn addiction. Includes electronic and telephone meeting support
- Food Addicts Anonymous
    - Electronic meetings and education resources for those struggling with food-related addictions.
- Anorexics and Bulimics Anonymous
    - Online resource for those suffering from anorexia, bulimia, and body dysmorphia. Educational resources as well as online meetings.

Online Recovery Resources

There are numerous services in addition to meetings that can be accessed online. These can be direct or indirect supports to early or long-term recovery, many of which can be very useful at times when accessing other resources is not immediately practical.

- XA Speakers
    - Online repository of speaker tapes from those recovering from addiction.
- Alcohol and Drugs Addiction Referral Service
    - Provincial resource for those struggling with addiction, providing current information and referral to services operating in British Columbia.

Resources for Families

- Families Anonymous
    - Online meeting resource for the families of those struggling with addiction. Includes educational resources as well as virtual meetings.
- Family Discovery Program
    - Provides a digital version of the family program, a combination of psychoeducation and group therapy to help the families of those in recovery and those still struggling in addiction to develop skills around boundaries, self-care, and communication.

Resources for Service Providers

- A Telehealth Primer
    - Provides an overview of some of the new capacities in the telehealth space and ways that they can be applied within organizations.

Appendix 5: Online Substance Use Resources Listing

Below is a list of online resources on substance use. Please note that this is not an exhaustive list of resources.

Resources for Patients

- Anxiety Canada's free MindShift™ CBT app
  - This app focuses on assisting in the management of anxiety using scientifically proven strategies (free for iOS and Android devices)
- SMART Recovery Program
  - Includes message boards, chat rooms, online meetings, and an online library of recovery resources
- Community Addictions Peers Support Association (CAPSA) and Breaking Free Online
  - In response to COVID-19 and the increased risks for those with substance use disorders, the Community Addictions Peers Support Association (CAPSA) has partnered with Breaking Free Online to provide free access to Canadians (service code CAPSA2020)
- Take Home Naloxone and Toward the Heart
  - Free online naloxone training
- Canadian Addiction Counsellors Certification Federation
  - Virtual addiction counselling
- Provincial and local addictions and mental health services
  - Many regions are able to offer remote addiction and mental health services. Healthcare providers can contact their local or regional public health authorities for more information

Resources for Clinicians

- CATIE – Canada's source for HIV and hepatitis C information
- BC Centre on Substance Use: COVID-19 Clinical Guidance

- Nova Scotia Health Authority (NSHA) Standard Operating Procedures for Opioid Use Disorder Treatment (OUDT) Programs
- Health Canada Subsection 56(1) Class Exemption FAQ

Harm Reduction Resources

- Canadian Association of People Who Use Drugs (CAPUD)
- Canadian Drug Policy Coalition: COVID-19 Harm Reduction Resources
- International Network of People Who Used Drugs: COVID-19 Crisis: Harm Reduction Resources for People who Use Drugs

Mental Health and Substance Use Resources

- Centre for Addiction and Mental Health (CAMH): Mental Health and the COVID-19 Pandemic
- Narcotics Anonymous
- Online Therapy Dogs
- Taking Care of Your Mental Health (COVID-19)
- Wellness Together Canada: Mental Health and Substance Use Support

Indigenous Communities

- Assembly of First Nations: COVID-19
- First Nations Health Managers Association: COVID-19 Resources and Announcement
- First Peoples Wellness Circle: COVID-19 Resources page
- Thunderbird Partnership Foundation: Harm Reduction during COVID-19

Support Resources for Healthcare Providers

- Canadian Foundation for Healthcare Improvement (CFHI)
- Mental Health First Aid Canada