Supporting people who use substances in acute care settings during the COVID-19 pandemic

VERSION 1 GUIDANCE DOCUMENT

NATIONAL RAPID GUIDANCE KEY POINTS

PROVIDERS MAY TAKE THESE KEY POINTS INTO CONSIDERATION; HOWEVER THIS DOCUMENT DOES NOT SUPERCEDE PROVINCIAL / TERRITORIAL REGULATION OR CLINICAL EXPERIENCE

Increased Risk:

People who use substances are at increased risk of negative health outcomes during the COVID-19 pandemic. This is due to coexisting health conditions, disruptions in drug and alcohol supply, and reduced access to addiction treatment, recovery supports, and harm reduction services. Extraordinary measures are required to support people who use substances, minimize the spread of COVID-19 within their and other communities and to ensure efficient use of acute care resources.

Clinicians Should:

Acute care healthcare providers should provide patients who use substances access to the full spectrum of pharmacological treatments, psychosocial supports, and recovery resources. In situations where patients still continue to use substances, access to sterile equipment, sharps containers, education about safer drug use during COVID-19 alongside a personalized safety plan, may help to minimize risk to the patient and others.

Patient Retention:

To prevent patient-initiated discharges in patients with COVID-19, and in addition to evidence based treatment options, hospitals should provide comfort and entertainment resources and connections to peer-support, recovery programming, and other supports. Healthcare providers may also consider addressing other patient specific health needs such as: mental health concerns; stabilizing the social determinants of health; providing immunizations; and, screening and treatment initiation for sexually transmitted and blood borne infections.

Palliative Care:

People who use substances with life-limiting illness related to COVID-19 should be offered a palliative care approach. A detailed opioid use history should be taken on all patients to guide therapy; for patients on opioid agonist treatment, collaboration should occur between the opioid agonist treatment prescriber and the physician managing end of life symptoms.

Discharge Planning:

Discharge planning should include consideration of the discharge location (home, addiction treatment program, adapted shelter, or medical isolation shelter). All patients should have follow-up arranged with a prescriber, a discharge pharmacy able to accommodate ongoing isolation requirements (if required), confirmed medication coverage, a take home naloxone kit, and an adequate supply of sterile drug use equipment (if applicable).

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