## CORONAVIRUS OUTBREAK WEEKLY CHECK-IN

Corey Ranger RN BN

April 21, 2020

Homelessness Services Association of BC



## ACKNOWLEDGING FIRST NATIONS

For thousands of years the səl'ilwəta? təməxw (Tsleil-Waututh), Skwxwú7mesh-ulh Temíxw (Squamish), WSÁNEĆ, and the Songhees Nation of the Ləkwəŋən (Lekwungen) Peoples have walked gently on the unceded territories where we now live, work, and play. We are committed to building relationships with the first peoples here, one based in honour and respect, and we thank them for their hospitality.



## GOALS FOR TODAY



## COVID 101



OVERDOSE RESPONSE

& SAFE SUPPLY



MULTI-SITE WORK

& TESTING



COVID COLLATERAL

& ADVOCACY

## COVID 101: WHAT IS IT?

## COVID-19 SYMPTOMS:

- > FEVER
- > COUGH
- > SHORTNESS OF BREATH



## COVID 101: THE WEAK POINTS



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Dr. Theresa Tam 

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© CPHO\_Can... · 1d 

7/7 

✓ will not #CrushtheCurve of 
#COVID19 unless and until everyone is 
looked after. We have got to come 
#TogetherApart and do this. 
#TeamCanada #ProtecttheVulnerable 
#Volunteers #StayHomeSAvesLives

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128

€ 664

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#### PPE RECOMMENDATIONS FOR HEALTHCARE PERSONNEL PARTICIPATING IN PATIENT CARE - COMMUNITY

#### **PPE Recommendations for Community Environments**

Environment	Location	Activity	Type of PPE	Comments
Shelter/Housing Facilities	Reception	Able to maintain distance of at least 2 meters from clients	No PPE required	Hand Hygiene upon entry to facility and before/after contact with Clients or client environment
		NOT able to maintain distance of at least 2 meters from clients	Medical mask Eye protection (goggles or face shield)	Extended use of <u>same mask and eye protection</u> for repeated interactions with multiple patients for <u>maximum of one complete shift</u> : <u>Change mask IF</u> it becomes wet, damaged, soiled, or when leaving the unit <u>Clean Eye Protection</u> at the end of shift  If <u>ANY item</u> of PPE is doffed, it <u>must be replaced</u> by a clean set  Hand Hygiene upon entry to facility and before/after contact with Clients or client environment
	Client Rooms and Sleeping Areas	Direct care of COVID- 19-negative and asymptomatic clients	Medical mask Gloves Eye protection (goggles or face shield)	Extended use of <u>same mask and eye protection</u> for repeated interactions with multiple patients for <u>maximum of one complete shift</u> : <u>Change mask IF</u> it becomes wet, damaged, soiled, or when leaving the unit <u>Clean Eye Protection</u> at the end of shift  If <u>ANY item</u> of PPE is doffed, it <u>must be replaced</u> by a clean set  Hand Hygiene upon entry to facility and before/after contact with Clients or client environment





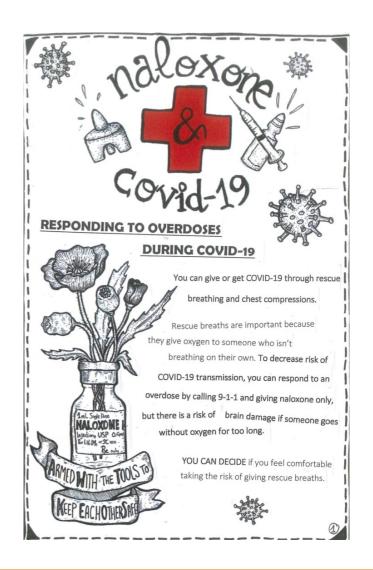
Issued: March 29, 2020

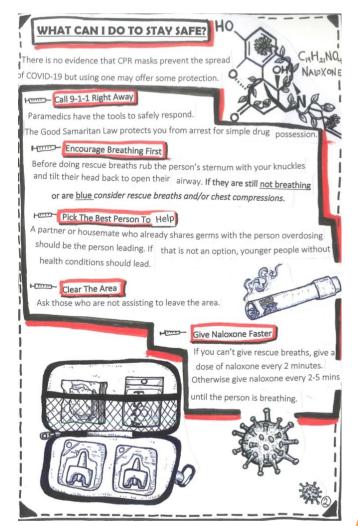
## COVID 101: PERSONAL PROTECTIVE EQUIPMENT



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## OVERDOSE IN THE CONTEXT OF COVID -19





### STREET HEALTH OPS



# OVERDOSE IN THE CONTEXT OF COVID -19

PART II

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

#### PERSONAL PROTECTIVE EQUIPMENT (PPE)

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

1

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

Goggles/face shields are to be removed at end of shift and cleaned according to appropriate guidelines. 3

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

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

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

#### SCREENING ASSESSMENT FOR COVID-19

All participants need to be screened for COVID-19:

1. Do you have any of these symptoms?





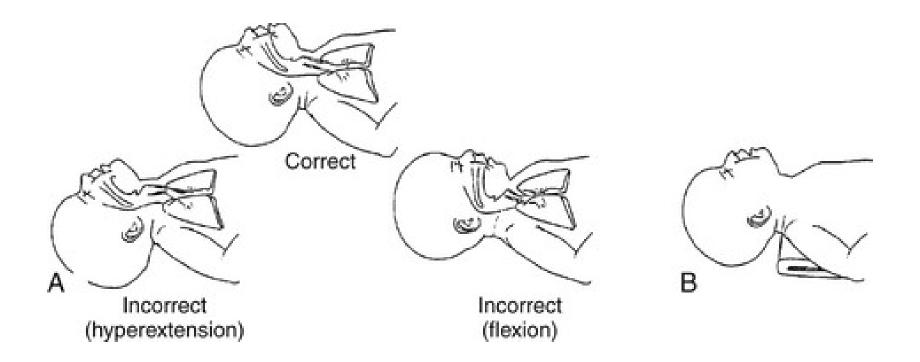


- 2. Have you travelled outside of Canada in the last 14 days?
- 3. Have you been in contact with someone who has tested COVID-19 positive in the last 14 days?

Vancouver Coastal Health

Overdose Response in OPS and SCS and COVID V4 (April 3, 2020) 1





## **AIRWAYS**





COVID-19 is having an impact on people right across the country - but we know that some communities are more vulnerable to its impacts than others. So here's what we're doing to help the most vulnerable and make sure no one gets left behind.

11:58 AM · 2020-03-29 · Twitter for iPhone

**1,118** Retweets **6,330** Likes

## SAFE SUPPLY





## MULTI-SITE WORK



## MEANWHILE IN Vancouver



Protest to end the lockdown happening now in Vancouver #endthelockdown







# CHANGES IN TESTING CRITERIA





#### COVID-19 Testing Guidelines for British Columbia

April 8, 2020

#### **BCCDC Public Health Laboratory**

Please ensure that you are using the latest guidance document, available at: <a href="bccdc.ca/covid19care">bccdc.ca/covid19care</a>

Nucleic Acid Testing (NAT) recommendations for COVID-19 in BC continue to be updated, based on the changing epidemiology of COVID-19, testing capacity, and our evolving understanding of the test sensitivity in clinical settings.

At this time, laboratory testing capacity has been increased in BC, and any physician can order a test for COVID-19 based on their clinical judgment. For some individuals and populations, the results of a COVID-19 test will change clinical or public health management. The attached recommendations for COVID-19 testing are focused on these individuals and populations.

Over the past two months, we have come to better understand COVID-19 test accuracy. We now know that false negative results can occur both early in the course of the infection as well as in severely infected patients, implying that a negative NAT does not defintively rule out COVID-19 infection.

Please note that depending on the local context and capacity, the Medical Health Officer may recommend additional COVID-19 testing for priority populations in their jurisdiction.

COVID-19 laboratory testing is recommended, for the following priority groups because the test result will change clinical or public health management.

- Covid-19 testing is recommended for the following if they develop new respiratory or gastrointestinal symptoms, however mild. This includes fever, cough, shortness of breath, rhinorrhea, nasal congestion, loss of sense of smell, sore throat, odynophagia, headache, muscle aches, fatigue, loss of appetite, chills, vomiting, or diarrhoea:
  - a. Residents and staff of Long Term Care Facilities
  - Patients requiring admission to hospital or likely to be admitted, including pregnant individuals in their 3<sup>rd</sup> trimester, patients on hemodialysis, or cancer patients receiving radiation or chemotherapy.
  - Patients who are part of an investigation of a cluster or outbreak as determined by the Medical Health Officer.



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#### OPEN LETTER: RE Need for URGENT ACTION to Address Inequities in COVID 19 Regional Response

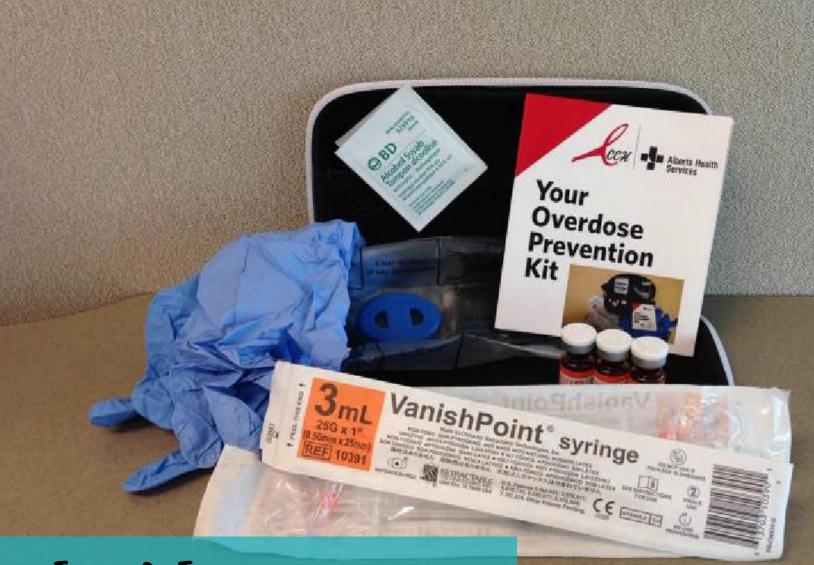
#### Dear Honourable Ministers Robinson and Dix:

Thank you for your attention to ensuring protection of the health of all British Columbians at this time. We are writing to bring to your attention the dire situation facing many people living in our community who are without shelter or living in overcrowded spaces. We are now 5 weeks into COVID 19 restrictions and do not yet have the necessary resources to mobilize a response for those experiencing homelessness or at risk of homelessness to ensure the same health protections available to others. This is despite the efforts of many individuals from all sectors working hard to address the situation. Crisis is imminent in this population and time is running out. People who are homeless are a group at high risk of contracting and dying from COVID-19. They are three times more likely to have chronic diseases than the wider population – respiratory and heart problems and many are immunocompromised. It is estimated that those who are homeless are two to three times more likely to die of COVID 19 compared to the general population.

We write to you as Greater Victoria based community organizations and allies to highlight the immediate provincial actions needed to provide an effective regional on the ground response to protect everyone in our community. The <u>UN guidance for the protection of those who are homeless</u> outlines key elements of such a plan and we highlight 6 key areas here for immediate action.







TIPS & TRICKS



in fo@west side harm reduction.com





## Hand-washing technique with soap and water



Wet hands with water



Apply enough soap to cover all hand surfaces



Rub hands palm to palm



Rub back of each hand with palm of other hand with fingers interlaced



Rub palm to palm with fingers interlaced



Rub with back of fingers to opposing palms with fingers interlocked



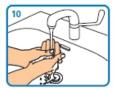
Rub each thumb clasped in opposite hand using a rotational movement



Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



Rinse hands with water



Use elbow to turn off tap



Dry thoroughly with a single-use towel



Hand washing should take 15–30 seconds







## ADDITIONAL RESOURCES

- Street Health OPS: Naloxone & COVID-19
- OPEN LETTER: Need for Urgent Action to Address Inequities in COVID 19
   Regional Responses for Persons who are Unsheltered or Inadequately
   Housed.
- Vancouver Coastal Health: Overdose
   Response in VCH Overdose Prevention
   Sites and Supervised Consumption Sites
   for COVID-19

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