

## PHS COVID-19 Social Distancing and Quarantine Protocol

Our COVID-19 response respects individual autonomy, and the complex context of our patient population. Our population is especially vulnerable due to underlying respiratory conditions, immunocompromised health, and IVDU.

### Social Distancing and Hand Washing

Two key interventions we can implement in this early part of the outbreak are social distancing. This is avoiding groups, and avoiding any person with symptoms. We will support our patients to engage in social distancing, without compromising their clinical care. We will provide take-home doses of medications where appropriate. We will discuss with each individual and the care team to make a unique plan for longer duration of prescriptions and less frequent dispensing.

Ask the drug dealers in your building if they would promote hand washing when people come to purchase drugs. Ask if they would encourage social distancing when they sell drugs.

### Quarantine:

#### Living in PHS housing:

##### 1. Drug Supply

The purpose of our drug supply program is to provide safe medications for people in quarantine. The goal is for the person to avoid any withdrawal, be comfortable, and eliminate the need to access illicit drugs.

This protocol will be tailored to each individual, based on their needs. This will be based on physician assessment, discussion with the clinical team, and collateral history from allied health, outreach teams, ER notes, and building staff. Each plan will be well documented in the clinical chart.

Options include:

- a. Opioid Users: Daily Delivery of Opioid Agonist Treatment (OAT) in addition to their regular prescription medications. If the person has Opioid Use Disorder, and is not currently on OAT, they will be offered an OAT induction and titration, when appropriate.
- b. Opioid Users: Daily delivery of prescribed Dilaudid for opioid users. The physician can determine the dose. Based on our TiOAT program, it would be 10 tablets of Dilaudid 8mg per day.
- c. Stimulant Users: Daily delivery prescribed Dexedrine for stimulant users - contraindications as per usual standards - cardiac history, etc. Start at 10-30 mg bid and titrated up to 60 mg po bid max (most require lower dose as per

- d. Crosstown protocol) OR can prescribe Methylphenidate 10-20mg PO BID (max dose 60mg/24hrs)
- e. Benzodiazepine Users: Daily delivery of prescribed Benzodiazepines for benzo users, or people at risk of benzo withdrawal. Doses will be determined based on each individual's report and history of urine drug testing.
- f. Alcohol Users: Daily Alcohol delivery for those who are daily alcohol drinkers, or at risk of alcohol withdrawal.

When someone is a poly substance user, they may be on multiple protocols concurrently. This would not be prescribed in non-COVID-19 circumstances, due to safety considerations and interactions between benzodiazepines, alcohol, and opioids. This protocol is only applied during exceptional quarantine requirements due to COVID-19, and considerations for our vulnerable population. A second physician should review complex cases.

The pharmacist, nurse, or Mental Health Worker doing the delivery can deliver by distance, if they do not have appropriate PPE. They can speak to the person through their door to check in, drop the packaged substances in front of the person's door, and then walk away 2 meters. They can watch the person pick up the package from that distance.

2. Food

- a. We will work with the housing team to plan for a supply of food.

3. Cigarettes

- a. People who are smokers will be offered daily dispensed cigarettes
- b. This will be paired with robust NRT or other smoking cessation medication, as per each individual's preference.

4. Entertainment

- a. Discuss with each individual if they could benefit from any entertainment. Create a plan with the building staff.

5. Pets

- a. Ensure pets are taken care of during this time. They may need food, toys, or equipment.

6. Wound Care Supplies

- a. Discuss with each individual about any need for wound care supplies. If they have been receiving ongoing wound care, check the wound care plan in the chart

and dispense supplies for the person to be able to dress their wounds. Create a patient specific plan for wound care.

7. Harm Reduction Supplies, including a narcan kit
  - a. Confirm that the person has adequate supplies and a narcan kit. If they have a neighbour, and are in a quarantine dyad, encourage them to use together. Encourage them to let building staff know when they are using. Provide them with the COVID-19 harm reduction flyer.
  - b. They can have someone check in on them by knocking on their door or be observed from within 2 meters to support each other in case of an overdose.

### Monitoring

We will provide regular assessments for people who are quarantined. This will be at least every two days, or a daily call-in where phones are accessible.

Provide a checklist handout to patients with symptoms to watch for.

Dosing and medications can be adjusted day by day, depending on symptoms, with a view to avoid withdrawal, be comfortable, and not engage in the illicit drug market.

Clients will be advised that this safe supply service is intended for the self-isolation period only. When their isolation ends, they will be offered transition to OAT alone, a benzodiazepine taper, or treatment and recovery services, as per their preferences. Each transition off of the isolation protocol will be a shared decision making process between the patient, physician and care team.

### Isolation - non PHS housing

For patients living in non-PHS housing, we will discuss the need for isolation with the staff at their building, if the patient gives us permission to talk with their building staff.

The team will create a case by case plan, depending on the level of support in their building, if there is the ability to daily deliver medications, and if they have access to food.