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COVID-19 Guidance for Syringe Service Programs and Other Harm Reduction Programs

The Centers for Disease Control and Prevention (CDC) has written a variety of interim guidance documents for a number of settings, including but not limited to hospitals, homeless service providers, and alternate care sites, but does not have one specifically designed for syringe service programs (SSPs). They do reference SSPs in their “Interim CDC Guidance on Handling Non-COVID-19 Public Health Activities that Require Face-to-Face Interaction with Clients in the Clinic and Field in the Current COVID-19 Pandemic,” and while this document is excellent and worth reading and review, a guidance document specific to SSPs is still needed to meet the needs of these unique organizations.

Introduction

Syringe service programs (SSPs) and other harm reduction organizations have wide variations in size, infrastructure, budget, and institutional support. Some are legally sanctioned and accepted as essential services, while others are unsanctioned and operate under constant threat of arrest. Programs provide a wide array of services, including but not limited to safer injection supplies, safer smoking supplies, drug overdose prevention, case management, health care, mental health, and substance use treatment, including methadone and buprenorphine. The populations served often include homeless individuals, people with chronic diseases and conditions, and people with mental health conditions. As such, SSPs are perfectly situated to address disease outbreaks, because they already operate within drug overdose, Hepatitis C (HCV) and HIV outbreaks. Harm reduction and client-centered services create a sense of trust for participants and make SSPs an ideal site for COVID-19 health education and distribution of PPE, while continuing to offer the array of services you already do.

A Note On Planning, Implementation And Evaluation: Include People Who Use Drugs In The Work

In order to ensure that your SSP is meeting the needs of your participants during the COVID-19 outbreak, it is essential that you get their input to ensure that their needs are met. SSPs that hire from the community and staff their programs with PWUD are able to provide culturally competent services overall, and this will be especially true during these emergency times. Hire participants to serve as staff or consultants to help you develop an emergency response plan, as well as to provide services and operate your programs during the pandemic. Pay them a fair and living wage. In addition to improving your program, you will be creating income opportunities for your participants during what will likely be a very difficult economic period.

Preparing for a COVID-19 Outbreak

Whether an organization is preparing for a COVID-19 outbreak, is in the midst of one, or has recovered and needs to prepare for a second-wave outbreak, there are several steps and practices that SSPs can take before, during, and after an outbreak to maximize the safety of staff and participants.

BEFORE: PLAN AND PREPARE

We are in the midst of a COVID-19 outbreak in the United States, but its impact differs across geographic regions. Some areas are at heightened alert and in the middle of a full-on outbreak, while others are anxiously monitoring signs for an outbreak in their community. Regardless of where you are in the outbreak continuum, being prepared is the best way to prevent infections among staff and participants, as well as minimize its impact and allow your program to continue to operate and provide services with minimal to no disruption.

Create (or Update) Your Emergency Response Plan

- Review your emergency contact list for your program staff and update it as needed.
- Create a list of key contacts at your local and state health departments.
 - Is there a point person at your local health department that you can identify to facilitate immediate and easy access for questions and updates?
- Create a list of local healthcare facilities for referrals for your participants.
 - Assign a staff person to review facilities' hours of operation and services.

More information at
[PreventEpidemics.org](https://www.PreventEpidemics.org)
[ResolveToSaveLives.org](https://www.ResolveToSaveLives.org)
[VitalStrategies.org](https://www.VitalStrategies.org)

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- Routinely check to account for any changes in this information that may occur throughout the outbreak.
- Create a list of local community-based organizations.
 - Assign a staff person to review hours of operation and services
 - Routinely check to account for any changes in this information that may occur throughout the outbreak.
- Create a list of COVID-19-specific services and resources in your community.
 - Call them to get an accurate list of services, hours of operation and so on.
 - Routinely check to account for any changes that may occur throughout the outbreak.
- Create a referral plan for infected participants.
 - Are there COVID-19 testing sites in your area?
 - Which hospitals are set up to receive COVID-19 patients? Will they accept patients without insurance? What is each hospital's track record when it comes to the treatment of people who use drugs according to participants?
 - Review the triage and referral system for these sites, urgent care centers, emergency departments, and other healthcare facilities. Create a simple step-by-step document to help staff make the right referral and to provide accurate information participants.
 - Develop contingency plans to account for increased absenteeism as staff may get sick, become exposed to someone who is sick and have to self-quarantine, have to take care of sick family members or partners, or need to stay home with children who are no longer in school.
 - Create distinct worker pods: set up a team of 2 (or more) who will only work with one another throughout the outbreak and not cross over with other staff. If one person from this distinct pod gets sick, then you only have to quarantine the other members of that group and not lose a larger number of employees.
 - Cross-train staff to perform multiple duties.
 - If financially possible, keep a few staff members in reserve to fill in on an emergency basis for staff that get sick or have to be absent for other reasons.
 - Plan for increased sick-leave policies to account for and pay infected staff or those who need to take more time off to care for a family member, exceeding their accrued time off.
- Assess the technology needs of staff so they can work from home and attend webinars and remote meetings.
- Create (or update) your communication plan to disseminate information to staff.
 - Identify everyone you need to keep in touch with—staff, board, volunteers—and set up systems for communication (text groups, emails, other communication tools like Slack or Microsoft TEAMS, etc.).
- Create (or update) your communication plan to disseminate information to participants.
 - Create simple, easy-to-understand messaging to keep participants up-to-date on changes in hours of operation and services provided.
 - Update flyers and other materials to reflect new changes in hours of operation and services.
 - When applicable, update your website and office voicemail to reflect the changes in hours of operation and services.

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- Review the emergency plan with your staff, board of directors and other key colleagues.
 - Make sure to also include program participant input in a meaningful way. Their lived experience can help inform your interventions to help them stay healthy and prevent COVID-19 infection.

Create Employee Prevention Plans

- Provide staff with disinfection materials and COVID-19 prevention best practices.
 - Review appropriate materials and protocols from your local health department and/or the Centers for Disease Control and Prevention (CDC).
- Train your staff on the proper use of PPE, disinfection practices, and other preventative measures.
 - Give them paper copies of the training transcript for reference.
 - Give them relevant fact sheets on handwashing, disinfection and cleaning practices, and other relevant topics.
- Do an inventory and needs assessment of personal protective equipment for your organization.
 - How many masks do you need?
 - How many gloves do you need?
 - How much bleach or other COVID-19 disinfectant do you need?
 - Order supplies of hand sanitizer, face masks, soap, and paper towels or tissues to distribute to participants and staff.
 - Stay on top of inventory at least weekly, if not daily; check and order supplies as early as possible to prevent disruptions of supplies.
 - Check with staff on home prevention practices: What do people need to practice good COVID-19 prevention at home? Supply them with what they need so they can minimize their risk of infection during off-hours and continue to come to work.
- Check-in with staff regularly on PPE and other prevention and disinfection measures to ensure that everything is going smoothly or to see if adjustments need to be made.

Staffing

- Take stock of your essential services.
 - Which programs are essential and must be provided even at reduced operations? More importantly, which programs do your participants view as essential?
 - Ensure that staff who operate these essential services have adequate PPE to protect from COVID-19 infection.
 - Which activities can be temporarily cancelled, especially group activities?
 - Are there opportunities for innovation in service delivery, such as phone or video health education or counseling sessions, or telemedicine offered on-site?
- Determine the minimum number of staff needed to safely provide syringe services and other programming at your site(s).
 - As referenced above, create teams of 2 (or more) who will only work with one another throughout the outbreak and not cross over with other staff. If one person from this “pod” gets sick, then you only have to quarantine the other member of that group and not lose a larger number of employees.
- Assign SSP staff who are at higher risk of severe illness to duties with limited contact with participants. They will be able to perform other important program activities such as:
 - Creating educational materials;

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- Creating referral and resource guides and updating them as needed;
- Preparing pre-made syringe packs with injection supplies;
- Working administrative tasks like data entry or supply ordering;
- Assembling cloth face coverings;
- Doing other non-participant-facing work as indicated.
- Train, advise, and provide frontline staff with information on how to protect themselves and program participants from COVID-19 infection.
 - Masks should be worn at all times on site or in the field.
 - Latex gloves should be worn at work or in the field.
 - Hand washing for 20 seconds with soap and water or hand sanitizer (>60% alcohol) should occur before starting and at the end of each shift, as well as at selected intervals throughout a shift.
- Establish symptom monitoring protocols for staff to check for symptoms before coming into work.
 - Check for fevers of 100.4 F or greater. Other symptoms that should keep staff home include: Cough, shortness of breath or difficulty breathing, chills, muscle pain, headaches, sore throat, and a new loss of taste or smell (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>).
 - Instruct staff to stay home with any of the above symptoms and notify their supervisor as soon as possible.
 - Establish a “return to work” protocol for staff recovering from their symptoms.
- Maintain 6 feet of physical distance between staff and participants.
 - Use tape or chalk on the ground to mark 6-foot distances for people in lines.
 - Consider physical barriers like traffic cones or A-frame signs to mark the space where participants should wait for their supplies.
 - Use a drop table to put supplies down upon for pick-up by participants. Disinfect this drop table in between uses.
 - Address the risk of stigma of social distancing and 6-foot interactions as participants may feel that the distance is due to a perception that the staff/organization are afraid of catching COVID-19 from them. Use signs and/or talking points to explain that this is a practice to protect all people involved—participants, staff, and the public—by maintaining 6 feet of space and eliminating touch. Make sure to maintain eye contact even while maintaining social distance from participants and ask them how they are.
 - Ensure that all signs are in the relevant languages of your participants.
- Create a list of resources for staff to help them cope with the stress of the COVID-19 outbreak.
- Build in mechanisms to help staff manage stress and practice self-care.
 - Build paid time off into scheduling.
 - Check in on health and wellness with staff regularly.
 - Share ideas for self-care activities.
 - Lower expectations on contract deliverables to relieve stress.
 - Account for, and accept, lower productivity during the course of the outbreak.
- Maintain individual supervision, team meetings, and clinical supervision throughout the COVID-19 outbreak.

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Create Participant Prevention Plan

- SSP participants may need extra support for COVID-19 prevention as public places where they can normally access soap and water are closed, purchasing hand sanitizer may be cost prohibitive, etc..
- Check-in with participants on their needs.
- Provide participants with disinfection materials and COVID-19 prevention best practices.
 - Review materials and protocols from your local health department and/or the Centers for Disease Control and Prevention (CDC).
 - Reference Vital Strategies Hand-Washing Fact Sheet
 - Reference Vital Strategies COVID-19 and Surfaces Fact Sheet
- Educate participants on the proper use of PPE, disinfection practices, and other preventative measures.
 - Give them relevant fact sheets on handwashing, disinfection and cleaning practices, and other relevant topics.
- Do an inventory and needs assessment of personal protective equipment for your participants.
 - How many masks do you need?
 - How many gloves do you need?
 - How much bleach or other COVID-19 disinfectant do you need?
 - Order supplies of hand sanitizer, face masks, soap, and paper towels or tissues to distribute to participants.
 - Stay on top of inventory at least weekly, if not daily; check and order supplies as early as possible to prevent disruptions of supplies.
 - Check with participants on home prevention practices: What do they need to practice good COVID-19 prevention at home? Supply them with what they need so they can minimize their risk of infection at home and protect others living with them.
 - Check in with participants on camp prevention practices: What do they need to practice good COVID-19 prevention in tents or on the street? Supply them with what they need so they can minimize their risk of infection and protect others living with them.
- Create a resource list of available bathrooms, showers, laundry facilities, and other hygiene-related services.
- Reach out to volunteers to make masks or home-made sanitizer for your participants.
- Check with mutual aid organizations for PPE supplies.
- Check-in with participants regularly on PPE and other prevention and disinfection measures to ensure that everything is going smoothly, to see if adjustments need to be made and to make sure their needs are being met.

During The COVID-19 Outbreak: Operating Safely

When your local health department declares a COVID-19 emergency or you see cases or clusters of COVID-19 among your participants, you should put your emergency plan into action. When in doubt, err on the side of caution: The goal is to keep participants and staff safe, and to ensure a continuity of services.

- Put your emergency plan in action.
- Stay informed about local news and epidemiological updates on COVID-19.
 - Assign a staff person (perhaps one you have identified as physically vulnerable to infection or one whom you are holding in reserve in case of a staffing emergency) to monitor this.

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- Stick with trusted sources: Local health departments, the CDC, medical journals, and trusted news outlets.
- Implement your infection control and prevention practices for routine cleaning and disinfection of surfaces in your facility.
- Monitor new funding streams and grant opportunities to assist with on-going operations.
 - Keep abreast of new legislation like the Coronavirus Aid, Relief and Economic Security Act.
 - Monitor for local or state grant and funding opportunities.
 - Monitor private foundation grants.
 - Monitor pharmaceutical program grants.
 - Reach out to donors and individually fundraise.
 - When the opportunity allows, build the hiring of your participants into your grants so you can both help yourself continue to develop relevant interventions and programming for PWUD, but also create income opportunities for them.
- Supplies and Distribution
 - Plan for an increase in supplies distributed to participants.
 - If possible, distribute enough syringes and injection supplies for 2-4 weeks to minimize the need for people to come back.
 - Pre-packaged supply kits can facilitate distribution and minimize the amount of time staff spend with participants and participants spend with each other.
 - Distribute naloxone to each participant, whether or not it's requested, giving more as needed or requested.
 - Distribute biohazard buckets for safe storage of used equipment.
- Plan for the distribution of PPE to participants.
 - If possible, distribute masks to participants (these can be surgical masks, homemade masks, bandanas, etc.) or materials and instructions to assemble their own.
 - Distribute alcohol-based hand sanitizer (60% or more), soap and water bottles (see "Handwashing Fact Sheet").
- Check-in with participants for intelligence-gathering around drug supply and other related issues.
 - Are there changes in access to drugs?
 - Are there changes in the quality of drugs?
 - Are there changes in the pricing of drugs?
 - Is there an increase in drug overdoses?
 - Are there changes in drug using behaviors?
 - According to drug-using sex workers comfortable speaking to your staff, are there changes in the local sex trade?
 - Check-in on policing practices as they affect your participants.
 - Create or update educational materials and drug alerts to keep participants abreast of changes in the drug supply.
 - Participant Education and Support
- Print educational materials, fact sheets and posters from trusted sources (see below for the "Educational Materials Resource Page").

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- Place signage in strategic locations for people to see information about disease transmission and prevention (hand washing, 6 feet physical distancing, wearing a mask, etc.).
- Do not leave piles of fact sheets or brochures in public areas as it creates an opportunity for many different hands to touch the tables and papers, as well as encouraging congregations of large numbers of people.
- Hand fact sheets to participants or place them in the bag with injection supplies.
- Make sure the educational materials, fact sheets and signs are available in the appropriate languages that reflect your participant population.
- Create a resource and referral sheet for services that offer mental health, social, and practical support for your participants.
 - Include: telephone hotlines; food distribution and meal programs; counseling support; drug treatment programs; counseling/mental health programs; new government benefits they may be eligible for; local mutual aid efforts; relief funds for service workers, sex workers, and others; local drug users' unions; virtual harm reduction support groups for those with internet access; etc.
- Train your staff in key COVID-19 health messaging, referrals, and resources.

Plan for Re-Opening

Stay up-to-date on news and plans for re-opening. It won't happen fast, but as new infections fall below an acceptable level and local and state health departments begin to remove shelter-in-place orders and allow for the re-opening of some aspects of the economy and social life, spend some time planning for re-opening of your organization.

- Create a "re-opening team."
 - Include SSP participants on this team and pay them for their time.
 - Set benchmarks for what your organization needs to see before re-opening.
 - Consider opening in waves and monitor staff and participant health before moving to the next wave.
 - Monitor public health news and surveillance reports from your local health department.
 - Err on the side of safety.
 - Consult with your participants in each step of the process.
- Consider slowly phasing services back in, rather than re-opening all at once.
 - Check with other colleagues around what they are doing and for best practices to re-open.
 - Check with participants about their needs and priorities and plan your expansion of services around that.
 - Explore new and innovative ways of delivering services.

After The COVID-19 Outbreak

- Continue to practice prevention and disinfection measures.
 - Encourage routine hand-washing with soap and water and use of an alcohol-based antibacterial gel in between hand-washing.
 - Masks and gloves may no longer be necessary, but check with your local health department on recommended PPE practices.
 - Continue cleaning and disinfecting all surfaces used.

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- Review your emergency response plan and note how effective each measure was while employing it.
- Hold meetings to discuss lessons learned.
 - What worked?
 - What didn't work?
 - What adjustments were made that should become permanent parts of an updated emergency plan?
 - What actions should be taken now to prepare for the next emergency?
 - What supplies ran low that should be ordered in bulk earlier and stored for the next emergency?
- Prepare and support staff in the aftermath.
 - Absenteeism may still be high as people continue to cope with the stress of what happened. Some staff may still have family members or partners to attend to, and others may still have childcare coverage needs until schools are reopened.
 - Hold clinical supervision to give people space and support to talk about their grief from going through the outbreak and their stress upon returning.
- Monitor public health news and surveillance reports from your local health department to track for new infections and a possible "second-wave" outbreak.
 - Stay in contact with your local health department contact.
 - Attend community meetings as they happen.
 - Participate in COVID-19 surveillance activities such as screening and other research projects. Ensure that participant safety and confidentiality are maintained.
- Consult with participants as well as local drug users' unions and other organizations for criminalized people and those directly impacted by the drug war on how your program did meeting the needs of those it served during the emergency. What could be done better next time?
- Participate in community meetings and public health sessions about emergency planning.
 - Share your successes and the lessons you've learned with others.
- Participate and engage in webinars and conference calls about emergency planning.
 - Share your successes and lessons learned with others.
- Continue to work on and expand your emergency planning.
 - COVID-19 could make a seasonal return, but even other infectious diseases, including the flu, could mark a need to use some aspects of your emergency plan.
 - Consider other potential emergency situations that your agency may have to face (earthquakes, hurricanes, wildfires, etc.) and expand your emergency planning to include those, too.
- Consider new opportunities that your organization can take to prevent the heavy impact of COVID-19 on your participants.
 - Leverage this experience into permanent housing for your participants.
 - Advocate for better bathroom, shower, laundry and other hygiene services in the community.
 - Develop and/or deepen relationships with local businesses.
 - Advocate to maintain expanded access to methadone and buprenorphine beyond the crisis.

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- Advocate for policing and jail reform beyond this crisis.
- Expand your harm reduction services to a permanent needs-based model, rather than a 1-for-1 exchange model.
- Advocate for safe consumption services.

Conclusion

Preparing for COVID-19, or any emergency, is an essential component of syringe service and harm reduction programming. Our work is essential not just to prevent drug overdoses or new HIV and HCV infections, but also because we are front-line providers that can educate participants about COVID-19 while passing out PPE to populations that tend not to be well served by others. Emergency planning protects both staff and participants. Protecting staff is essential so we can continue to provide services, and protecting participants is essential because, quite frankly, it's what everyone deserves regardless of drug use or other conditions that tend to stigmatize people in our society. This is a time to bring people who use drugs closer to the fold and include them in all aspects of emergency planning, operations and follow-up work once the crisis is over, and pay them for their time. For all the challenges that the COVID-19 crisis presents, SSPs are nimble and responsive, and the people we serve are brilliant and resilient. Working together, we can get through this.

About Us

Vital Strategies is a global public health organization working in 70+ countries to strengthen public health systems. Resolve to Save Lives, an initiative of Vital Strategies, aims to prevent at least 100 million deaths from cardiovascular disease and epidemics. Through its Prevent Epidemics program, Resolve to Save Lives has rapidly leveraged existing networks to establish a multi-disciplinary, multi-pronged effort to support countries throughout Africa and beyond. This work is supported by Bloomberg Philanthropies, the Bill & Melinda Gates Foundation and Gates Philanthropy Partners, which is funded with support from the Chan Zuckerberg Initiative.