

Ministry of Health

# COVID-19 Guidance: Consumption and Treatment Services (CTS) Sites

Version 2 – April 12, 2020 (amended April 16, 2020)

This guidance document provides basic information only. It is not intended to take the place of medical advice, diagnosis, or treatment.

- Please check the Ministry of Health (MOH) [COVID-19 website](#) regularly for updates to this document, case definition, FAQs, and other information.
- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives.

## General Advice to CTS Sites

There are several things that CTS health care workers (HCW) and other staff (e.g., nurses, paramedics, harm reduction workers, social workers, peers) can do to protect themselves and others (e.g., clients):

- Implement organizational pandemic and/or business continuity plans as appropriate.
- Review infection prevention and control/occupational health and safety policies and procedures with staff and volunteers.
- Offer education regarding proper hand hygiene for clients and ask them not to share items with other clients that touch the mouth or nose (e.g. drug use equipment, straws, other utensils, cigarettes).
- Consider possible ways to increase physical distancing within the CTS space such as increasing the space between each consumption booth (2 metres apart if possible), using every second booth, monitoring and staggering attendance to allow for social distancing within the space.
- Consider designating HCWs and other staff who are appropriately trained in Personal Protective Equipment (PPE), Infection Prevention and Control (IPAC) and resuscitation to respond to overdoses where possible to minimize risk and optimize resources.

- On March 30, 2020, the Chief Medical Officer of Health released Directive #1 requiring that a point-of-care risk assessment be performed by every HCW before every patient (client) interaction. The directive also provides that airborne precautions need to be taken when aerosol generating medical procedures (AGMPs)\* are planned or anticipated to be performed on patients (clients) with suspected or confirmed COVID-19, based on a point of care risk assessment and clinical professional judgment.
- If a CTS site needs to modify its operations as a result of COVID-19, or has any questions, they should inform the Ministry Emergency Operations Centre (MEOC) at [EOCOperations.MOH@ontario.ca](mailto:EOCOperations.MOH@ontario.ca), copying [addictionandsubstances@ontario.ca](mailto:addictionandsubstances@ontario.ca).

## Screening

1. The latest case definition for screening is available on the MOH [COVID-19 website](#).
2. All CTS sites should undertake active and passive screening.
3. [Signage](#) should be posted on all entry points at CTS sites. Signage should prompt anyone to self-identify to a specific location/person if they screen positive using the latest [case definition](#).

### Active Screening for HCWs, Staff and Volunteers

4. HCWs and other staff conducting screening should ideally be behind a barrier or stand 2 metres away from clients to protect from droplet/contact spread. A plexiglass barrier can protect staff from sneezing/coughing clients.

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\*On March 25, 2020, Public Health Ontario (PHO) released updated IPAC Recommendations for the Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19. Updated guidelines specify that CPR is only an AGMP during airway management (i.e. not during chest compressions only). In terms of BMV, applying a mask with oxygen is not an AGMP; however, if applying a mask and bagging the patient (client) the forced air entry by bagging would be an AGMP.

Other AGMPs include: Endotracheal intubation (including during cardio-pulmonary resuscitation), cardio-pulmonary resuscitation (CPR) with airway management, open airway suctioning, bronchoscopy (diagnostic or therapeutic), surgery and autopsy, sputum induction (diagnostic or therapeutic), non-invasive positive pressure ventilation for acute respiratory failure (CPAP, BiPAP3-5), and high flow oxygen therapy.

More information about appropriate PPE for suspected and confirmed cases of COVID-19 can be found [here](#).

5. CTS sites must instruct all staff and volunteers to [self-monitor](#) for COVID-19 at home as well as provide information on potential exposure risks that require self-monitoring or self-isolation. All HCWs, other staff and volunteers should be aware of signs and symptoms of COVID-19 infection, which may include fever, cough, shortness of breath, sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing, problems with smell or taste, nausea/vomiting, diarrhea, and abdominal pain.
6. All HCWs, other staff and volunteers who are required to self-isolate must not come to work. Anyone with symptoms of an acute respiratory infection must not come to work and must report their symptoms to the CTS site.
7. All HCWs, other staff and volunteers who have been advised to self-monitor for 14 days from an exposure should discuss with their supervisor whether to come to work.

### **Active Screening for Clients**

8. CTS sites should conduct active screening (when possible, over-the-phone screening) for all new or returning clients for symptoms compatible with COVID-19 or any travel history in the past 14 days or other exposures to individuals with probable or confirmed COVID-19.
9. CTS sites must consult with the [local public health unit](#) if an in-coming or returning client has symptoms compatible with COVID-19, travel history outside of Canada, or other potential exposure to COVID-19.

## **Positive Screening: What To Do**

10. CTS sites should provide further guidance to anyone with respiratory symptoms or anyone who has traveled or who may have been exposed to a case of COVID-19 to post-pone their visit until 14 days have passed since the exposure or, if an individual is exhibiting symptoms, until it is safe to stop self-isolation according to public health guidelines.
11. If a client has a cough, or difficulty breathing, or a fever and has either travelled or been exposed to a case of COVID-19 in the past 14 days, and HCWs or other staff have assessed that the client still requires access to CTS services, instruct the client to wear a surgical/procedure mask. Place the client in a room with the door closed on arrival (do not cohort with other clients) within the existing CTS space, where possible, to avoid contact with other clients in a common area of

the CTS site.<sup>†</sup> Alternatively, place the client in a separate area to avoid contact with other clients. Encourage the client to use respiratory hygiene/cough etiquette, and provide tissues, alcohol-based hand rub and a waste receptacle.

12. If required, HCWs and other staff should provide services to the client with probable or confirmed COVID-19 using Droplet and Contact Precautions or monitor the client from a distance (i.e. 2 metres or more). These include surgical/procedure mask, isolation gown, gloves, and eye protection (goggles/face shield).
13. Detailed precautions for HCWs and other staff, by activity and procedure, are listed in PHO's [Technical Brief on Updated IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#) and applicable [directives from the Chief Medical Officer of Health](#).
14. Administrative areas and administrative tasks that do not involve contact with a client with suspected or confirmed COVID-19 do not require the use of PPE.

## Reporting of Positive Screening

15. COVID-19 is a designated disease of public health significance and a communicable disease according to Ontario Regulation 135/18 made under the [Health Protection and Promotion Act](#), RSO 1990, c H-7 (HPPA). It is thus reportable to local public health units under the HPPA.
16. HCWs should contact their [local public health unit](#) to report a client, HCW, other staff member or volunteer is suspected or confirmed to have COVID-19.
17. All referrals to hospital should be made through emergency department triage. If a client is referred to a hospital, the CTS site should coordinate with the hospital, local [public health unit](#), paramedic services and the client to ensure safe arrangements for travel that maintain appropriate social distancing measures..

## Occupational Health & Safety

18. If COVID-19 is suspected or diagnosed in a HCW or other staff, return to work should be determined in consultation with their health care provider and the local public health unit. The HCW, other staff, or volunteer must report to

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<sup>†</sup> Operators should contact Health Canada if they change the location of their physical CTS space to ensure compliance with their exemption under Section 56.1 of the *Controlled Drugs and Substances Act* (Canada).

management representative or designate (i.e., Occupational Health and Safety) prior to returning to work. Detailed general occupational health and safety guidelines for COVID-19 are available on the MOH [COVID-19 website](#).

- 19.** High touch surfaces (i.e., areas within 2 metres of the person who has screened positive for COVID-19) should be disinfected as soon as possible (refer to [PIDAC Routine Practices and Additional Precautions In All Health Care Settings](#) for more information about environmental cleaning).

### **Optimizing the Use of PPE within the CTS Site**

- 20.** HCWs, other staff and volunteers must be trained on the safe use, care and limitations of PPE, including the donning (putting on) and doffing (taking off) of PPE.
- 21.** As airborne precautions should be taken in situations where AGMPs are performed, the CTS site could consider designating a limited number of HCWs and other staff within the setting to respond to a potential overdose. This approach will contribute to ensuring an adequate supply of fit-tested, N95 masks within the CTS site. The table below describes which precautions should be taken depending on the scenario.

### Infection Prevention and Control Precautions

	<b>Droplet and Contact Precautions</b>	<b>Airborne, Droplet and Contact Precautions</b>
<b>Scenario</b>	Applied when in close direct contact (less than 2 metres) with a probable or confirmed case of COVID-19	Applied when an AGMP is being performed on a probable or confirmed case of COVID-19
<b>PPE</b>	Surgical/procedure mask	Negative pressure room, if available
	Isolation gown	Isolation gown
	Gloves	Gloves
	Eye protection (goggles or face shield)	Eye protection (goggles or face shield)
		N95 respirator (fit-tested and seal-checked)

Additional precautions and guidelines are set out in Public Health Ontario's [Technical Brief on Updated IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#).