

COVID-19



COVID-19 Resources for people who use drugs and other vulnerable communities

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Syringe Services and Harm Reduction Provider Operations During the COVID-19 Outbreak

COVID-19, an illness caused by a newly identified type of coronavirus, can cause a respiratory infection and lead to health problems. It's usually mild and most people recover quickly if they have it, but it can be very serious for people with stressed immune systems or underlying conditions or older adults, so it's important to stay informed.

The most important thing is to be prepared and knowing what to do will help you. Even if you don't see a widespread COVID-19 outbreak in your area, the hand-washing and other prevention actions described here are good practices for fighting off bugs like the cold or the flu.

How do people get infected with COVID-19?

COVID-19 is spread from person-to-person by coughing or sneezing and getting exposed to droplets that have the virus in them. There are no known risk factors that appear to make a person more or less vulnerable to getting infected with the virus. The main risk is close contact with someone who has it.



What are the symptoms of COVID-19?

The main symptoms feel like the flu or a really bad cold:

- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

These symptoms show up between 2 and 14 days after you've been exposed to the virus. People who are considered at increased risk include those with *underlying health conditions, including heart disease, lung disease such as asthma/COPD, diabetes, or HIV, or people who are immunocompromised, or over age 60.*



How can I prevent COVID-19?

- Wash your hands often with soap and water for at least 20 seconds. Using an alcohol-based hand sanitizer—it must have at least 60% alcohol in it—can also kill the virus.
- Avoid close contact with people who are sick.
- Cover your cough and sneeze with a tissue and throw it away in a lined trash can, or if you don't have a tissue, cough into the bend in your elbow. Wash hands with soap and water afterwards.
- Keep your hands away from your eyes, nose, and mouth.
- Get a flu shot. It won't prevent COVID-19 but it will prevent the flu and keep you out of clinics, pharmacies, or emergency departments and minimize your risk of contact with others who may be sick.
- When helping someone who is sick, wear gloves and a safe mask to minimize the risk of body fluids that may have COVID-19 from getting into you. Wash your hands before you put on gloves and after you take them off.



If I'm feeling sick, what should I do?

- Stay home if you are sick, and if you don't have a place to stay, try to minimize your close contact with other people. Monitor your fever at home and avoid others for at least 24 hours after the last fever and all other symptoms have subsided. If you have to be around other people, this is the time to wear a safe mask if you have one, so that you don't cough on them and transmit a virus. If you self-quarantine, attend to your mental health and ensure you have as much support as you can get (emotional support, food, hygiene, medications, finances).
- Call or contact a medical provider if you can to ask about your symptoms and see if you need to even come in. Tell them your symptoms and that you are concerned about COVID-19.
- If you feel like your symptoms have become severe call or contact a medical provider or go to urgent care or the emergency department.
- Right now, there is no vaccine to prevent COVID-19 and no specific medicine to treat it. There are still good things a medical provider can do for you and it's important to check you out if you're sick and not getting better.

Tips for Community-based Syringe Services and Harm Reduction Providers

Prioritize & Prepare Your People

PRIORITIZE STAFF & PARTICIPANT SAFETY.

Provide ample supplies for participant preparedness whenever possible. Send sick employees home (yourself included!), and be mindful of the work done by peers. Provide access to vaccinations to prevent immune systems from becoming more compromised—consider flu, hepatitis A, and hepatitis B vaccines, and partnering with your local pharmacy or health department. Encourage and promote hand washing/sanitizing, and coughing/sneezing into tissues or elbow. Consider limiting program access for non-essential visitors.

SANITIZE SURFACES.

Regularly clean commonly touched surfaces in all service delivery spaces before, during, and after services are being provided. Clean with household cleaners, bleach, and other microbicides.

OFFER EXTRA SUPPLIES.

As possible, offer extra and ample supplies for participants in case of service closures, including syringes and harm reduction equipment for safer smoking, snorting, and injecting drug use. Take inventory of your stock and discuss with all staff what is the maximum allowance for each item. If you are not already giving out harm reduction supplies for safer smoking and snorting, make arrangements to do so. Whenever possible, stock up on latex gloves, safe masks, and hand sanitizer for distribution to participants, including instructions for how and when to use them. Remind your staff to equip participants with ample supplies of naloxone kits including breathing masks. Discuss if you have capacity to deliver supplies.

Plan Ahead

TAKE STOCK OF YOUR ESSENTIAL SERVICES.

Which program services are essential and must be provided even at reduced operations? Which activities can be postponed or canceled (including groups)? When are those services delivered, how and by whom, and could they incorporate creative flexibility?

REVIEW/CREATE COMMUNICATION PLAN.

Make and revisit the plan for communicating upcoming or ongoing service disruption information with staff and participants. Consider and plan for overcoming barriers – such as language, cultural, technological, disability—to reach the people you serve with timely and accurate service disruption information, such as through social media, email, word-of-mouth, text, etc. Ensure all staff/volunteers understand the communication plan and their roles.

STAY INFORMED AND CONNECTED.

Monitor your state and local health department website and the CDC COVID-19 website for the latest information. Communicate and cooperate with your local health department in the case of suspected exposure.

PLAN FOR EMPLOYEE ABSENCE.

At the height of the outbreak, anticipate 10% to 20% staff absence. Prepare for absence by cross-training staff, and planning for skeleton operations. Allow for flexible work attendance and sick leave wherever possible. Track flu-related absences. Use phone, video, and app technology to replace in-person meetings. Review and/or create service/program and organizational contingency plans, including with staff. Ensure all staff have access to and understand organizational contingency plans.

MEDICATION CONTINUITY.

Access to prescription medicines could be limited in a COVID-19 outbreak. Ensure the medical providers serving participants have emergency plans in place, and clear processes and criteria for patients to receive extra refills / doses of their HIV, HCV, psychiatric, and other chronic condition medications. Ensure methadone and buprenorphine providers have emergency plans to preserve low-threshold continuity for participants, including extra take-home doses. Consider one-month scripts of buprenorphine, with possibilities for telehealth or refills by phone as needed.

WHEN TO USE FACEMASKS AND GLOVES.

Facemasks are not recommended at this time for those who are well. In fact, they may add a sense of apprehension and stigma among participants. Masks may be used by people who are ill, to prevent transmission to others. Gloves are not necessary, however, if you are touching people or bodily fluids (such as when drawing blood), wear gloves and wash hands frequently.

STAND AGAINST RACISM.

There have been reports of anti-Chinese or anti-Asian racism and discrimination, including avoidance of Asian American folks, as a shameful byproduct of the COVID-19 outbreak. The first known cases of COVID-19 were reported from China, and the largest burden remains there. It is critical to fight this simultaneously lazy and aggressive racism and stigma in our communities. There is a long history in the United States of targeting and demonizing specific populations, including Chinese and Chinese-Americans.

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COVID-19 Symptoms: What People Who Use Drugs Need to Know

COVID-19 symptoms can be hard to tell apart from symptoms of other illnesses, and the only way to know for sure if you have COVID-19 is to get tested. Knowing the symptoms of COVID-19 will help you take care of yourself. If you have a new onset of COVID-19-related symptoms, check with a medical provider to see what you should do next.

Symptoms of COVID-19¹

Symptoms for COVID-19 appear 2 to 14 days after you've been exposed to the virus. These symptoms can range from mild to very serious. Many people who get COVID-19 will have mild symptoms and get better on their own, without medical care. Unfortunately, some have severe complications and can die from their infection. **If you experience any of the serious symptoms listed below, you should seek medical attention immediately.**

Mild/moderate symptoms

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Repeated shaking with chills
- Muscle aches
- Headache
- Sore throat
- Congestion and/or runny nose
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Serious symptoms

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- **Other symptoms**
- Muscle weakness
- Tingling or numbness in the hands and feet
- Nerve pain
- Dizziness
- Seizures

Is it COVID-19 or something else?

COVID-19 symptoms mimic symptoms caused by common conditions, like a cold or the stomach flu. **COVID-19 symptoms can also mimic some of the effects of substance use**, especially the signs of an opioid overdose (for example, bluish lips or inability to wake) or coming down off drugs (fatigue, body aches, nausea and others). Make sure you have naloxone available and are prepared for an opioid overdose: even in the face of this COVID-19 pandemic, you need to be prepared to save people from drug overdoses. On the other hand, **effects of drugs can also mask symptoms**. Opioids can block muscle pain or crystal meth can temporarily increase energy levels and lessen fatigue.

If it's new for you, get it checked

You know your body best. Keep track of your health and seek care for possible COVID-19 symptoms that are new or that are out of the ordinary for you. For example: maybe you have asthma or COPD, so shortness of breath isn't new for you. But if it feels like it's worse than normal, see your medical provider. Even if you don't have COVID-19, it's still good to get a check up. When in doubt, talk to someone. It's better to be safe than sorry. Some places have COVID-19 hotlines that you can call to talk with someone to review your symptoms. Drop-in clinics might be available. Check with your local SSP and see what resources are available in your area.

The people who hang out with you and know you well are also good to listen to. If a friend says something like 'hey, you're looking a little pale and there's some blue to your lips,' that's a sign you might otherwise miss and should act on. Do the same for your people, keep an eye out for symptoms and check in with them regularly.

If you think you have COVID-19 symptoms, call the clinic to alert them before going. They'll see you, but they just want make it safe for everyone. If you don't have a phone, don't go inside: wear a mask and stay 6-feet apart from people, and ask someone else to let a staff-person know what's going on.

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.

More info at

PreventEpidemics.org

ResolveToSaveLives.org

VitalStrategies.org

1 <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

2 Mao L, Jin H, Wang M, et al. "Neurologic Manifestations of Hospitalized Patients with Coronavirus Disease 2019 in Wuhan, China. JAMA Neurol; Published online April 10, 2020.

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

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.

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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.

COVID-19

Guidance for Syringe Service Programs and Other Harm Reduction Programs

- 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.

COVID-19



Reynolds Health Strategies

Handwashing and COVID-19 Prevention for Unhoused People

Prevention Strategies

Washing hands with soap and water is one of the best things we can do to prevent any number of infections and diseases, including COVID-19. While it is true that washing or disinfecting hands with an alcohol-based hand sanitizer are gold standard for disease prevention, it's not always easy to access the necessary resources, especially for people who use drugs and people without reliable housing.

Here are some tips to help you problem-solve for alternatives when soap, water or hand sanitizer are unavailable:

- **Check with a syringe service provider for hand-cleaning supplies.** The local SSP, drop-in center, or medical clinic might have hand sanitizer or bar soap, or referrals for handwashing stations in your area. Check in with them frequently.
- **Check for emergency housing.** Many cities/counties are setting up hotel/motel rooms for people to stay in during the COVID-19 outbreak. Check with your local homeless services center, community-based organization or syringe service program to see if this option is available.
- **Look for places with water faucets.** Are there places around you with accessible, public faucets— like public parks or gas stations? Sometimes you can find a working faucet near businesses that have flowerbeds or outdoor plants. Don't get in trouble: try to ask for permission first before using them.
- **Carry your own soap and water.** Carrying a bottle of water and a bar of soap is a good option if you can't get to a sink regularly. Follow the same hand washing rule as you would in a sink: Get your hands wet, use the bar soap to work up a lather, rub for 20 seconds and then rinse with water. Keep the water bottle as clean as you can by wiping it off with alcohol prep, rubbing alcohol, or soap.
- **Alternatives to soap.** Ideally, you should carry some liquid or bar soap, but if these aren't available, you can use body wash. Shampoo will work, too. You can even use dish soap, but it could have ingredients that irritate your skin.
- **Use rubbing alcohol.** Common rubbing alcohol can disinfect COVID-19. Rinsing your hands with rubbing alcohol is an alternative to soap and water or hand sanitizer. It needs to be at least 70% isopropyl to work. It is relatively inexpensive and carried in pharmacies and grocery stores (but it can be hard to find). Pour some on the palm of your hand and rub it around for at least 20 seconds and make sure your entire hands are covered. Note: It may irritate your hands. It can also dry out your hands, so use some lotion to keep them moisturized if you have some.
- **Use alcohol prep pads.** Grab as many alcohol prep pads as you can from your local syringe service program (Note: supplies may be hard for them to order right now, so they may have limits on what they can give). These pads have 70% isopropyl alcohol, and that's enough to disinfect COVID-19. Use a bunch of them: 1 per finger, one on the back of your hand and one for your palm. This can also dry out your hands, so use some lotion to keep them moisturized if you can.

More info at
PreventEpidemics.org
ResolveToSaveLives.org
VitalStrategies.org

COVID-19

Handwashing and COVID-19 Prevention for Unhoused People

Things that DO NOT disinfect hands from COVID-19:

- | | | | |
|---|--|---|--|
| 1 | Non-alcohol-based hand sanitizer | 4 | Witch Hazel |
| 2 | Non-alcohol-based hand sanitizer | 5 | Vinegar |
| 3 | Hand sanitizer that does not have at least 60% alcohol | 6 | Vodka (or really any drinkable alcohol...it's just not strong enough to kill COVID-19) |

The Gold Standard: Hand-Washing with Soap and Water or Alcohol-Based Hand Sanitizer

Washing hands seems like a basic, mundane activity, but it is actually one of the best things you can do to prevent any number of diseases, including COVID-19. When you have access to a sink and running water, this is the ideal choice for cleaning and disinfecting hands. The Centers for Disease Control and Prevention give us five steps for a good hand washing¹:

STEP ONE: Wet Your Hands with Clean, Running Water

- The water can be hot, warm or cold
- Get your hands wet up to the wrist
- Turn the faucet off
- Put the soap on

STEP TWO: Lather Up!

- Work the soap up into a lather
- Get the bubbles to cover the backs of your hand and in-between the fingers
- Don't forget your fingernails: Rub the tips of your fingers and work soap underneath the fingernails.

STEP THREE: Scrub for 20 Seconds

- The friction pulls the virus (and other germs) away from your skin
- Rub those hands—front and back—for 20 seconds
- You can sing the ABCs to keep count, or the “Happy Birthday” song twice from beginning to end

STEP FOUR: Rinse Your Hands under Running Water

- Get all the bubbles and soap residue off your hands
- Use running water and not standing water in a bowl
- Pouring clean water from a water bottle is a good option, too

STEP FIVE: Dry Your Hands

- If you use a towel or paper towel, make sure it's a clean one.
- You can also just let them air dry naturally

What to do if you can't get to running water and soap: Alcohol-Based Hand Sanitizer

It can be hard to get access to a sink and running water for unhoused folks. If you have an alcohol-based hand-sanitizer (must have at least 60% alcohol in it), this will disinfect COVID-19 on your hands. Using hand sanitizer is a two-step process²

STEP ONE: Apply hand sanitizer

- Put enough on your hands to cover all of them: Palms, fingers (and in-between fingers), and back of hands.

STEP TWO: Rub Hands Together

- Rub them together—the friction is good for removing germs and viruses—until they feel dry (this should also be about 20 seconds)
- Don't dry your hands with a towel: Let the sanitizer dry by rubbing.

1 <https://www.cdc.gov/handwashing/show-me-the-science-handwashing.html#three>

2 <https://www.cdc.gov/handwashing/hand-sanitizer-use.html>

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

How to Wear Cloth Face Coverings

Cloth face coverings should—

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

CDC on Homemade Cloth Face Coverings

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cloth face covering without assistance.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

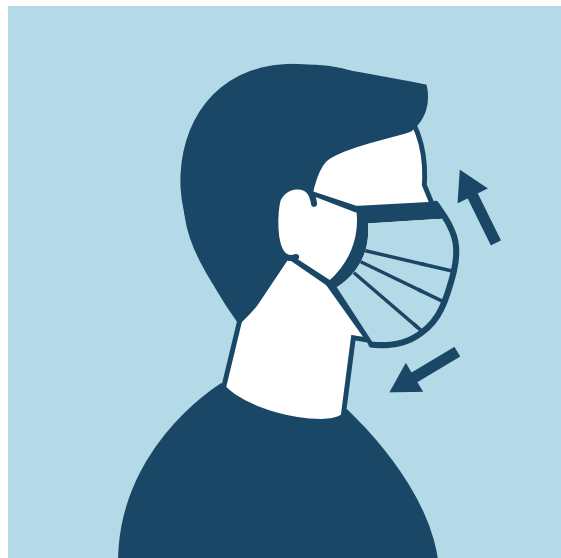
Yes. They should be routinely washed depending on the frequency of use.

How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a cloth face covering.

How does one safely remove a used cloth face covering?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their cloth face covering and wash hands immediately after removing.

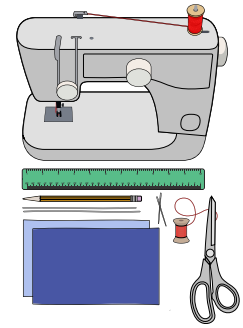


[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Sewn Cloth Face Covering

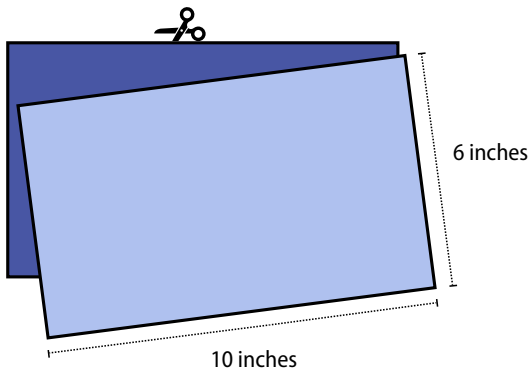
Materials

- Two 10"x6" rectangles of cotton fabric
- Two 6" pieces of elastic (or rubber bands, string, cloth strips, or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine

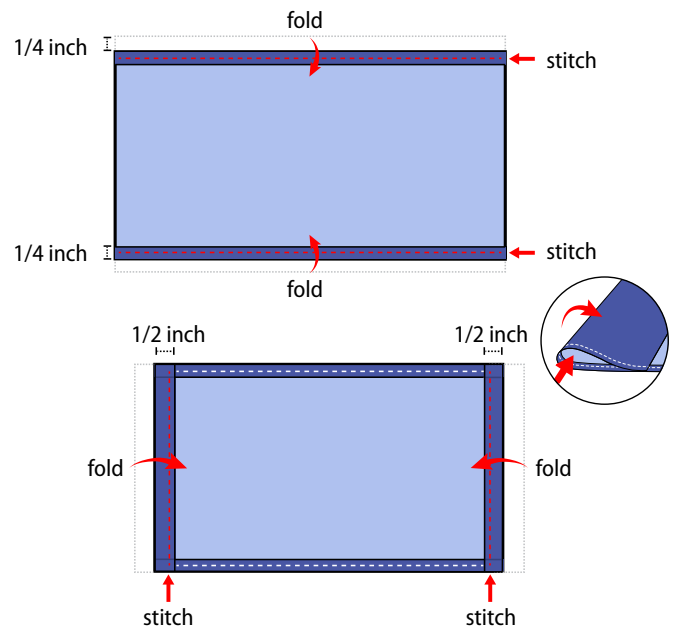


Tutorial

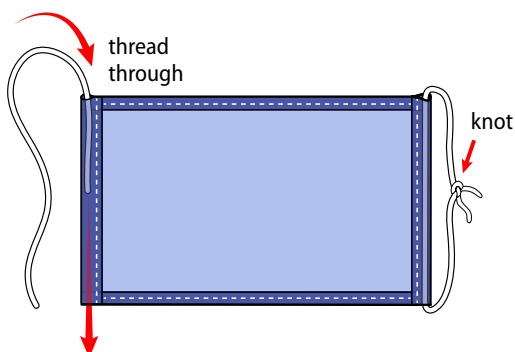
1. Cut out two 10-by-6-inch rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work in a pinch. Stack the two rectangles; you will sew the cloth face covering as if it was a single piece of fabric.



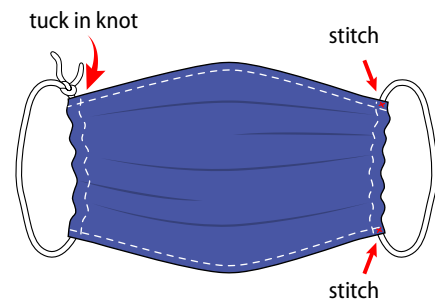
2. Fold over the long sides $\frac{1}{4}$ inch and hem. Then fold the double layer of fabric over $\frac{1}{2}$ inch along the short sides and stitch down.



3. Run a 6-inch length of $\frac{1}{8}$ -inch wide elastic through the wider hem on each side of the cloth face covering. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the ends tight. Don't have elastic? Use hair ties or elastic head bands. If you only have string, you can make the ties longer and tie the cloth face covering behind your head.



4. Gently pull on the elastic so that the knots are tucked inside the hem. Gather the sides of the cloth face covering on the elastic and adjust so the mask fits your face. Then securely stitch the elastic in place to keep it from slipping.

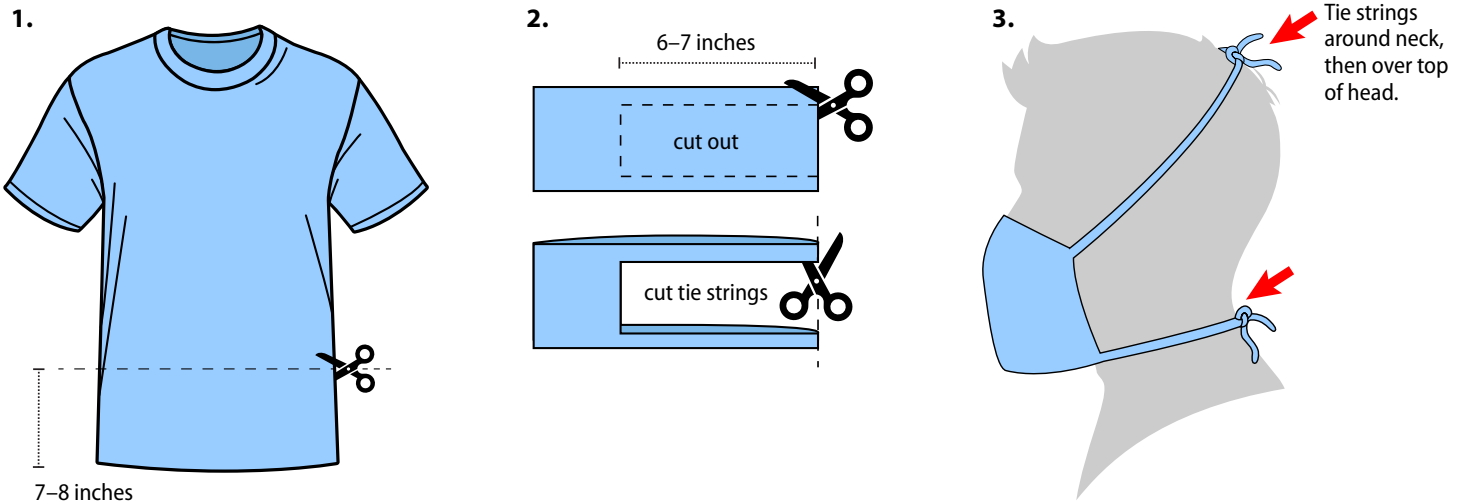


Quick Cut T-shirt Cloth Face Covering (no sew method)

Materials

- T-shirt
- Scissors

Tutorial

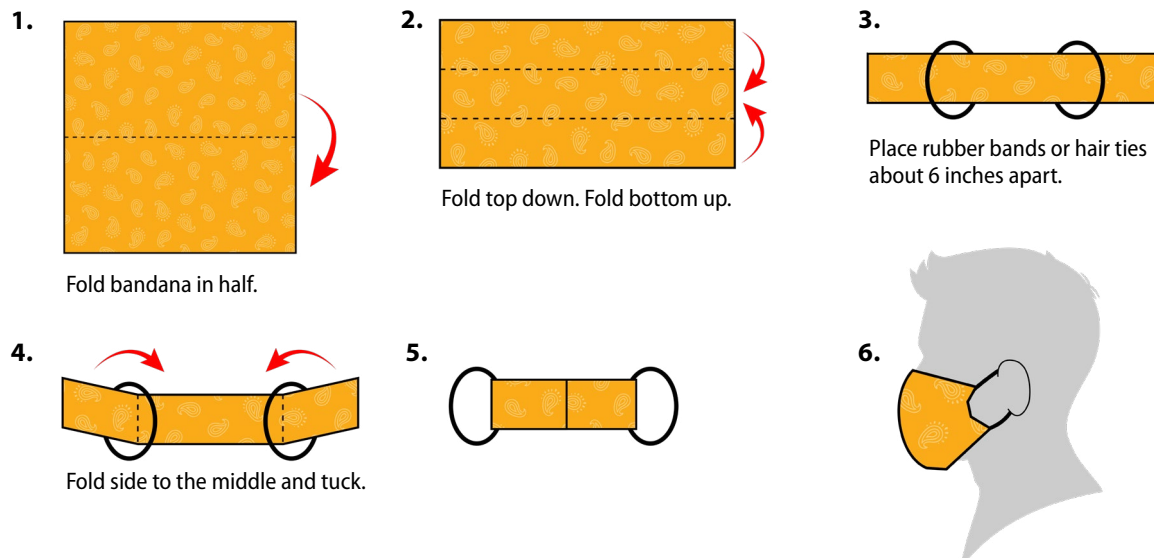


Bandana Cloth Face Covering (no sew method)

Materials

- Bandana (or square cotton cloth approximately 20"x20")
- Rubber bands (or hair ties)
- Scissors (if you are cutting your own cloth)

Tutorial



How to Use Personal Protective Equipment: A Quick Reference Guide for Frontline Clinical Providers

Frontline clinical providers should wear the following personal protective equipment (PPE) when treating individuals confirmed or suspected to be infected with COVID-19.



N95 RESPIRATOR



GOWN



GLOVES



FACE SHIELD/
EYE PROTECTION

How to properly use protective equipment

PPE TYPE	DONNING PPE	REMOVING PPE
N95 RESPIRATOR (AS AVAILABLE)	<ul style="list-style-type: none"> Secure ties or elastic band at middle of head and neck Fit flexible band to nose bridge Fit snug to face and below chin Fit-check respirator 	<ul style="list-style-type: none"> Front of respirator is contaminated – DO NOT TOUCH! Grasp ONLY bottom then top ties/elastics and remove Discard in waste container
GOWN	<ul style="list-style-type: none"> Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back Fasten in back at neck and waist 	<ul style="list-style-type: none"> Gown front and sleeves are contaminated! Unfasten neck, then waist ties Remove gown using a peeling motion; pull gown from each shoulder toward the same hand Gown will turn inside out Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle
GLOVES	<ul style="list-style-type: none"> Use non-sterile for isolation Select according to hand size Extend to cover wrist of isolation gown 	<ul style="list-style-type: none"> Outside of gloves are contaminated! Grasp outside of glove with opposite gloved hand; peel off Hold removed glove in gloved hand Slide fingers of ungloved hand under remaining glove at wrist
FACE SHIELD / EYE PROTECTION	<ul style="list-style-type: none"> Put on face and adjust to fit 	<ul style="list-style-type: none"> Outside of goggles or face shield are contaminated! To remove, handle by “clean” head band or ear pieces Place in designated receptacle for reprocessing or in waste container

Wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE!

N95 Respirator Usage and Care



N95 respirators must only be used by a single wearer. Use labels to reduce accidental usage of another person's respirator.

Existing CDC guidelines recommend a combination of approaches to conserve supplies while safeguarding health care workers in such circumstances.

- Minimize the number of individuals who need to use respiratory protection through administrative controls;
- Use alternatives to N95 respirators (e.g., other classes of filtering facepiece respirators, elastomeric half-mask and full facepiece air purifying respirators, powered air purifying respirators) where feasible;
- Implement practices allowing extended use and/or limited reuse of N95 respirators, when acceptable;
- Prioritize the use of N95 respirators for those personnel at the highest risk of contracting or experiencing complications of infection.

Extended use is favored over reuse because it is expected to involve less touching of the respirator and therefore less risk of contact transmission. A key consideration for safe extended use is that the respirator must maintain its fit and function.

Homeless shelter facilities should develop clearly written procedures to advise staff to take the following steps to reduce contact transmission:

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids.
- Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.
- Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).

If reusing respirators is necessary because of limited supplies:

- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

Use masks not evaluated or approved by NIOSH or homemade masks as a last resort.



Reynolds Health Strategies

COVID-19, Surface and Disinfection for Syringe Service Providers and Other Harm Reduction Providers

COVID-19 mainly passes from direct contact of person-to-person. The most common way that COVID-19 is spread is when someone who is infected with it sneezes or coughs and infected droplets come into contact with someone else.

Indirect contact, such as transmission from surfaces to people may also transmit COVID-19 infection. We're working under the principle of "it's better to be safe than sorry" here: The idea is that you put your hand down on a table that has the virus on it, then rub your eyes or nose, transferring the virus into your body. This is why washing your hands is so important, but it is equally important to keep surfaces clean and disinfected regularly.

Disinfecting Surfaces: Step by Step¹

To reduce your chance of catching COVID-19, you should clean and disinfect surfaces as best you can. Take a look around and see what objects come into contact with hands a lot, especially:

DOORKNOBS	SINKS
LIGHT SWITCHES	FAUCETS
TABLES	TOILETS / FLUSH LEVER
COUNTERTOPS	PHONES

Syringe service programs, both fixed and mobile sites, may have other unique needs for cleaning and disinfecting, including, but not limited to:

CAR/VAN DOOR HANDLES	FOLDING TABLES AND CHAIRS
WINDOWS AND DOORS	CARDBOARD BOXES
BIOHAZARD BINS	TABLETS
PLASTIC BINS (THAT CARRY SUPPLIES)	CLIPBOARDS

Do an inventory of the items you bring out to your SSP sites, and create a checklist to make sure you wipe everything down with the proper disinfectant. Handle these materials with latex gloves for an added layer of protection.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

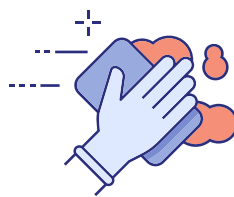
Washing your hands and wiping these items down with microbicide wipes that are approved to use against COVID-19 is a great way to minimize your chances of coming into contact with the virus.

Take the following steps to ensure you do it correctly:



STEP 1: PROTECT YOURSELF

Wear disposable gloves if you have them.



STEP 2 PRE-CLEAN

If something you want to disinfect is physically dirty—lots of dust, food stains, or other stuff on it—wipe it down first with some soap and water to remove the excess dirt. Let it dry naturally or use a separate towel to dry it off.



STEP 3 DISINFECT


















Use the disinfectant of your choice to wipe off the surface. Make sure you cover it all and the entire surface looks wet with the disinfectant. Let the disinfectant dry naturally: Don't wipe it with a towel to speed up the drying process.

Other Disinfecting Tips:

- To kill the virus, have to follow the instructions on the cleaning product very carefully. Take a look at the label and look for “contact time” or “dwell time.” As a rule of thumb, just let the cleaning product dry naturally in the air with time. If it dries before the recommended time, wipe it down again and get it wet until you reach that time. For example, if the product you’re using is supposed to stay wet for 5 minutes, and after 3 minutes it’s looking dry, wipe it down again. Don’t dry it manually with towels or paper towels to make it dry it quicker.²
- Make sure you’re using the right cleaning product for the right material. Check out the label on the bottle for “use sites” and make sure it fits. Check out the chart below to match the surface with the right material³:

² <http://npic.orst.edu/ingred/ptype/amicrob/covid19.html>

³ <http://npic.orst.edu/ingred/ptype/amicrob/covid19.html>

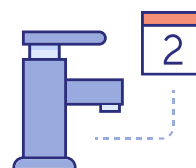
Porous	Semi-Porous	Non-Porous
 CARPETS	 WOOD	 METAL
 CLOTHES	 DRYWALL	 GLASS
 FABRICS	 TILE GROUT	 SOME SEALED COUNTER-TOPS
 BEDDING & PILLOWS	 HARDWOOD FLOOR	 SOME TILES
 MATTRESSES	 LINOLEUM	
 UPHOLSTERED FURNITURE	 CONCRETE	
 LEATHER		

How Long Does COVID-19 Lives on Surfaces?

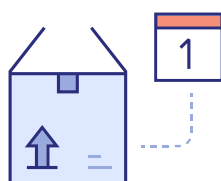
We are still learning about COVID-19 on surfaces, but we do know a lot about other coronaviruses (the family of viruses that include COVID-19) and how long they survive. Here is a list of how long they live on selected surfaces⁴:



PLASTIC
UP TO 3 DAYS (72 HOURS)



STAINLESS STEEL
UP TO 2 DAYS (48 HOURS)



CARDBOARD
UP TO 1 DAY (24 HOURS)

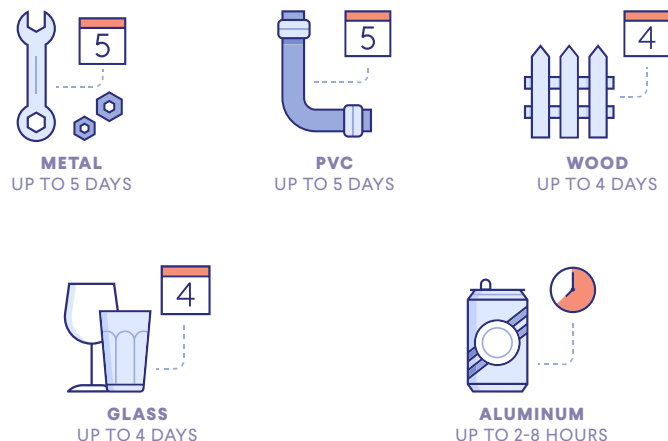


COPPER
UP TO 4 HOURS

4 <https://www.nejm.org/doi/pdf/10.1056/NEJMc2004973?articleTools=true>

How Long Do Other Coronaviruses Live on Surfaces?

We can use our knowledge of other coronaviruses to make educated guesses about COVID-19 might live on surfaces. The following surfaces have been studied for other coronaviruses, but not for COVID-19⁵:



What Kills COVID-19?

There are over 15 pages of products that can kill coronaviruses, including COVID-19 listed on the EPA website. A lot of them aren't available to the general public, but are only used in hospitals, clinics, or residential homes. The EPA list is a lot to go through and can be a little confusing to work with, so we wanted to do the work for you and give a list of products that can be bought at grocery and convenience stores that are known to disinfect and kill COVID-19. There are lots of products out there, and these are just a select few. We do not endorse one brand over another.

LYSOL™

Disinfectant Sprays

- Lysol Disinfectant Spray™
- Lysol Disinfectant Spray Max Cover Mist™
- Lysol Disinfectant Spray Neutra Air 2-in-1™

Disinfecting Wipes

- Lysol Disinfecting Wipe™

Multi-Purpose Cleaners

- Lysol All Purpose Cleaner™
- Lysol Multi-Purpose Cleaner with Hydrogen Peroxide™
- Lysol Multi-Purpose Cleaner with Bleach™
- Lysol Kitchen Pro Antibacterial Cleaner™
- Lysol Multi-Surface Cleaner Pourable™
- Lysol SMART Multi-Purpose Cleaner™

CLOROX

Disinfectant Sprays

- Clorox Clean-Up™ Cleaner+Bleach™
- Clorox Bleach Foamer™
- Clorox Disinfecting Bathroom Bleach-Free Cleaner™
- Clorox Disinfecting Bathroom Cleaner™
- Clorox Scentiva Bathroom Disinfecting Foamer™

Disinfecting Wipes

- Clorox Disinfecting Wipes™

Disinfecting Bleach

- Clorox Disinfecting Bleach™

ALCOHOL-BASED CLEANERS

Any alcohol-based solutions in sprays or wipes that has at least 70% alcohol in it can be used to disinfect surfaces of COVID-19. This includes common rubbing alcohol: Look on the label for "isopropyl alcohol 70." Don't dilute it with water and let it sit on the surface for at least 30 seconds. For other alcohol-based cleaners, follow the instructions on the label.

A quick note to avoid confusion: For hands, you can use an alcohol-based hand sanitizer that has 60% alcohol in it, but for surfaces, it needs to be 70% or greater.

For more information on cleaning and disinfecting against COVID-19, check out the CDC's website:

For households and individuals:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

For community-based organizations:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

For both households/individuals and community-based organizations:

<http://npic.orst.edu/ingred/ptype/amicrob/covid19.html>

https://preventepidemics.org/wp-content/uploads/2020/03/RTSL_Covid_PracticalTips_v5.pdf

COVID-19



Reynolds Health Strategies

Sex Work, COVID-19 and Harm Reduction

While there is still no evidence that COVID-19 is sexually transmitted, close and intimate physical contact still poses a risk. The following is a non-exhaustive resource for sex workers, clients and allies. These tips have been selected from a number of excellent resources and guides on this topic, written by and for sex workers, included below. Please consult these resources for more comprehensive information.

A note for harm reduction service providers: As programs experience challenges in moving services online or incorporating physical distance, it's a good reminder that similarly, it's not that simple or easy for sex workers to "just go online" the way they're often advised to, especially in a post-SESTA/FOSTA landscape—particularly for populations without much access to tech, tech and privacy protection skills, and without considerable resources to invest in overhead and branding costs. As always, couch these tips in harm reductionist language (i.e., "if possible," "when you can," etc.), given that not all are possible for everyone to follow strictly.

Learn more:

1. ["Here's How Much It Costs To Be An Online Sex Worker"](#),

Tips for Sex Workers: Revenue Loss Mitigation and COVID-19 Prevention

- **Check in with regulars.** If you have regular clients, try to maintain your regular client relationships, even if you're not seeing folks in person right now— whether you're asking for support or just sending a "hello, hope all's well with you and yours" message. See if you can upcharge in-person regulars for nudes, sexting, or camming—this is much easier than trying to totally rebrand yourself as an online sex worker for a new clientele in an already saturated market.
- **Be clear with boundaries.** If continuing to book in-person, try to be as transparent as possible around your boundaries, especially any new ones related to COVID-19 transmission. Try to avoid taking clients who have cold- or flu-like symptoms such as coughing, sneezing, or fever, and/or keep tissues on hand for folks to cough into and dispose. Try to avoid allowing kissing or clients touching your face and/or try to stick with positions that keep your faces further apart, like doggie-style.
- **Avoid using hand sanitizer on or inside genitals.** Stick with soap and water to avoid infection.
- **Use condoms/dental dams** when possible, especially for butt stuff. There has been some evidence of COVID-19 found in fecal matter, so be especially careful with rimming.
- **Wash hands before and after touching your own or others' genitals.** Ensure clients do the same.

Learn more:

- [Coronavirus and the Club: Part 3 - Adapting to New Conditions](#)
[Can I Get Coronavirus via Sex and Other Horny Questions, Answered](#)

More info at
PreventEpidemics.org
ResolveToSaveLives.org
VitalStrategies.org

COVID-19

Sex Work, COVID-19,
and Harm Reduction

Tips for Clients

- **Continue to pay service providers.** Like domestic workers, hair stylists, tattoo artists, etc., not everyone's work translates easily—or at all—to a virtual space. If you have a regular service provider, continue to pay them for meetings you would have had.
- **Seek or offer alternative meetings** over the phone, video chat, etc. Your service provider may be hesitant to offer these alternatives, so ask or offer first. These are great ways to continue support safely through a pandemic.
- **Respect boundaries and don't be predatory.** Your service provider is considering which best practices to adhere to so both of you can stay safe; respect their boundaries. Avoid pressuring service providers to violate these boundaries.
- **Be open about your own boundaries and concerns.** Take responsibility for your mutual health and hygiene; share what concerns you may have around COVID-19 and infection, and be flexible with solutions to those concerns. Your service provider has likely considered these, and may be hesitant to raise them first due to predatory or exploitive behavior by others.
- **Tip generously.** Times are hard right now, and work continues to be uncertain across industries. Tip your provider well.
- **Don't be racist.** There is no reason to avoid our Asian or Asian American neighbors, and it is critical that we push back against racist rhetoric and behavior in responding to the COVID-19 outbreak. Likewise, if you were already patronizing service providers of Asian descent, continue to do so.

Learn more here:

[03.19.20 – Sex Work and COVID-19-2.pdf](#)

Tips for Allies

- **Don't shame service providers.** If sex workers continue to engage in in-person services, they have likely considered the risks and have determined it is still necessary for their survival to do so. We are all making the best of a hard situation, so avoid knee-jerk shaming, and instead...
- **Check in/ask how you can support/offer resources** to individual sex workers or mutual aid funds in your area. If you're still doing outreach, think about/ask sex workers what they might need (e.g., gloves to handle money, masks, sanitizer spray to use on surfaces they work on.)
- **Donate directly** to individuals, relief funds, and/or to supportive organizations. Many higher-earning sex workers online have pledged their stimulus checks and/or 10-20% of their April profits to marginalized sex workers, and are encouraging allies to do the same if they can afford to.
- **Avoid invoking the “sex-workers-as-vectors-of-disease” narrative**, no matter how well-intentioned you might be in raising it. This is an old and dangerous narrative that has persisted from syphilis in the Victorian era to HIV/AIDS today, and it always leads to more policing and surveillance of sex workers. [Baltimore city councilor Natasha Guynes used sex workers' supposed potential for COVID-19 transmission as a pretext to advocate for their continued and increased policing after State Attorney Marilyn Mosby froze all arrests for minor offenses like sex work and drug possession.](#)

COVID-19

Sex Work, COVID-19,
and Harm Reduction

- **Include sex workers in advocacy and policy.** If you work in harm reduction, public health, and/or drug policy and advocacy, hire sex workers as consultants and include them in your budget and policy requests to ensure their inclusion in relief, emergency funding, and other services.

Learn more here:

[03.19.20 - Sex Work and COVID-19-2.pdf](#)

[UNAIDS PRESS STATEMENT Sex workers must not be left behind in the response to COVID-19](#)

COVID-19 Guides

COVID-19 Mutual Aid Resource Compilation by Lysistrata

Strong U.S. focus, also includes global resources

An evolving google doc including not only sex-worker-specific resources, but also many for those with overlapping marginalized identities. Includes many lists of sex worker relief funds, a breakdown of regional and international resources, resources for prisoners, and resources for gig and service workers.

[Lysistrata COVID-19 Mutual Aid Compilation](#)

COVID-19 Sex Worker Resources (U.S. Based) by COYOTE RI

Comprehensive resource, continuously updated, including: tips for working online, sex workers offering advice, sex worker-friendly website hosting options, sex worker mutual aid funds, tips for allies, and more. This excellent resource was created by a community of queer/trans sex working people of color in Rhode Island.

[COVID-19 Sex Worker Harm Reduction Resources \(U.S. Based\)](#)

Additional Resources

- **Bay Area Workers Support (BAWS)** – [Navigating COVID19 For Sex Workers & Allies: Info & Support Guide](#)
- **Free Speech Coalition** – [4/10/2020 Update: Coronavirus Production Hold to Remain in Place Until Further Notice](#)
- **MPact Global Action for Gay Men's Health and Rights** – [Sex Can Still be Sexy in the Time of COVID-19](#)
- **Red Umbrella Fund** – [Sex-workers' resilience to the COVID crisis: a list of initiatives](#)
- **Slixa** – [SPECIAL EDITION: Resources and Tips for Getting What's Yours and Staying Safe](#) by Kate D'Adamo
includes great detailed information on how small businesses which include "prurient sexual performances" are excluded from the Small Business Association's Disaster Loan Program and why you should still probably apply anyway.
- **SWOP-Sacramento** – [California Sex Worker COVID-19 Stimulus Survey](#) [Estímulos COVID-19 de l(o/a) Trabajador(a) Sexual de CA]
- **SWOP-Sacramento SWOP USA** – [Notes on Coronavirus and Sex Work Part 01](#)
- **Tits and Sass** – [Sex Workers: YOU CAN AND SHOULD REQUEST PANDEMIC RELIEF](#)
- **Holy Shit: Adventures in Survival Sex Work and Stimulus Checks** <http://titsandsass.com/holy-shit-adventures-in-survival-sex-work-and-stimulus-checks/>
- As a good counterpoint, this [Twitter thread](#) by Las Vegas based sex worker activist *whoreganizer* points out why many marginalized sex workers will still not be getting the stimulus check or state unemployment benefits, for a variety of reasons.
- [Twitter thread by Caty Simon](#) of **Urban Survivors Union** and **Whose Corner Is It Anyway** is consistently updated with regional, national, and international sex worker relief funds.

COVID-19



Reynolds Health Strategies

COVID-19 Stimulant Use, and Harm Reduction

A non-exhaustive tip sheet for stimulant-preferring or polydrug users, focusing on amphetamines, cocaine and crack cocaine.

People who use stimulants including cocaine and methamphetamine are more likely to have a number of health conditions that put them at higher risk for severe complications from COVID-19. Measures to limit the spread of COVID-19 may also create special challenges for stimulant users. These tips can help stimulant users stay safe.

This guidance may also be useful for those working with people experiencing homelessness or engaged in street-based sex work. People in these communities may use stimulants non-recreationally to stay awake if unhoused, for protection against violence or theft, to stay warm, or to keep working.

HARM REDUCTION CONSIDERATIONS

Drug Shortages and Bad Cuts

As with the broader drug supply, there may be disruptions to the availability of stimulant supplies during the pandemic, whether because states and local jurisdictions adopt “shelter-in-place” orders, sellers become infected and ill themselves, or other reasons. It is also possible that decreased supply results in bad or new cuts. As with other drugs:

- Stock up. Purchase extra on your drug of choice, if possible. Consider what other sources might be available if yours becomes ill or otherwise unavailable. What alternative substances (illicit, licit, over-the-counter, etc.) can you consider in case of withdrawal or sudden loss of access? Who might you trust to help you collaboratively ration your supply, so it lasts as long as you'd like?
- Start low, go slow. You can always do more of the drugs you have! Especially if you're trying to ration, start with a lower amount and see how you feel. If you're injecting, consider trying a tester shot, or injecting a small amount and waiting 20 seconds before fully pressing the plunger. This can also be protective against opioid overdose, if your stimulant supply has been contaminated by fentanyl.

More info at
PreventEpidemics.org
ResolveToSaveLives.org
VitalStrategies.org

COVID-19

Stimulant Use, and Harm Reduction

Overdose and Overramping

Fentanyl has been detected in stimulant supplies around the country, leaving often unsuspecting and unprepared users at higher risk of opioid overdose. Taking more than your system can handle can also lead to stimulant “overdose,” also known as overramping. Consider the following precautions and strategies:

- **Checking drugs for fentanyl.** Try to have fentanyl test strips available to test your supply before using. Test any street drugs you’re using, including any benzos or other drugs you may have for your comedown. Your local harm reduction organization, if you have one near you, may be able to provide test strips or help you find them. Even if you don’t have test strips, try crushing up and shaking drugs well to help avoid uneven concentrations of fentanyl in crack or meth. Only test drug residue, not shards or even pieces of shards.
 - **A note about methamphetamine (meth).** Harm reduction experts have found that meth residue must be diluted in slightly more water than other drugs before testing for fentanyl, often producing a false positive if not. Please refer to the pictured guidance from The DOPE Project in San Francisco. **SEE MORE HERE:** [HTTPS://HARMREDUCTION.ORG/ISSUES/FENTANYL/](https://harmreduction.org/issues/fentanyl/)
- **Checking drugs for stimulants.** You may also want to test your drugs to see if what you bought is actually cocaine or meth. The manufacturer of fentanyl test strips also makes cocaine test strips. For meth, you can use household bleach to confirm.
 - **Testing meth with bleach.** Do not use the “splashless” kind of bleach. Pour a small amount of bleach in a container (about 2 teaspoons) then drop a small amount of meth into the bleach. Ideally, use a clear glass container like a shot glass so you can see clearly the reaction and color of the solution (meth should have a slightly yellowish tint). It will spin ferociously in very fast circles and move around on top of the bleach. Think about fireworks that spin on the ground; when it is dropped in bleach meth acts very much like that. When it is done spinning, it will turn into a cloudy fog, leaving an oily substance floating on top. If the solution sinks and just sits there or if it only clouds up, it’s not meth.
 - Thank you to Patrick Rezac of [One Voice Recovery](#) in Salt Lake City for the tip!
- **Keep naloxone handy.** Learn how to administer naloxone, a medication that which can rapidly reverse an opioid overdose. Encourage those you use with, or who might otherwise be with you when you do, to carry naloxone and know how to administer it. Check out Next Distro (below in the resources section) for information on how to get naloxone if there is none in your area.
- **Overramping.** The effects of overramping can be reduced by drinking water to stay hydrated, eating food, getting sleep, breathing, exercising, walking, taking a warm shower and getting fresh air (Drug Policy Alliance). See the resource list below for more tips.
 - **CALL 911 IMMEDIATELY IF:**
 - Body temperature reaches 104° F, someone becomes unconscious, or they are showing signs of confusion
 - You suspect a stroke: someone suddenly loses the ability to speak or to move an arm or leg on one side, or experiences facial paralysis on one side
 - Someone loses consciousness and you notice that they are not breathing

Hygiene and Cleanliness

If your living situation allows, maintaining the recommendations for hand-washing and maintaining social distancing can help you prevent COVID-19 infection.

- **Hand-washing.** Wash your hands for 20 seconds after coming in contact with people, whether it’s when purchasing drugs, exchanging money, or sharing drugs. If you can wash your hands before and after using drugs (or at least before), all the better. You can use soap and water or hand sanitizer (with at least 60% alcohol in it) to kill COVID-19.
- **Social distancing while using.** It’s recommended that people stay 6 feet apart when out in public. This is difficult when sharing drugs, and depending upon the space where you’re using, distancing may be impossible. But if you are in a place where you can keep your distance, try to stay at least 6 feet apart.

Safer use of stimulants

Anticipate an Increased Libido

If stimulants give you an increased sex drive, try to practice safer sex. Have enough condoms and/or lubricant accessible. Avoid kissing whenever possible. Try positions that will keep your faces further apart, like doggie style. Since COVID-19 can be present in fecal matter, consider using barriers such as dental dams for anal/oral sex and washing hands well after contact with the anus. See the resource list below for more, and remember—enthusiastic consent is the sexiest safety!

Eat, Drink and SLEEP

A number of potential harms from stimulant use are secondary, due to feeling a decreased need for food and sleep. Avoiding sleep, food and water can also have negative impacts on immune system functioning, increasing vulnerability to illnesses like COVID-19. In extreme cases, days-long sleep deprivation can result in hallucinations or psychosis, so try to build sleep into your plan when using. If possible, try to set limits on use (either money or time or both) and try to take breaks if you can.

- **Shelf-stable healthy eating** (from the American Heart Association, with a few additions): You can maintain a healthy diet even if you can't access fresh food. Here are some shelf-stable options:
 - Canned, frozen and dried fruits and vegetables (low or no added salt and sugar options)
 - Canned meats like light tuna or white meat chicken (salt free), packed in water
 - Frozen chicken breast is safe for up to one year in a freezer set to zero degrees or below (store as air-tightly as possible to preserve maximum freshness)
 - Dried beans and legumes (or canned with no salt added)
 - Dried whole grains like brown rice and quinoa
 - Eggs in their shells are safe three to five weeks and unopened egg substitute is safe up to one year in the refrigerator
 - Cereals, granola, granola bars
 - Peanut butter
- **Over-the-counter (OTC) sleep aids**
 - Nighttime cold medication
 - Antihistamines
 - Melatonin tea or supplements
- **Immunity-supporting supplements**
 - Vitamin C
 - Vitamin D
 - Zinc
- **Hydration**
 - Water, Gatorade, Pedialyte
 - Try to moderate alcohol consumption, which has a dehydrating effect.
 - Be mindful especially if drinking alcohol and using cocaine/crack; the two interact in the liver to produce a third chemical—cocaethylene—which can intensify the impact of each substance on the body.

COVID-19

Stimulant Use, and Harm Reduction

Self-Harm and Wound Care

Stimulants can create a need or strong desire to scratch or pick at the skin, creating entryways for pathogens. Take care as best you can to avoid extended sleep deprivation which could make this worse. Try to keep first aid and wound care supplies just in case, as well as skin care agents such as Eucerin or Vaseline, or whatever skin care lotion you prefer.

Alternatives to Slamming

To avoid the complications that can come with the higher frequency of injecting stimulants, consider alternative routes of administration. Using other routes even occasionally can be protective! No matter which route you choose, try not to share any equipment. See the resource list below for more detail.

Swallowing

- **Dilute drugs in water and drink**
 - Pack into empty glycerin capsules (available online, or often at health food stores). Swallow with liquid
 - Parachuting: Crush well and place drugs in the center of a small piece of tissue paper. Bring the corners together and twist to contain your drugs (held by the twisted piece, it'll look like a mini-parachute). Swallow with liquid

Smoking

- **Crack/meth smoking kit supplies**
 - As COVID-19 is transmitted by saliva, sharing pipes or stems can transmit the virus. Wash the pipes and stems after use with soap and water, wipe it down with alcohol wipes (60% alcohol or greater) or even bleach.
 - Glass pipes from head/tobacco/smoke shops or Pyrex stems handle heat well and are stronger than conventional glass.
 - Heat-insulated mouthpiece: rubber tubes, spark plugs, thick rubber bands
 - Alcohol pads to sterilize pipes and mouthpieces
 - Wooden push sticks, like chopsticks
 - Chapstick or other lip balm, to keep lips moisturized and avoid cracking
 - Chewing gum, lollipops, hard candy, for dry mouth (which may also contribute to tooth decay)
 - Condoms, which can be tied off and used to hold blowback smoke
- **A note on foils:** Thick, coated foils are specially made and can be good for smoking meth or crack, but are often hard to find in the U.S. If choosing to smoke using household aluminum foil, burn it before using to avoid inhaling its chemicals, and break up the rock or crystals a bit first.
- **Make your own pipe:** Check out this Exchange Supplies video on how to make a pipe out of foil:
<https://www.youtube.com/watch?v=qRhrtCcbowE>

Snorting

- Crush drugs into as fine a powder as possible
- Use sterile straws (or clean paper). Avoid using dollar bills!
- Try not to share straws. Use different colors to more easily identify and personalize each person's straw
- Flush your nostrils with warm water or saline after snorting. Syringe service programs often offer small ampoules of sterile water or saline solution. This can support the health of the nasal cavity and help dissolve drugs, meaning less is wasted.
- Using a little vitamin E oil after the nasal rinse is a great thing for the nose and helps it stay healthy. Apply with the tip of your finger or a cotton swab.

COVID-19

Stimulant Use, and Harm Reduction

Booty Bumping/Boofing/Plugging

- If possible, clean yourself out with an enema before booty bumping.
- Prepare your drugs using standard harm reduction tips for injecting, and draw up into a 3 cc barrel syringe. REMOVE THE NEEDLE, apply a small amount of lubricant around the anus, insert the tip of the syringe into the anus, and slowly depress the plunger.
- Try your best to relax, and be sure to insert the syringe all the way in, past your sphincter. It can help to lay on your side. If you aren't relaxed you will encounter resistance and possible pain.
- You can also use a lighter to gently heat the plastic of the syringe, then use your fingers to smooth any rough edges on the end of the syringe. Do not put the plastic directly in the flame. Just hold the syringe above the heat for about five seconds to make it more pliable
- You get more of the drug when you booty bump compared to injecting, smoking, snorting or eating, leading to an increased risk of overamping overdose. Start by using less when you booty bump and see what your tolerance is, see how you feel, and take more or less as needed.

Hot Railing (meth only)

Note: Hot railing carries a high risk for overdose if your meth contains fentanyl. If there is any doubt, try to use one of the alternatives listed above.

- **Supplies:** Pyrex glass stem about 6 inches long; rubber tubing similar to those for crack kits (4-6 inches long); camping size 1-pound propane fuel tank; and manual start hand torch screw-on attachment.
 - Prepare a line or a bump—the finer the powder, the better the vapor will be. Adjust the torch flame to about an inch long, slow and steady, low gas flow. While holding the rubber end of the glass tubing, heat the end (1 inch) of the glass tube until the end turns red hot.
 - After the end is red hot, put the rubber end in your nose like you would a tooter when snorting. Put the hot end of the glass pipe right above the powder line/bump you prepared. Avoid touching the glass to powder; it will smother the end of the glass tube and your dope will be wasted.
 - **Note: DO NOT** snort an uncrushed shard. It could get lodged in the nasal passage and cause severe burning and damage, increasing risk of infection.
 - Inhale through your nose like you would if you were snorting, and the heat will vaporize the meth all at once, delivering a potent dose.
 - **Note:** The vapor is smooth and does not burn like with snorting. If it burns (like meth usually burns when snorting, which is different than how hot vapor feels), the tube wasn't hot enough.

COVID-19

Stimulant Use, and Harm Reduction

RESOURCES AND REFERENCES

Crack and cocaine

- [Chrysalis. \(2009\) Harm reduction for crack cocaine users. Chrysalis CDP. Dublin.](#)
- [Booklet PDF \(Direct link\)](#)
- [Drug Policy Alliance - How can we reduce the harms associated with using cocaine?](#)

Methamphetamine

- [The DOPE Project in San Francisco, Fentanyl and Fentanyl Test Strip information: <https://harmreduction.org/issues/fentanyl/>](#)
- [Tweaker.org](#)
- [Chemsex First Aid: One of the best resources we have, to keep ourselves and our friends safe in chemsex environments, is each other.](#)
- [Tweaking Tips](#)
- [Apps to Support You](#)
- [StopOverdose.org: Overamping, or speed “overdose”](#)

Heart Health

- [American Heart Association: What heart patients should know about coronavirus](#)
- [U.S. CDC: People who are at higher risk for severe illness](#)

Sex and Stimulants

- [AIDS United: ChemSex 101](#)
- [Mainline: Chemsex info and support during corona pandemic](#)
- [Mainline: Chemsex chat \(Monday-Friday, 11 a.m. to -5 p.m. Central European Time\)](#)
- [New York City Health Department: Sex and Coronavirus Disease 2019 \(COVID-19\)](#)
- [The Cranky Queer: How to Have Sex in the COVID-19 Coronavirus Pandemic](#)

Safer Supplies

- [Next Distro: A great source for harm reduction supplies, including naloxone, that can be mailed directly to you.](#)
- [Exchange Supplies video on how to make a pipe out of foil: <https://www.youtube.com/watch?v=qRhrtCcbowE>](#)

Other

- [BTNX Inc.: Harm Reduction \(fentanyl test strip manufacturer\)](#)
- [U.S. FDA advises patients on use of NSAIDs for COVID-19](#)
- [Grund J-P, Coffin P, Jauffret-Roustide M, Dijkstra M, Bruin D, Blanken P. The fast and furious – cocaine, amphetamines and harm reduction. In 2010. p. 205–54.](#)

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 one hundred million deaths from cardiovascular disease and epidemics. Through its Prevent Epidemics program, Resolve to Save Lives, an initiative of Vital Strategies, 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.

COVID-19



More info at
PreventEpidemics.org

ResolveToSaveLives.org

VitalStrategies.org



This special populations assessment tool may help in identifying those groups of individuals who require differing messages from the general public information message or who can not be reached through mass communication channels. In conducting the assessment, consulting individuals within a population, or representative organizations, may be helpful in understanding how the population may receive information during emergencies. Allow the populations in question to have a say in whether they do or do not need special assistance, especially early in a crisis. Be realistic about what can be accomplished early in a crisis and, remember, never promise what you can't deliver.

After conducting your emergency public information assessment, some population groups:

- May qualify as a special population for purposes related to public health's public information and health-risk communication activities;
- May have status as a special population from an operational perspective but may not qualify as a special population for purposes related to public health's public information and health-risk communication, or
- May qualify as a special population for purposes related to public health's public information and health-risk communication activities, including early in a crisis, but resources are not available within the PIO activity to meet their communication needs. Emergency management planners in the jurisdiction should be alerted to these groups to permit alternate planning.

Assessment and Planning Worksheet:

Identifying barriers to emergency mass communication

1. Describe the population group (estimated number/percent in your jurisdiction)

What is different?

Primary understood language(s)

Degree of English comprehension?

None

Simple written understanding

Simple verbal understanding

Proxy/guardian NOT available to receive message





SPECIAL POPULATIONS ASSESSMENT TOOL

Major Cultural/Religious Taboos (dietary, medical practices, human interaction)

Unique lifestyle characteristics (tourist, homeless, isolationist, migrant, undocumented)

Mobility (physical, transportation, civil rights)

2. Describe the emergency event and recovery actions for planning purposes:

Would any aspect of the disaster, response, and recovery create a communication challenge for the population described above?

Disease Outbreak

- transmission from person to person
- transmission by animals
- transmission by environment
- no transmission between persons
- transmission by insects
- unknown

Natural Disaster

- fire
- flood
- wind
- earth (quake, mudslides)

Nuclear/Radiological Incident

Infrastructure Collapse

- cyber terrorism
- water/sewer plant contaminated
- medical resources unavailable
- power outage
- food contaminated

Explosion

Harmful Chemical release





SPECIAL POPULATIONS ASSESSMENT TOOL

Emergency event “action” recommendations:

- Shelter in place
- Evacuate
- Report to public place to receive treatment
- Ingest specific food
- Avoid specific animals, plants, insects, bodies of water
- Remain at home to receive treatment
- Turn in to authorities or destroy specific animals, plants, insects
- Stay “tuned” for updates
- Avoid specific population groups (e.g., contaminated, showing disease symptoms)
- Remove contaminated clothing in public setting
- Receive immunization
- Bring identification to authorities to receive treatment
- Do not ingest specific food
- Take prescribed medicine

3. Describe barriers inherent in the message

Will the content of the message in its present form-- if delivered--still not be received and acted on, based on assessment of the population described above?

Language:

Action recommendation is perceived as an affront to a major cultural/religious belief

Action recommendation is perceived as an egregious blow to economic security and/or civil rights not shared by all

4. Describe barriers in the distribution channels for the population described above

What breaks down in the mass communication delivery systems for an acceptable emergency action message?

- No access to an electronic mass communication channel (TV, radio, Internet)
- Power outage/communication infrastructure damaged or overwhelmed
- No address at which to receive information by mail or automatic phone messages
- Not served by specialized media (in understood language)





5. Describe barriers inherent in the population, as described above

What would prevent them from receiving an initial action recommendation from authorities during a public safety emergency?

- Language (no English comprehension or proxy)
- Cognitive impairment (can't comprehend/remember message and no proxy)
- Strongly held cultural/religious taboos (action interferes with it)
- Fear of coming forward for help (outstanding warrants, child support defaults, runaways, undocumented workers/families)
- Physical impairments without compensating technology/ human resource support
- No way to identify where/how to reach the population with alternate messages or communication delivery systems (e.g., no geographic gathering place, no way to identify as "without mass communication access," no way to know person is not under constant proxy/guardian care such as an individual who is blind and cognitively impaired and lives alone with only intermittent and un-invested outside care)
- Phobias, relevant to event, that can't be overcome through mass communication

6. Describe the communication alternatives for populations that will not receive or take the action recommended and communicated to the general population

Can you, with available resources: change the message, change the population characteristic, or change the delivery system to reach the population described above?

- Message
- Translate into understood language
- Translate into pictographs
- Change message to respect cultural taboos
- Acknowledge cultural taboo and explain reason it is being superseded and what would happen if the offensive action was not taken (use validator)
- Channels (that serve targeted population)
- Flyers (for door to door distribution)
- Community posters (for posting in public places)





Civic/community/advocacy organizations

Schools

Workplaces

Places of worship (church, hall, temple, mosque)

Retailers

Government services agencies (post office, community health center)

Translators (contract or volunteers)

Identified proxies or guardians (community leaders, family)





7. Prioritize identified “special populations” for public health information and health risk communication activities during a public safety emergency

Which populations can public health reach through its public information and health risk communication efforts? Which populations can't be reached within public health's public information capabilities and should be referred to the jurisdictional emergency operation planners?

Percentage of the population in the jurisdiction _____%

Messages can be altered during the pre-event stage.

- No
- Yes

Adequate resources can be identified, made available, and described in communication plans.

- No
- Yes

8. Identify the human resources needed to reach the population through the above selected alternate communication channels (#6) with initial messages during an intense public safety emergency.

Which people will act as a communication delivery system for messages to the population described above who cannot receive emergency messages intended for the general population through routine mass communication channels?

Organizations engaged to provide human resources

- Memorandums of understanding are in place
- People are trained and can be notified during the emergency event if needed
- Persons within the population group described above accept the alternate delivery systems and believe they are necessary and will work
- Alternate delivery systems have participated in drills/exercises
- Alternate delivery systems can be sustained, if needed, for days

9. Provide jurisdictional Emergency Management Operations planners with information regarding populations you have identified who may have special communication needs, but who can not be served through public health's public information and health risk communication channels.





SAMPLE MESSAGE PLANNING

Audience	Key Message	Supporting Facts	Communication Channel
General Public	A pandemic flu is a worldwide flu outbreak.	<ul style="list-style-type: none"> ▪ Pandemic flu occurred 3 times in the last century. ▪ Most scientists believe it's only a matter of time until there's another pandemic. ▪ The flu spreads from person to person and is highly contagious. ▪ Pandemic flu is expected to have a high death rate. 	<ul style="list-style-type: none"> ▪ Department website ▪ Fact sheet ▪ Press release to newspaper, local TV
General Public	If the current Asian bird flu spreads to humans, no one will be protected.	<ul style="list-style-type: none"> ▪ The U.S. is working with the World Health Organization to take necessary steps to meet the threat of a flu pandemic. ▪ Vaccine will not be available initially. ▪ New vaccine production can take as long as 3-6 months. 	<ul style="list-style-type: none"> ▪ Department website ▪ Fact sheet ▪ Press release to newspaper, local TV
General Public	We are prepared to respond with a flu pandemic plan in place.	<ul style="list-style-type: none"> ▪ We have stepped up disease tracking capabilities. ▪ We have trained staff & partners to respond through mass dispensing drills based on county plans. ▪ We are coordinating with federal agencies to receive and distribute vaccine once it is made available. 	<ul style="list-style-type: none"> ▪ Department website ▪ Fact sheet ▪ Press release to newspaper, local TV

CRISIS EMERGENCY RISK COMMUNICATIONS (CERC)



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

SAFER • HEALTHIER • PEOPLE™

	Homeless Youth Alliance		
	1	Programmatic protocols during the shelter in place ordinance and during the time of COVID-19	→
	2	Participant-facing educational flyer	→
	Portland People's Project A participant-facing one-pager -- "Staying Safe: What you need to know"		
	1	English version	→
	2	Spanish version	→
Rad!	Rad! Three zines focused on COVID-19 for participants:		
	1	Harm Reduction for Bodyworkers and Sex Workers Who Don't Wanna Get Sick with COVID-19 (Or Give It To Their Clients)	→
	2	Safety Tips for People Who Are Experiencing Homelessness & Don't Wanna Get Sick With COVID-19 (Or Give It To Others)	→
	3	Harm Reduction for People Who Use Drugs and Don't Wanna Get Sick With COVID-19	→
	Urban Survivors Union Comic-style educational material for participants <i>"How We Win Together: Coronavirus Edition"</i>		→
IHRC	Iowa Harm Reduction Coalition		
	1	Programmatic COVID-19 safety protocols	→
	2	"COVID-19 and Harm Reduction: The Health and Wellbeing of People Who Use Drugs in the Midst of a Pandemic," including a variety of related topics and resources.	→
	The Sidewalk Project Link to webpage with suggested protocols for sex workers to use for the duration of the pandemic, "Use COVID-19 Safer Sex Worker Protocols."		→
The Claremont Exchange	The Claremont Exchange		
	1	COVID-19 Tips and Virus Hygiene flyer for participants	→
	2	Link to a YouTube video with information about exchange services under COVID-19, adaptations, and supplies available; information about the drug supply; harm reduction tips; and additional resources.	→