

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:

- Fever
- Cough
- Shortness of breath/difficulty breathing
- Fatigue

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.