Guidance on Contingency Planning for People who use Drugs and COVID-19

10/04/2020

Developed by the HSE for anyone who is working with people who use drugs (PWUD) including those on OST.

Please note, this document may be updated weekly or as the need arises. Please check the HSE National Social Inclusion website for the most recent version.

Disclaimer COVID-19 is a rapidly evolving pandemic with national advice and guidance updated regularly. This document is accurate at the point of publication and will be reviewed regularly and updates issued as and when required.

Contents

Concerns

- People who are not on OST currently and may need to be commenced.
- Naloxone provision.
- People's ability to acquire top up drugs may be limited.
- People may be rough sleeping or using one-night-only accommodation, hostels, B&Bs and hotels and may not be able to self-isolate if required.
- People may be stockpiling drugs, increasing risk of overdose.
- People may be self-isolating and using alone, increasing risk of overdose.
- There may be polydrug use including alcohol and non-prescribed prescription medications.
- Covid-19 is a respiratory illness with possibility of respiratory depression.
- Many people may find isolation and quarantine intolerable and may have difficulty co-operating.
- People may not have sufficient access to clean injecting equipment due to limited access to needle exchange or due to isolation.
- People who do not attend the prescriber or pharmacy as planned.
- Harm reduction advice to people who use drugs.

Actions

Identification

- Urgently identify homeless people and others on waiting lists in need of drug treatment. Aim to get all clients awaiting OST into treatment promptly in order to minimise their risks to self and to others in the current Covid-19 crisis. Staff working in drug services, homeless services and social inclusion-specific testing services all have a role in identifying people needing OST.

Information

- Ensure that all prescribing locations including Level 1 and Level 2 GPs gather up-to-date contact details, dose details and dispensing clinic/pharmacy details for all clients on OST. This information should be stored in line with GDPR guidelines and in a manner that would be accessible should a clinic/GP practice need to close.

Induction of new clients on OST during COVID-19 crises

As outlined in the OST guidelines it may not be necessary to go through a prolonged assessment process in the following circumstances, which are also relevant to rapid/emergency induction:

- the person is a known opioid dependent person through engagement with the service.
- there are track marks are visible.
- the person has a previous history and has been on OST treatment before - this can be verified through CTL as necessary.
- the person is/was in treatment in another jurisdiction.

Process:

- Clinical review is important and can take place via video link on a smartphone with a Level 2 GP. Opioid presence can be confirmed with point of care testing. Please see communication issued by the ICGP to Level 1 and Level 2 GPs in appendix 1.
- Client sends a photo of themselves to the GP via Smartphone.
- GP completes CTL template form and attach a clear photo to CTL via Healthmail or HSE email to centraltreatmentlist.gp@healthmail.ie.
- Liaise with relevant GP coordinator (see appendix 2).
- Liaise with pharmacy co-ordinator (see appendix 3).
- Treatment card issued from CTL electronically.
- Induction on OST in line with the OST guidelines.
- An initial 20mg of methadone can be prescribed to the individual after clinical assessment to commence the induction process.

Emergency induction of OST is likely to be required when a person with opioid addiction is required to enter isolation due to possible or confirmed COVID 19 infection.

In certain circumstances the clinician may be unsure about the safety of commencing, please refer to list of GP coordinators in appendix 2 for further advice.

Please note: Unlike our usual policies for managing waiting lists and commencing clients on treatment, we may have to deviate from these policies during the current crisis in order to ensure the safety of the client and to fulfil the public health requirements for minimising viral transmission.

Medication Choice

There is a risk/benefit balance to be struck in terms of whether to commence the client on methadone or buprenorphine/naloxone. If there is a designated family member who could safely supervise the doses at home in the event of a lockdown situation then this may be a factor in choosing the appropriate medication.

Buprenorphine/naloxone may be a preferable option within a clinic setting if the person does not need to self-isolate. Contact must be made with the liaison pharmacist to check the availability of a dispensing pharmacy and to check the capacity to supervise buprenorphine/naloxone in the current situation before a decision is made about medication and before the client leaves the clinic.

The following considerations may determine which to choose in each individual case:

METHADONE	
PROS	**CONS**
1. Methadone involves less supervision time for pharmacist 2. No need to wait for withdrawals to commence 3. GPs are more familiar with induction or methadone	1. Induction to optimum dose is slower 2. Methadone is less safe if take away doses are required particularly early in the induction phase 3. Less safe if polydrug use is an issue

BUPRENORPHINE	
PROS	**CONS**
1. Buprenorphine is a safer medication to take home in the event that a lockdown situation arises 2. buprenorphine can be titrated to optimum dose faster 3. safer medication where overdose is a risk consideration	1. Supervision of Buprenorphine takes more contact time for the pharmacist 2. Client will be in the pharmacy building for longer 3. Client needs to be in withdrawals to commence treatment

You can find the Buprenorphine/Naloxone leaflet for clients who are prescribed it in appendix 4.

You can find the methadone leaflet for clients who are prescribed it here

Naloxone for people using opioid drugs

Naloxone is a medicine recommended by the World Health Organisation for treatment in opioid overdose cases. Within minutes, it reverses the effects of opioid overdose. Naloxone is a prescription-only medication. GPs can prescribe Naloxone to a person who is at risk of overdosing on opioids. The GP can dispense the naloxone and will explain to the client how it should be used. Naloxone can be obtained by GPs who intend to prescribe this by contacting the HSE National Social Inclusion Office [appendix 5].

Every individual in receipt of OST and in contact with treatment providers should be offered and encouraged to take a supply of Naloxone.

Naloxone should be administered by a person trained in using the product. In the current crisis, consider using injectable Naloxone. If using intranasal product, use precautions including PPE if available taking care to adhere to standard precautions including hand hygiene at all times.. Used product should be disposed of within sharps bins using the normal protocols.

Please note that if CPR is required during the response to an overdose, breaths or pocket mask should not be used - only chest compressions. If the service or staff have access to the use of a Bag Valve Mask (BVM) with the appropriate viral filter and have been trained in the use of this equipment then this can be used. Please see advice in this regard issued by PHECC in appendix 6. If phoning for Emergency services please remember to provide the EirCode if available.

OST Provision

OST for person in isolation at home

Follow all public health advices on minimising viral transmission

If the person is already on treatment, the following options can be considered for the on-going management of their OST:

- Clinical review is important and can take place via video link on a smartphone.

- Option 1: The provision of take away doses for the duration (or part) of the self- isolation.
- Option 2: The provision of medication to a responsible family member following consent from the client.
- Option 3: The provision of medication by a driver and a clinical person/key worker. Inform the client in advance that a photograph will be taken using a mobile phone by the person delivering the medication. This is to ensure the correct person is receiving the medication and avoid the need for a signature for receipt of same.
- If no paper prescription is available, a scanned copy of the prescription can be transmitted from the clinic/GP to the pharmacy via Healthmail. New legislation allows for the use of eprescriptions to be generated and sent to the Community Pharmacy via Healthmail by the doctor.
- A scanned copy of the ID of the designated person should be sent to the pharmacy in advance of the pick up particularly if the pharmacy are not familiar with the person along with completed nominated person template in appendix 7. The designated person will need to show ID to the pharmacist. Please see the PSI and HSE joint guidance to support patients, volunteers and pharmacists with the safe delivery of medicines for further resources.
- Advice on the safe storage of medications must be given to the client, refer to HSE leaflet on storage of methadone at home.

If the person is not on OST treatment, please see section on induction of new clients on OST during COVID-19 crises.

OST for person in a residential facility including isolation hub and homeless accommodation

Please see the Guidance for Vulnerable Group Settings on the HSPC website.

If the person is already on treatment, ensure adequate and safe supplies of medication. The following should be taken into consideration:

- Safe and secure storage of medication including the presence of a small safe.
- Where clients are residing with family, advice on the safe storage of medications must be given to the client, refer to HSE leaflet on storage of methadone.
- Accurate records of client details including dose.
- Risk of take-out doses to other residents.
- Contact the local HSE addiction service for support in managing any remaining medication should a client leave the isolation hub (either as a result of a negative test or transfer to another facility/back to homeless accommodation).

If the person is not on OST treatment, please see section on induction of new clients on OST during COVID-19 crises.

OST for person in hospital

- Refer to Clinical Guidelines for Opioid Substitution Treatment: guidance document for OST in the hospital setting.

People who use Benzodiazephines and/or Alcohol

Benzodiazepine

There may be people who report use of benzodiazepines but who do not have a prescription for same. This can be determined by self-report, clinical assessment and confirmed by point of care or laboratory testing.

To avoid benzodiazepine withdrawal symptoms, GPs are advised to commence the person on a maximum dose of 30 mgs per day in divided doses using 2mgs tablets. This should facilitate the patient remaining in self-isolation. GPs are advised to mark the physical prescription or Healthmail notation with COVID-19 during this crisis in order that this can be taken into account by the PCRS afterwards when reviewing reimbursement history.

It should however be made clear to the client and should be documented that such treatment is for the duration of the isolation only. However, a brief tapering prescription of daily dispensed meds might be considered on discharge-at the discretion of the responsible clinician.

Information in relation to the management of benzodiazepine use in the longer term is available from the Medicines Management Programme.

Alcohol

People with alcohol use disorder may present with alcohol withdrawal symptoms. GPs are advised of the following:

- The use of a benzodiazepine such as diazepam or chlordiazepoxide is recommended to manage alcohol withdrawals in the community. A useful article is available here.
- NICE guidelines advise the following:
    - In a fixed-dose regimen, titrate the initial dose of medication to the severity of alcohol dependence and/or regular daily level of alcohol consumption.
    - In severe alcohol dependence higher doses will be required to adequately control withdrawal and should be prescribed according to the SMPC. Make sure there is adequate supervision if high doses are administered. Gradually reduce the dose of the benzodiazepine over 7–10 days to avoid alcohol withdrawal recurring.
    - Vitamin supplementation should be considered in those at risk of developing Wernicke's encephalopathy.
    - For people who typically drink over 15 units of alcohol per day, and/or who score 20 or more on the AUDIT, consider offering:
        - an assessment for and delivery of a community-based assisted withdrawal, to include vitamin supplementation if necessary
          or

- assessment and management in specialist alcohol services if there are safety concerns about a community-based assisted withdrawal.

Community Pharmacy

Disruption to dispensing

In the event of closure of a community pharmacy:

- Community pharmacies should contact the Liaison Pharmacist so they can assist in co-ordinating the transfer and liaising with GPs/clinics to ensure all clients are made aware of the pharmacy change. Active prescriptions should be transferred form the closed pharmacy and will need to be continued until the next scheduled prescription from the GP. Prescriptions from the closed pharmacy should clearly indicate if emergency take-away doses have been given to the client at the discretion of the pharmacist, e.g. due to isolation.
- If a large number of clients are being transferred the new pharmacy may need to requisition OST medicines from the closed pharmacy (if feasible), in order to obtain more stock if there is a delay in wholesaler ordering and delivery.
- Communication issued from the HSE Liaison Pharmacists to community pharmacies dispensing Methadone/Buprenorphine to OST clients can be found here.
- In the event that a pharmacy cannot supervise doses in the consultation room, every consideration should be given to preserve the client's privacy while consuming their dose. If this cannot be facilitated please contact the Liaison Pharmacist.

Disruption to prescribing service

In the event of a GP prescriber or practice having to close, the following steps should be taken:

- Inform the relevant GP Co-ordinator at the earliest possible convenience. Have an up to date list of OST clients with their contact details and doses available on request.
- If possible identify a practice or close colleague who may be able to prescribe in the GPs absence.
- If no local arrangement possible alternative prescribing will be facilitated by the relevant GP Co-ordinator.
- Continuity of medication must be prioritised.

Communication with people who use drugs

The need for appropriate social distancing in the clinic/pharmacy setting should be highlighted to clients. General advice on COVID-19 can be found on the HSE website

Guidance for healthcare professionals can be found on the Health Protection Surveillance Centre website

Advice for people who use drugs can be found on drugs.ie

COVID-19 avoidance strategies should be routinely promoted to clients through all Injecting Equipment Provision services. Staff should also communicate the increased risk of transmission if

sharing smoking/inhalation equipment. All staff should continue to promote the HSE advice on social distancing, hand washing and cough etiquette.

Associated documents reference list

- An example **Standard Operating Procedure (SOP)** for the **emergency induction of OST** can be found here. The example SOP is based on this guide. It is advised that you develop you own SOP, based on this guide, for your area as appropriate.

- The National Drug Treatment Centre **Standard Operating Procedure (SOP)** for **dispensing medication for clients in Isolation during COVID-19 from the pharmacy** can be found here.

- **Clients on multiple/complex medications who are entering an isolation facility** are advised "It is very important to continue to take your usual regular medicines, unless you are told not to by your doctor. Bring all your own medicines with you to the Isolation Facility. This includes any inhalers, eye drops, injections, blister packs, patches, etc. Plan to have a supply for one month, although this amount may not be necessary. Bring the rest of your current month's supply of medicines. Bring a prescription for any medicines which you may need re-prescribed. If you are bringing over-the-counter medicines e.g. paracetamol, write your name on the pack. If you have a list of your medicines, it may also be helpful to bring. You can download and print a My Medicines list which you can fill out from www.safermeds.ie".

- Documents from the Pharmaceutical Society of Ireland (PSI) including **the PSI HSE joint guidance to support patients, volunteers and pharmacists with the safe delivery of medicines** can be found here

- If clients need to attend clinics and pharmacies for their prescription and are not in isolation, please issue them with a **permission to travel letter**. You can find a template in appendix 8.

- **Information and resources for people who use drugs** can be found on drugs.ie, including:
    - Drug services during COVID-19
    - Harm reduction advice for people who use drugs during COVID-19 pandemic
    - Overdose awareness during COVID-19 pandemic
    - Drug recovery
    - Family support

- **Information and resources for professionals/staff can** be found on the HSE National Social Inclusion website

Appendix 1 Letter to Level 1 and Level 2 GPS from the ICGP

March 13th, 2020

URGENT COMMUNICATION REGARDING OST PATIENTS

To all Level 1 and Level 2 GPs

Dear Colleagues,

Following the advice provided by ECDC yesterday, we need to make every effort to ensure the safety of ourselves, our staff, our pharmacy colleagues as well as the safety of our patients. We manage a vulnerable cohort of patients and as you will appreciate, it will be a challenge to get that balance exactly right. However, in conjunction with the HSE and our Public Health colleagues, we would like to recommend the following guidelines:

1. For each patient in your care, assess the need for the patient to attend in person at your surgery/clinic. Where possible **do follow up consultations electronically or by telephone.**

2. Assess the safest dispensing requirements for the patient. Where possible;

   - **Minimise the number of pharmacy attendances**
   - **Give the maximum number of take away doses** having given due consideration to the safety of the patient
   - **Engage the help of a family member** where necessary to assist with the safe management of medication particularly if patient is getting more take away doses than usual.

3. Consider giving the patient and/or the designated family member the following leaflet on

the safe storage of methadone: https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/addiction-treatment-and-rehabilitation/keeping-children-safe.pdf

4. Consider giving patients a copy of the methadone leaflet to remind them of the risks associated with methadone: http://www.drugs.ie/drugtypes/drug/methadone_opiate

5. **Individuals who have symptoms suggestive of Covid-19 should self-isolate for a period of 14 days**. Additional measures will need to be put in place to ensure safe delivery of medication for these individuals. This may involve a family member collecting medication or a pharmacy delivery if that remains the only option.

6. **Viral testing for symptomatic individuals should follow arrangements which are in place in your local area.** These arrangements are likely to change as it is an evolving situation and it is important that the local arrangements are followed.

In this time of unprecedented challenges and the uncertainty about how the Covid-19 situation will evolve, we as practitioners need to apply our best clinical judgement on a case-by-case basis. We will not be in a position to rigidly apply our existing guidelines and work practices – there needs to be appropriate flexibility in their application.

We will be in regular contact with our HSE and Public Health colleagues on these matters and we will keep you briefed on the evolving situation. In the meantime should you have any queries, please contact the GP Co-ordinator for your area:

North Dublin City: Dr Des Crowley, des.crowley@hse.ie, 083-1058809

North Dublin: Dr Hugh Gallagher, hugh.gallagher@hse.ie, 087-9327972

South Dublin and County Kildare: Dr Margaret Bourke, margaret.bourke@hse.ie, 086-0222704, 014767010 (Castle St Clinic)

National Co-ordinator (all areas outside Dublin): Dr Ide Delargy, info@gpblackrock.com, 086-8100803

Please look after yourselves and your staff during these challenging times.

Kind regards,

Dr Ide Delargy
Director, ICGP Addiction Management in Primary Care Programme

Dr Des Crowley
Assistant Director, ICGP Addiction Management in Primary Care Programme

Appendix 2 GP Liaison contact details

Area	Contact
West Dublin and South Side (D2, D4 Ringsend only, D6, D8, D12, D16, D24) Co Kildare East Coast (Dún Laoghaire, South County Dublin, Wicklow)	Dr. Margaret Bourke margaret.bourke@hse.ie 0860222704
Dublin North City (Fairview, Blanchardstown, North Strand, Thompson Centre, Dublin1)	Dr. Des Crowley des.crowley@hse.ie 0879327972
Dublin North County (Drumcondra, Ballymun, Finglas, Skerries, Swords)	Dr. Hugh Gallagher hugh.gallagher@hse.ie 0872198094
All areas outside of Dublin	Dr. Ide DeLargy info@gpblackrock.com

Appendix 3 Pharmacy Liaison contact details

Area	Contact
Dublin South city and county, Kildare and Wicklow	James Kee james.kee@hse.ie 0877068013 Helen Johnston helen.johnston@hse.ie 0868543733
Dublin North City and County	Blaithin Cotter blaithin.cotter@hse.ie 0873325540
All areas outside of Dublin	Norma Harnedy NormaM.Harnedy@hse.ie 0868397159

Appendix 4 Buprenorphine/Naloxone leaflet

Buprenorphine **8 mg/** Naloxone **2 mg sublingual tablets**
Buprenorphine **2 mg/** Naloxone **0.5 mg sublingual tablets**

1. What Buprenorphine/Naloxone sublingual tablet used for
It is used to treat dependence on opioid (narcotic) drugs such as heroin or morphine. Misusing this medicine by injecting it can cause withdrawal symptoms, infections, other skin reactions and potentially serious liver problems.

2. Warnings and precautions
To get the greatest benefit from taking Buprenorphine/Naloxone sublingual tablet, you must tell your doctor about all the medicines you are taking, including alcohol, medicines containing alcohol, street drugs, and any prescription medicine you are taking that have not been prescribed to you by your doctor. In particular, inform your doctor if you are taking benzodiazepines either prescribed or off the street as this can be result in respiratory difficulties and can be extremely dangerous.

Dependence
This product can cause dependence.

3. Talk to your doctor before taking Buprenorphine/Naloxone sublingual tablet combination if you have:
- asthma or other breathing problems
- any liver disease such as hepatitis
- low blood pressure
- recently suffered a head injury or brain disease
- a urinary disorder (especially linked to enlarge prostrate in men)
- any kidney disease.
- thyroid problems
- adrenocortical disorder (e.g. Addison's disease)

4. Do not take Buprenorphine/Naloxone sublingual tablet

- if you are allergic (hypersensitive) to buprenorphine, naloxone or any of the other ingredients of this medicine (lactose monohydrate, mannitol, maize starch, povidone K30, citric acid anhydrous, sodium citrate, magnesium stearate, acesulfame potassium and natural lemon and lime flavour).

- if you are intoxicated due to alcohol or have trembling, sweating, anxiety, confusion, or hallucinations caused by alcohol

Pregnancy and breast-feeding
Tell your doctor if you are pregnant or intend to become pregnant. Your doctor will decide if your treatment should be continued with an alternative medicine.

When taken during pregnancy, particularly late pregnancy, medicines like Buprenorphine/ Naloxone sublingual tablet may cause drug withdrawal symptoms including problems with breathing in your newborn baby.

Do not breast-feed whilst taking this medicine, since Buprenorphine passes into breast milk.
Ask your doctor or pharmacist for advice before taking any medicine.

Driving and using machines
The tablet may cause drowsiness. This may happen more often in the first few weeks of treatment when your dose is being changed, but can also happen if you drink alcohol or takeother sedative medicines. Do not drive, use any tools or machines, or perform dangerous activities until you know how this medicine affects you.

5. Starting Treatment

Clear signs of withdrawal should be evident before taking your first dose. A doctor's assessment of your readiness for treatment will guide the timing of your first Buprenorphine/ Naloxone sublingual tablet dose.

During the days after you start treatment, your doctor may increase the dose according to your needs. If you have the impression that the effect is too strong or too weak, talk to your doctor or pharmacist.

6. How to take Buprenorphine/ Naloxone sublingual tablet

- Take the dose once a day by placing the tablets under the tongue.
- Keep the tablets in place under the tongue until they have **completely dissolved**. This may take 5-10 minutes.
- Do not chew or swallow the tablets, as the medicine will not work and you may get withdrawal symptoms.
- Do not consume any food or drink until the tablets have completely dissolved.

If you forget to take tablet
Tell your doctor or pharmacist as soon as possible if you miss a dose.

7. Stopping Treatment
Depending on your condition, the dose may continue to be reduced under careful medical supervision, until eventually it may be stopped. **Stopping treatment suddenly may cause withdrawal symptoms.**

8. Possible side effects
Like all medicines, it can cause side effects, although not everybody gets them.

Very common side effects(may effect more than one in 10 people): Insomnia (inability to sleep), constipation, nausea, sweating, headache, drug withdrawal syndrome

Tell your doctor immediately or seek urgent medical attention if you experience uncommon side effects, such as:

- swelling of the face, lips, tongue or throat which may cause difficulty in swallowing or breathing, severe hives/nettle rash. These may be signs of a life-threatening allergic reaction.
- feeling sleepy and uncoordinated, have blurred vision, have slurred speech, cannot think well or clearly, or your breathing gets much slower than is normal for you.

Also tell your doctor immediately if you experience uncommon side effects such as:

- severe tiredness, itching with yellowing of skin or eyes. These may be symptoms of liver damage.
- seeing or hearing things that are not there (hallucinations).

9. How to store

- This medicinal product does not require any special storage conditions.
- Keep out of the sight and reach of children and other household members.
- Buprenorphine may cause severe possibly fatal respiratory depression in children and non-dependent persons in case of accidental or deliberate ingestion.
- Store the blister safely.
- Never open the blister in advance.
- An emergency unit should be contacted immediately in case of accidental ingestion or suspicion of ingestion.

Appendix 5 HSE Addiction Service Managers contact details

CHO	AREA	CONTACT
CHO1	Donegal	Cora McAleer cora.mcaleer@hse.ie
	Sligo/Leitrim/West Cavan	Martin Jones martin.jones@hse
	Cavan/Monaghan	Trish Garland patricia.garland@hse.ie
CHO2	Galway, Roscommon, Mayo	Shane McGuire shane.mcguire@hse.ie
CHO3	Clare, Limerick, North Tipp/East Limerick	Rory Keane rory.keane1@hse.ie
		Tony Quilty tony.quilty@hse.ie
CHO4	Cork, Kerry	David Lane david.lane1@hse.ie
		Rebecca Loughry rebecca.loughry@hse.ie
CHO5	South Tipp, Carlow, Kilkenny, Waterford, Wexford	Paul Goff paul.goff@hse.ie
		Jeanne Hendrick Jeanne.Hendrick@hse.ie
CHO6&7		Louise Ann DEVLIN Louise.devlin@hse.ie
		Concepta DeBrun Concepta.DeBrun@hse.ie
		Justin Parkes Justin.Parkes@hse.ie
CHO8	Laois, Longford, Offaly, Westmeath	Fran Byrne fran.byrne@hse.ie
	Louth Meath	Michelle Keaveney Michelle.Keaveney@hse.ie
CHO9		Lorraine Brown lorraine.brown@hse.ie
		Donal Cassidy gmsidncc gmsidncc@hse.ie
NDTC	National Drug Treatment Centre	williamh.ebbitt1@hse.ie
CTL	Central Treatment List operational queries	ctl@dtcb.ie
Liaison	National Pharmacy liaison	NormaM.Harnedy@hse.ie
	National GP liaison	idedelargy@gmail.com

SI	National Social Inclusion Office	eamon.keenan@hse.ie
		Nicola.corrigan@hse.ie

Appendix 6 PHECC COVID-19 Advisory v1

PHECC COVID-19 Advisory v1

20th March 2020

To: All PHECC Responders, Registered Practitioners, Recognised Institutions, Approved Training Instructions and Licensed CPG Providers.

Dear Colleagues,

The global pandemic of SARS NCOV2 (COVID-19) has resulted in significant challenges and changes in how healthcare (including pre-hospital care) is being delivered in Ireland.

This innovation and flexibility is likely to be required even more in the weeks ahead.

The PHECC Medical Advisory Committee wishes to provide guidance to practitioners and responders of all levels at this time. We are conscious that many individual licensed CPG providers and others are already taking steps to deliver their services in this context and also to support the state in how we all manage this unprecedented situation.

The overarching national guidelines on precautions and clinical management of COVID-19 are issued by the Health Protection Surveillance Centre (HPSC) and updated regularly with input from a national Expert Advisory Group (EAG). This should be your main source of accurate information along with the HSE and Department of Health; there is a lot of information in circulation regarding COVID-19, not all of it accurate. There are some specific issues that are pertinent to pre-hospital care, which PHECC would like to highlight **in patients with confirmed or suspected COVID-19 infection**. This advisory guidance is intended to complement existing HPSC guidelines and your own training.

The Medical Directors for licensed CPG providers may issue updated advice based on evolving national guidance - please be cognisant of any such advice.

COVID-19

The SARS NCOV2 virus which causes COVID-19, infects through contact with the mucous membranes. **It does not infect through the skin**.

The greatest element of risk for a healthcare worker (responders and practitioners) is transfer of the

virus to the mucous membranes by contact of contaminated hands (including contaminated gloved hands) with the eyes, nose or mouth. The key interventions to manage this risk are to minimise hand contamination (keep your hands to yourself when possible), avoid touching your face and clean your hands frequently (with alcohol hand-rub or soap and water).

There is also a significant risk of direct transfer of the virus on to mucous membranes by droplet transmission, that is, by direct impact of larger infectious virus droplets generated from the patient's respiratory tract landing directly in your eyes, nose or mouth. This is most likely to happen if you are within 1 meter of the patient. This risk is managed by use of appropriate PPE (surgical facemask and eye protection) and by encouraging the patient to wear a surgical facemask or cover their nose and mouth when coughing or sneezing (respiratory hygiene and cough etiquette).

There is evidence that airborne transmission can occur when certain procedures (Aerosol Generating Procedures (AGPs)) are performed. The biggest risk is related to a healthcare worker performing endotracheal intubation.

Keeping safe means focusing on the major identifiable risk. In almost all healthcare settings the greatest risks of infection of healthcare workers are likely to be related to anxiety, fatigue, distraction and multi-tasking in critical situations resulting in unintended contact of contaminated hands with the eyes, nose or mouth.

Infection Prevention & Control (IP&C), Personal Protective Equipment (PPE)

The HPSC has provided detailed guidance on IP&C and PPE requirements for healthcare workers at www.HPSC.ie. This guidance from the HPSC should be followed and appropriate PPE used for all potential COVID-19 patients. If AGPs are being performed a surgical facemask is not sufficient therefore a properly fitted respirator mask (FFP2) is required. All patients with respiratory symptoms should have a surgical facemask applied.

Case Definition – The current HPSC screening case definition for COVID-19 should be used at all times. As of today, this includes: all patients with fever/chills, signs & symptoms of respiratory tract infection (including cough) or exposure to a confirmed case of COVID-19.

Please check HPSC for daily changes to case definition, as it is regularly updating.

As COVID-19 becomes more prevalent in the community, the clinical index of suspicion for COVID-19 infection should increase also.

Training & Education

Training at all levels remains important. The COVID-19 pandemic is likely to persist for some time, so we must give thought to how training continues in this new environment. Training and education (including assessment & examinations) should be conducted in such a way that infection risk is minimised. This may require delivery on-line or in smaller groups than normal to facilitate social distancing. HPSC advice for contacts and symptomatic cases should also be followed here.

PHECC recommends that mouth to mouth or mouth to mask ventilation should not be taught in the current situation. Such elements of training may be omitted and taught at a later date.

Public Awareness

All PHECC responders and practitioners are in a position to take a lead in ensuring that important public health messages regarding hand washing, cough etiquette and social distancing are reinforced. This can be particularly effective when good behaviour is modelled to others.

Personal Well Being

This will be a difficult time for everyone in the health services including PHECC responders and practitioners. Many of you will work long hours and may become ill yourselves. As with all calls, personal safety comes first. A sick responder or practitioner cannot help others. So please ensure you use your PPE and take time to look after your own physical and mental well-being. PHECC will support you in any way we can and I know you will all support each other too.

Clinical Matters

Responders

Responders may encounter patients with suspected COVID-19 within their workplace or when tasked to normal everyday emergency incidents (Firefighters etc.). Responders may also come across an incident by chance where pre-hospital emergency care is required.

Standard infection control precautions should be applied when treating all patients.
Patients should be treated according to CPGs, however if there is a presentation as outlined in the 'case definition' above then the patient should be treated as a suspected COVID-19 case. Such patients should have a surgical facemask applied during contact time to limit the spread through droplet dispersion.

Patients in cardiac arrest should have compression only CPR applied. Responders who are trained to use a BVM may do so but should ensure a viral filter (compliant with BS EN ISO23328-1:2008) is attached. To ensure a good seal on the facemask, to minimise droplet risk, the two-person operation of the BVM is recommended.

Oxygen – if responders are administering oxygen it should be administered at the lowest

appropriate flow rate, with a surgical facemask over same if patient tolerates this.

Suctioning – should be avoided where possible. Portable suction units entrain and exhale room air, which although not directly from the patient, may contribute to droplet dispersion. This is particularly important in confined spaces (e.g. first aid room etc.).

Practitioners

Oxygen – if required, should be administered at the lowest appropriate flow rate, with a surgical facemask over same if patient tolerates this.

Aerosol Generating Procedures (AGPs) – AGPs include tracheal intubation, extubation, positive pressure ventilation (PPV) via BVM and suctioning. AGPs should be avoided where possible, as outlined above. Where an AGP is necessary, this should take place in a well-ventilated area, with appropriate PPE as outlined above. If an AGP is necessary in the ambulance, the vehicle should be stopped temporally to allow the procedure to be carried out safely and efficiently (doors may be opened unless inclement weather increases the risk of turbulent airflow in the patient compartment). Patients requiring PPV during transfer should, where possible, have a closed circuit; i.e. SGA/filter/catheter mount/BVM. This is to minimise the risk of exposure and minimise the number of practitioners required to manage the airway and ventilator support.
Of note, nebulisation is not considered by the HPSC as an AGP.

Oropharyngeal Suctioning – should be avoided where possible. Portable suction units entrain and exhale room air, which although not directly from the patient, may contribute to droplet dispersion. This is particularly important in confined spaces (e.g. ambulance with doors closed).

Intubation – should be avoided. Supraglottic airway device is recommended for advanced airway management.

Tracheal Suctioning – should be avoided (unless a closed suction system in which staff have been trained is used (this is not normal EMS equipment).

Tracheostomy Suctioning – should be undertaken only when absolutely necessary, with great care and using a closed suction system wherever possible (again recognising that this is not normal EMS equipment).

CPAP – CPAP is an aerosolising procedure and should be avoided in a confined space (e.g. ambulance compartment).

CPR – As an AGP, FFP2 mask and other appropriate PPE is required. Compression only CPR should be commenced until an appropriately fitting BVM facemask is available for ventilations. A well-fitting supraglottic airway should be placed as soon as practical. PPV via SGA or BVM facemask should ensure a good seal to minimise droplet risk. The two person BVM facemask process should be utilised when manpower permits. A viral filter (compliant with BS EN ISO23328-1:2008) should be used with BVM via facemask and SGA at all times.

Nebulisation – As with oxygen delivery, nebulisers should be delivered with a surgical facemask over the nebuliser mask if the patient tolerates it.

Treat & Refer – the delivery of community testing for COVID-19 represents a significant component of the health service response to this situation. PHECC recognises the importance of the NAS developing pathways for this under their medical directorate. PHECC is supportive of this development in keeping with the philosophy of further developing Treat & Refer CPGs.

Emergency Department Reception – most EDs are implementing COVID-19 pathways for this patient cohort. Practitioners should clarify this with the receiving ED in advance of bringing a patient into the ED. Pre arrival notification of COVID-19 patients requiring resuscitation or early assessment is recommended.

Critical Care Transfers – The inter-hospital transfer of a critically ill COVID-19 patient represents a particular challenge. Wherever possible the NAS specialist retrieval services should be utilised for this purpose. The NAS Critical Care and Retrieval Services are contactable via NEOC.

Dispatch

PHECC supports the decision of NAS to restrict CFR groups dispatch to choking and cardiac arrest calls (with compression only CPR) only for as long as COVID-19 remains a concern.

Ambulance Vehicle

The patient compartment should be cleared of any unnecessary exposed equipment prior to transporting a patient with COVID-19.

Ambulance windows should be kept closed in transit to avoid turbulent airflow and potential distribution of droplets. The partition between the patient compartment and the driver compartment should be closed if present. If there is no partition, the driver must wear appropriate PPE, including surgical facemask, for the full journey.

Decontamination of the ambulance and equipment should be performed according to HPSC guidelines. After removal of a COVID-19 patient from the ambulance, it should be left with doors open for at least 20 minutes before cleaning.

It is likely that there will be further updates to this advisory as the COVID-19 situation develops. PHECC is committed to working with all stakeholders to maximise the health service response to this unprecedented situation and to ensuring the safety of the patient, the public and responders/practitioners.

Yours Sincerely,

References

HPSC
ICSI
NAS
NASCCRS MICAS
IHF
DoH
UK Resuscitation Council

Appendix 7 Letter to pharmacy re designated person

Emergency Measures as a result of COVID 19

Dear Pharmacist,

A client whom you dispense methadone for is now in isolation and cannot call to the pharmacy for daily supervision of their Methadone/buprenorphine dose.

Given these exceptional circumstances it is necessary for a designated person to collect their medication and deliver for administration in the clients' place of isolation. It may also be necessary for their prescription to be sent by electronic means such as Healthmail.

It would be extremely helpful if the medication could be ready for collection by 10am each day (subject to local arrangement).

Client name	DOB	Designated person picking up medication

Many thanks and kind regards,

Clinic stamp/GP authorisation

Appendix 8: Permission to travel during restricted period letter template

Date:

To whom it may concern:

This is to confirm that [Name of client] is attending a treatment programme in [Name of service, location of service] on the following days:

Monday [ ]

Tuesday [ ]

Wednesday [ ]

Thursday [ ]

Friday [ ]

Saturday [ ]

Sunday [ ]

Regards,

_____

Name of Doctor

_____

Signature

The treatment centre can be contacted on [Contact number].