The OHRN team wishes to thank all those working to support people who use drugs across the province, as well as our Ministry of Health partners and key stakeholders such as OHRDP, CATIE and CAMH-PSSP, for their efforts to support harm reduction programs during the COVID-19pPandemic.

Below are highlights shared by harm reduction frontline workers and program managers about how they are adapting programs and services in response to the COVID-19 pandemic. Decisions about how to change program and service delivery need to take into account the local context and organizational capacity, and should be made in consultation with local public health guidance and organizational leadership.

General changes to harm reduction programs
- Co-locating with other services in temporary venues where physical distancing is possible.
- Where offices are closed, re-routing office calls to staff personal phones.
- Providing service users with updated lists of local services (e.g., shelters, warming rooms, food services) that remain open.
    o Editable Google Docs can be used to maintain real-time up-to-date information that can be updated by any service provider.
- Moving in-person support groups, educational components and services online.
- Providing outreach workers with letters identifying them as essential workers in case they are approached by enforcement officers.
- Developing harm reduction outreach best practice documents or organizational protocols specific to delivering services during the COVID-19 pandemic.

Harm reduction equipment and naloxone supplies
- To minimize infection transmission, moving away from single item self-serve to preparing and providing pre-packaged harm reduction kits.
- Using gloves and masks when preparing kits.
- Designating specific programs to become "kit making hubs" to supply programs that have reduced capacity to make their own kits.
- Taking orders for harm reduction supplies through email, phone or text messaging apps.
- Programs are distributing supplies in a variety of ways:
    o Out of mobile units (e.g., vans).
    o Partnering with other services such as meal delivery programs or COVID-19 isolation sites.
    o Through contactless means:
        - front door pick-up or drop-off;
        - drive-through;
        - self-serve harm reduction kit pick-up, with hand sanitizer available.
    o Pick-ups at predetermined locations on set days and times.
    o Supplying pharmacies with kits given that they are open longer hours.
    o Providing peers with kits for distribution to other peers.

Connecting to service users
- Including notes in harm reduction kits to advise service users to connect with staff for COVID-19 updates, or to provide COVID-19-specific information.
- Many service users do not have phones/computers or do not have substantial phone/data plans or home internet. Programs have reported:
  - Collecting phones and older computer equipment to provide to service users.
  - Providing service users with information on free Wi-Fi services.
  - Leaving the Wi-Fi on at their offices and removing the need for a password to access it – service users may be able to access the Wi-Fi from outside the building during hours that the organization is closed.

Staffing
- Remaining flexible and responsive to the needs of staff, and recognizing that productivity may differ as they work in higher stress environments and/or at home.
- Providing staff with clear and timely information about the organization's response to COVID-19 (e.g., policies, changes in service delivery models, etc.).
- Providing staff with information on mental health and other supports.
- Staggering staff on a rotating basis so that not everyone is onsite at once (e.g., 50% in the office and 50% working from home), thus making physical distancing easier in the office.
- Implementing opt-out policies where workers can decide whether they wish to continue with their assigned roles with no pay penalty if they decide not to engage in work that may pose risk of COVID-19 infection.
- Cross-training staff from other programs on harm reduction outreach to ensure there is no shortage of staff due to potential future social isolation requirements for outreach staff.
- Providing online team meetings, check-ins, support sessions and trainings.
- Offering debriefs for both teams and leadership either internally or through a community partner agency.
- Creating online chat rooms for staff.
- Facilitating virtual social gatherings for staff, allowing them to connect outside of work.
- Reconnecting with one another by turning on cameras during web-based meeting and calls.

Peer workers
- Relieving peers from outreach positions with pay or redeploying to non-contact duties if there are concerns about risk of COVID-19 infection.
- Exploring ways to find more suitable and safer positions for peer workers (e.g., packing kits, becoming a driver for deliveries, etc.).