

Implementation of a COVID-19 Isolation Unit for People Experiencing Homelessness

The Royal Victoria Experience (April-June 2020)



L'Équipe de soutien
clinique et organisationnel
en dépendance et itinérance

CREMIS

Centre de recherche de Montréal
sur les inégalités sociales,
les discriminations et
les pratiques alternatives
de citoyenneté

Isolation Unit Components



Ressources

- Personal protection equipment
- Workspaces and individual rooms
- Safe drug use equipment
- Accommodation furniture and equipment
- IT equipment
- Medical supplies
- Medication and other psychoactive substances



Personnel

- Administrative officers
- Security guards
- Administrators
- Nurses
- Nursing assistants
- Psychosocial support workers
- Physicians
- Hygiene and sanitation workers



Services provided

PSYCHOSOCIAL SERVICES

- Recreational activities
- Liaison with the healthcare and health network services
- Management of social solidarity benefits
- Discharge arrangements
- Pet care

HEALTH SERVICES

- Mental health counselling
- STBBI screenings
- COVID-19 symptom management
- Wound care

SUBSTANCE USE SERVICES

- Distribution of safe drug use equipment and PPE
- Distribution of naloxone
- Withdrawal management
- Tobacco and cannabis use management
- Supervised injection
- Innovative substance replacement options* (e.g. methylphenidate, cannabis, hydromorphone)
- Innovative wet shelter services (alcohol)
- Opioid agonist treatment (OAT)

* "Replacement therapy aims to replace substances purchased on the illicit market with pharmaceutical substances whose content is known and stable. Replacement therapy is based on harm reduction and safe supply principles and aims to reduce the risk of overdose and help people who use substances to respect isolation and physical distancing requirements in order to mitigate risks, both to themselves and to others." (Goyer, Hudon, Plessis-Bélair, et al., 2020)

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Clinician and administrator perspectives:

Isolation unit implementation **obstacles**

COMMUNICATIONS

- ⊖ Difficulty transferring information between shifts
- ⊖ Difficulty holding team meetings
- ⊖ Psychosocial workers found it difficult to deal with communication gaps

HUMAN RESOURCES

- ⊖ Lack of certain types of jobs, such as orderlies
- ⊖ Difficulty recruiting nurses and security guards

INTERVENTION APPROACHES

- ⊖ Tension experienced by professionals with regard to the intervention options and respecting the individual's personal rhythm
- ⊖ Ambivalence between the living environment approach and the significant number of medical and psychosocial services available

Isolation unit implementation **facilitating factors**

PERSONNEL

- ⊕ Previous relevant experience in the fields of addiction and homelessness
- ⊕ Volunteerism and motivation
- ⊕ Leadership
- ⊕ Flexibility and adaptability in the context of a crisis
- ⊕ Interdisciplinary collaboration

MANAGEMENT

- ⊕ Program adaptability
- ⊕ Flexible management structures and senior management support
- ⊕ Seamless communication between physicians and administrators
- ⊕ Interprofessional co-construction

INTERVENTION APPROACHES

- ⊕ Living environment approach
- ⊕ Individualized support
- ⊕ Harm reduction and services provided according to a safe supply approach
- ⊕ Staff members shared an intervention approach

Some conclusions from the Royal Victoria experience



The implementation of the isolation unit provided an opportunity to explore **novel practices** in the field of dependency.



The experience highlighted the importance of ensuring an **integrated response (addiction and homelessness)** to the needs of people experiencing homelessness during a pandemic and beyond.



The experience has revealed the need to develop **novel collaborative and multidisciplinary approaches** when working with people experiencing homelessness.



The evaluation results of the isolation unit implementation inform the **development of similar initiatives** elsewhere in Québec.