

## Reopening Checklist for Syringe Service Program Drop-In Centers

Syringe service programs (SSPs) provide immediate services and harm reduction resources to people who use drugs. SSPs also serve as welcoming spaces for participants to stop by, relax, socialize and make use of communal resources. SSPs should review this checklist before reopening drop-in centers to reduce the risk of COVID-19 transmission.

### **Remember the four key actions to prevent COVID-19 transmission:**

- **Stay home if sick:** Stay home if you are sick unless you are leaving for essential medical care (including COVID-19 [testing](#)) or other essential errands. Urge your staff, volunteers, and program participants to do the same.
- **Physical distancing:** Encourage all staff, volunteers, and participants to stay at least 6 feet away from others, whenever possible.
- **Wear a face covering:** Post signs encouraging anyone entering your facility to wear a face covering correctly (so that it covers both the wearer’s nose **and** mouth). People can be contagious without symptoms and spread the disease when they cough, sneeze or talk. Correct and consistent use of face coverings help reduce the spread of COVID-19.
- **Practice and promote healthy hand hygiene:** Post signs reminding everyone to wash their hands often with soap and water or to use an alcohol-based hand sanitizer if soap and water are not available; clean frequently touched surfaces regularly; avoid touching their face with unwashed hands; and to cover their cough or sneeze with their sleeve, not their hands.
- Resources (available in several languages): [COVID-19 Posters and Flyers](#)

### **Before Reopening**

Visit [nyc.gov/health/restart](https://nyc.gov/health/restart) for information about reopening New York City (NYC). Read and review [Reopening New York City: Frequently Asked Questions \(FAQs\)](#). The NYC Department of Health and Mental Hygiene (NYC Health Department) recommends that, before reopening any spaces or sites, you take the following steps to make sure your program is ready for staff and participants.

### **Overdose Response**

- Review NYC Health Department recommendations for responding to an overdose during the COVID-19 public health emergency and post signage with these recommendations. See [Responding to an Overdose During the COVID-19 Pandemic](#), which is available in several languages.

### **Physical Distancing**

- Limit all indoor spaces to 50% of maximum capacity. Post the number of people allowed per room at the entrance so staff and participants can monitor capacity. For any spaces with indoor dining, limit capacity to 25% and post signs accordingly.

- Move tables and chairs in common areas so they are at least 6 feet apart. Check common spaces, such as waiting areas, kitchens and pantries, and foyers. Remove all nonessential items (like magazines) from reception and waiting areas.
- Place floor markings to promote spacing. Reduce bi-directional foot traffic by using tape or signs with arrows in narrow spaces. Post signage and distance markers 6 feet apart in commonly used areas and any areas where participants or staff may congregate. If your site has stairwells, consider designating different stairwells for going up and down.
- Minimize the number of people in elevators. Keep occupancy under 50% of maximum capacity. Elevator occupants must wear face coverings. Post signs at elevator banks stating the number of people allowed per elevator car, directing people to wait for the next elevator if that number has been reached and to wear face coverings. Encourage staff to take the stairs whenever possible.
- Adapt all activities to make sure a physical distance of at least 6 feet is maintained.
- Make sure all meal stations and seating allow for physical distancing. Require face coverings when not eating or drinking, staggered eating times and at least 6 feet of distance between tables and seats.
- Prohibit the use of small spaces (such as freezers and storage rooms) by more than one person at a time. Limit the use of common food preparation spaces to ensure a physical distance of 6 feet is maintained. Develop alternatives to kitchen access between meals depending on facility services.
- For bathrooms and shower stalls with three or more stalls, close off every other stall to promote physical distancing.
- **Note:** Some facilities may have more difficulty than others implementing these risk-reduction measures. This difficulty could be caused by, for example, space constraints and the physical layout of the facilities.
- Resources (available in several languages): [COVID-19 Posters and Flyers](#)

### **Protective Equipment**

- Assess the status and your needs for protective equipment, including medical personal protective equipment (PPE) and face coverings for participants and staff.
- Review [FAQ About Face Coverings](#) with staff. Remind staff that they must wear a face covering at work, unless they are certain they can maintain at least 6 feet of distance from others (including coworkers, residents and visitors).
- SSP providers must supply staff with face coverings while also allowing employees to wear their own acceptable face covering.
- Make a supply of face coverings accessible for participants and staff who arrive at the site without one of their own. Wearing a face covering may be difficult for some people with disabilities, such as people with severe anxiety or sensory sensitivities. Consider making full face shields available for such occasions and for staff (who should also wear a face covering) working with that person.

- Post signs reminding participants and staff to wear face coverings at all times.
- Review your [burn rate of PPE](#) during the first wave of the pandemic and estimate your need for the second wave of increased COVID-19 transmission.
- Review NYC Health Department guidance on how to procure PPE and strategies for extended use and reuse as appropriate.
- Resources: [Personal Protective Equipment and Medical Supply Companies](#), [FAQ About Face Coverings](#), [How to Put on a Face Covering](#)

### **Hygiene, Cleaning and Disinfection**

- Before reopening any spaces or sites, conduct a routine cleaning and disinfection, with a special focus on frequently touched surfaces and objects (such as doorknobs, handles and faucets).
- Hang signage to encourage healthy hand hygiene, physical distancing and face coverings.
- Install hand hygiene stations at facility entrances, waiting areas and check-ins.
- If your site has systems such as air or water circulation, follow the manufacturer's recommendations for restarting the system after extended dormancy.
- Revisit your cleaning and disinfection protocols (including for high-touch surfaces, bathrooms, showers, and clothing) and revise as needed to adhere to current guidelines.
- Review plans to provide adequate hygiene supplies to staff, participants and visitors.
- Assess your inventory of cleaning and disinfection supplies and plan for future purchasing needs.
- Review strategies and communications to remind staff and participants about hand hygiene.
- Resources: [Cleaning and Disinfection Log Template](#), [Disinfection Guidance for Businesses](#)

### **Communication**

- Revisit your communication plan for staff and participants:
  - Assign a staff person to monitor new and updated City, State and federal guidance.
  - Communicate with staff and participants clearly, directly and often. Let them know what to expect by sharing information when it's available.
  - Establish feedback loops by surveying staff and participants at regular intervals.
- Familiarize staff, participants and others with the [symptoms of COVID-19](#) and how to report when they or others show the first signs of illness.
- Explain measures taken by the program to protect participants by preventing COVID-19 transmission. This should be repeated at least monthly.
- Consider your plans to communicate especially whenever circumstances necessitate a new response, such as confirmation of a COVID-19 infection in the site or the need to again restrict physical interactions.

- ❑ Place signs related to COVID-19 prevention throughout the site. Signs and posters in multiple languages can be found [here](#).

### Screening

- ❑ Screen staff and participants daily for COVID-19 symptoms.
- ❑ Staff should perform screenings remotely (such as by telephone or electronic survey) before people arrive at your site to the extent possible.
- ❑ For participants, staff and visitors who cannot be screened remotely, screen at all entrances of the facility.
- ❑ People who screen positive for COVID-19 symptoms must not be allowed to enter the site and must be given instructions to contact a health care provider for assessment and testing.
- ❑ Resources: [Sample COVID-19 Symptom Screening Tool](#), [COVID-19 Employer Health Screen Review Documentation Template](#)

### Testing, Trace and Taking Care

- ❑ Make sure all staff and participants understand what to do when there is a confirmed case of COVID-19. For detailed guidance, see [Reopening New York City: Frequently Asked Questions \(FAQs\)](#).
- ❑ Share and post information about testing on-site, including [testing locations](#). Inform staff and participants of the following:
  - The [NYC Test & Trace Corps](#) is led by NYC Health + Hospitals in close collaboration with the NYC Health Department and other City agencies.
  - Remind staff and participants that all New Yorkers can get a free COVID-19 diagnostic test, whether or not they have symptoms or are at increased risk.
  - The COVID-19 test is free at many sites, confidential and safe.
  - NYC Test & Trace testing sites will not ask about immigration status. Their database is not linked to any law enforcement databases.
- ❑ Educate and update staff on issues for awareness, including the definitions of quarantine and isolation, when to discontinue isolation and the process of contact tracing overall.
- ❑ Whenever possible, educate participants on the process of contact tracing. Encourage staff and participants to participate in contract tracing efforts if they are contacted by NYC Test & Trace or the NYC Health Department.
- ❑ Resource: [COVID-19 Testing: Frequently Asked Questions](#),

### Operations

- ❑ Review your staffing plan, and evaluate minimum and ideal staffing needs.
  - Review staffing needs for all roles, including support staff, cleaning and maintenance staff, and security staff.
  - Review staffing schedules to refine or incorporate the following strategies to

reduce the risk of COVID-19 transmission among staff:

- Stagger arrival and departure times.
- Alternate workdays or shifts.
- Cohort staff into stable shift groups. Flip the thinking – rather than assuming all staff should return to work, justify what work should be in person.
- Consider which staff you are asking to provide in-person services. Note that staff of color are at a greater risk of infection, and have poorer treatment and access to quality of care. This should be an equity consideration when creating your in-person staffing plan. Make sure you are not reinforcing racial inequities in who is being most exposed to the impact of COVID-19.
- In preparation for a potential resurgence:
  - Plan for staff shortages and know which activities can be suspended if needed.
  - Cross-train staff to perform essential roles.
  - Review options for temporary staffing:
    - Other volunteers
    - Temporary staffing agencies
- Consider expanding your program’s operating hours and designating times for participants at [higher risk](#) for severe illness from COVID-19.
- Refresh your water system:
  - If a building has been vacant or has had low occupancy, water in the plumbing system has likely become stagnant. Stagnant water can create risks for building occupants.
  - Speak with your building manager about the steps taken to address these risks by replacing stagnant water with fresh water from the municipal water supply.
  - Detailed guidance for building owners, managers, engineers, operators and superintendents can be found in [Guidance for Returning Building Water Systems to Service After Prolonged Shutdown](#).
- Review your ventilation system and enhance ventilation wherever possible. Current evidence is limited and does not suggest that air entering a ventilation system will transmit the virus. However, strong air movement across spaces from air conditioning units, supply air ducts or fans (personal or room fans) may move droplets beyond 6 feet. Consider:
  - Directing air vents and fans to circulate air upward from the source.
  - Positioning employees and clients so they are not directly in front of air flow.

Also, take these steps to improve ventilation, as appropriate for your space:

- Increase the percentage of outdoor air potentially as high as 100% where applicable. First verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor and indoor air quality considerations.
- Increase total airflow supply to occupied spaces, if possible.

- Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
- Consider using natural ventilation (for example, opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow.
- Improve central air filtration as high as possible (MERV-13 or -14) without significantly diminishing design airflow.
- Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
- Consider running the ventilation system even during unoccupied times to maximize dilution ventilation.
- Make sure exhaust fans in restroom facilities are functional and operating at full capacity when the workplace is occupied.

**The NYC Health Department may change recommendations as the situation evolves.**

9.24.20