



COVID-19 & At-Risk and Vulnerable Populations

March 2020

Background

Both at risk and vulnerable populations are particularly susceptible to the threat of COVID-19. These two populations are somewhat distinct. The term vulnerable population refers to specific conditions or states that render people more prone to health problems generally; in contrast, the term at-risk refers to populations at risk for being affected by specific causes, such as a virus. In the case of this particular virus, everyone is at risk for infection. However, certain specific and general vulnerable populations are more at risk for the most devastating effects of this virus. These include older adults, those of us who have an underlying medical condition (e.g. heart disease, diabetes, chronic respiratory illness, etc.) and/or are immunocompromised resulting from a medical condition or treatment (e.g. chemotherapy, HIV+). However, in this context, it also includes anyone who has challenges in speaking, communicating, accessing or understanding medical advice, is unable to engage in preventative activities (e.g. frequent hand washing), suffers from unstable employment, lives in geographic isolation, faces economic barriers, or are precariously housed or homeless. At-risk populations also include people who use substances and may struggle with mental illness.

For many Canadians access to such things as potable water, cleaning supplies, a house in which we can self-isolate and follow the measures that are recommended by the public health officer, is not achievable. Moreover, homelessness, substance use, those at risk of violence in their home, or literacy issues etc., access to recommendations for reducing/flattening the curve can be problematic and challenging. If isolation were required, doing so while homeless or precariously housed is practically impossible. Due to physical distancing recommendations homeless shelters and other social services (food banks, transition houses, detox/treatment centers) currently have reduced capacity, waiting lists and are limiting hours of operation. These conditions are placing challenges on the system and are not conducive to the recommendations of social/physical distancing, isolation and/or quarantine. NNPBC is aware of the issue of safe consumption sites not having access to the tools to allow for safe use during quarantine, and the compounded issue of access to PPE for those who work at these sites limits their ability to respond to overdoses during the COVID-19 pandemic. NNPBC continues to recommend that safe consumption site service providers work closely with the Ministry of Health and the Health Authorities to identify solutions to care for our vulnerable and marginalized at risk populations and are pleased that many of [these services are considered essential](#).

NNPBC believes that we could better support our vulnerable populations by ensuring that messages about how to wash hands and cover mouths when coughing along with other precautions such as social/physical distancing etc., are written in a variety of languages, are short and clear, accessible via braille and also include pictures. We also suggest that these resources are made highly visible and posted (physically or virtually) in high traffic areas. Nurses and nurse practitioners should have easily accessible materials to provide their vulnerable patients/clients with clear information.

Recently a group of nursing colleagues and scholars published an [open letter to the BC Government](#) focused around managing COVID-19 for those who are homeless and/or may use substances. This letter highlights the need for immediate action to mobilize prevention strategies for these at-risk populations while also preparing for testing and managing any outbreaks. This letter also outlines twelve critical and concrete steps, highlights each of these recommendations in detail. The recommendations include but are not limited to installation of hand washing stations in public locations, access to PPE for workers at safe-consumption sites, access to public washrooms, identify spaces where homeless people can self-isolate, increasing the number of shelter spaces, regular and ongoing communications from public health to harm reduction leaders, and an increased focus on nursing support in shelters and consumption sites.



The [BC Government has responded](#) by providing a series of actions including: banning evictions for non-payment of rent at BC Housing funded facilities, developing isolation protocols for those who are homeless, living in single room occupancy and in social housing, and ensuring point of care staff have the necessary PPE and cleaning supplies. Additionally, a *Vulnerable Population Working Group* comprised of representatives from the ministries of Municipal Affairs and Housing, Social Development and Poverty Reduction, Indigenous Relations and Reconciliation, Mental Health and Addictions, Children and Family Development, Health, Emergency Management BC, the City of Vancouver, the Office of the Provincial Health Officer, local health authorities, BC Housing and Community Living BC has been established. Local, federal and provincial authorities have also responded by giving a 'green-light' to a safe supply of drugs available for those who use. The intention of this is to focus on the estimated 20-30% of people who are not connected to with providers and existing safe injection sites.

The nurses and nurse practitioners of this province continue to be vigilant with respect to opportunities to ensure that our obligations to provide care for at risk and vulnerable populations is supported throughout this pandemic crisis.

Key Messages

- Nursing's reputation as the world's most trusted profession is based on its long history of working with the most vulnerable populations.
- Nurses have a responsibility to protect at risk populations and vulnerable, most especially during times of crisis.
- NNPBC wholeheartedly believes that an increase in nursing support to both shelter and harm reduction organizations and groups will help to alleviate the burden on the healthcare system.
- Nurses have the necessary skills to provide outreach services and assessments that can identify signs and symptoms of disease in at-risk and vulnerable populations.
- NNPBC supports measures to increase hand-washing sites and increase the number of safe shelter spaces.
- NNPBC supports creating messages focused around hand washing and other measures in multiple formats to ensure maximum readability
- NNPBC supports ensuring that overdose consumption sites and safe consumption sites be considered essential services which in turn must be appropriately stocked with adequate supplies of PPE and cleaning materials.
- NNPBC endorses [decriminalization](#) of people who use drugs, recognizing that the criminalization of drug-involved lifestyles significantly contributes to risk, especially in a time of crisis such as a pandemic.
- NNPBC supports the moves towards 'safe-supply'.
- NNPBC supports open communication channels from the Public Health Officer and the Ministry of Health to harm-reduction and outreach workers.
- NNPBC supports government initiatives that reduce the burden of potential homelessness in addition to initiatives in local regions to provide isolation facilities for at risk and vulnerable people who become ill.



Further Reading/Resources

- [BCCDC People who use drugs with COVID](#)
- [CDC- Guidance for responding to Coronavirus among people experiencing unsheltered homelessness](#)
- [COVID-19: Equity-Informed Palliative Care & Social Disadvantage](#)
- [COVID-19 and vulnerable populations- a one pager](#)
- [Government acting to protect province's most vulnerable during COVID-19 crisis](#)
- [Government of Canada- COVID-19 and Vulnerable Populations](#)
- [PIVOT](#)
- [Safe Drug Use During the COVID Outbreak](#)
- [The Lancet- COVID-19 a potential public health problem for homeless populations](#)
- [Twelve-point list for people who use drugs and homeless](#)

Please feel free to direct questions and additional comments to info@nnpbc.com.