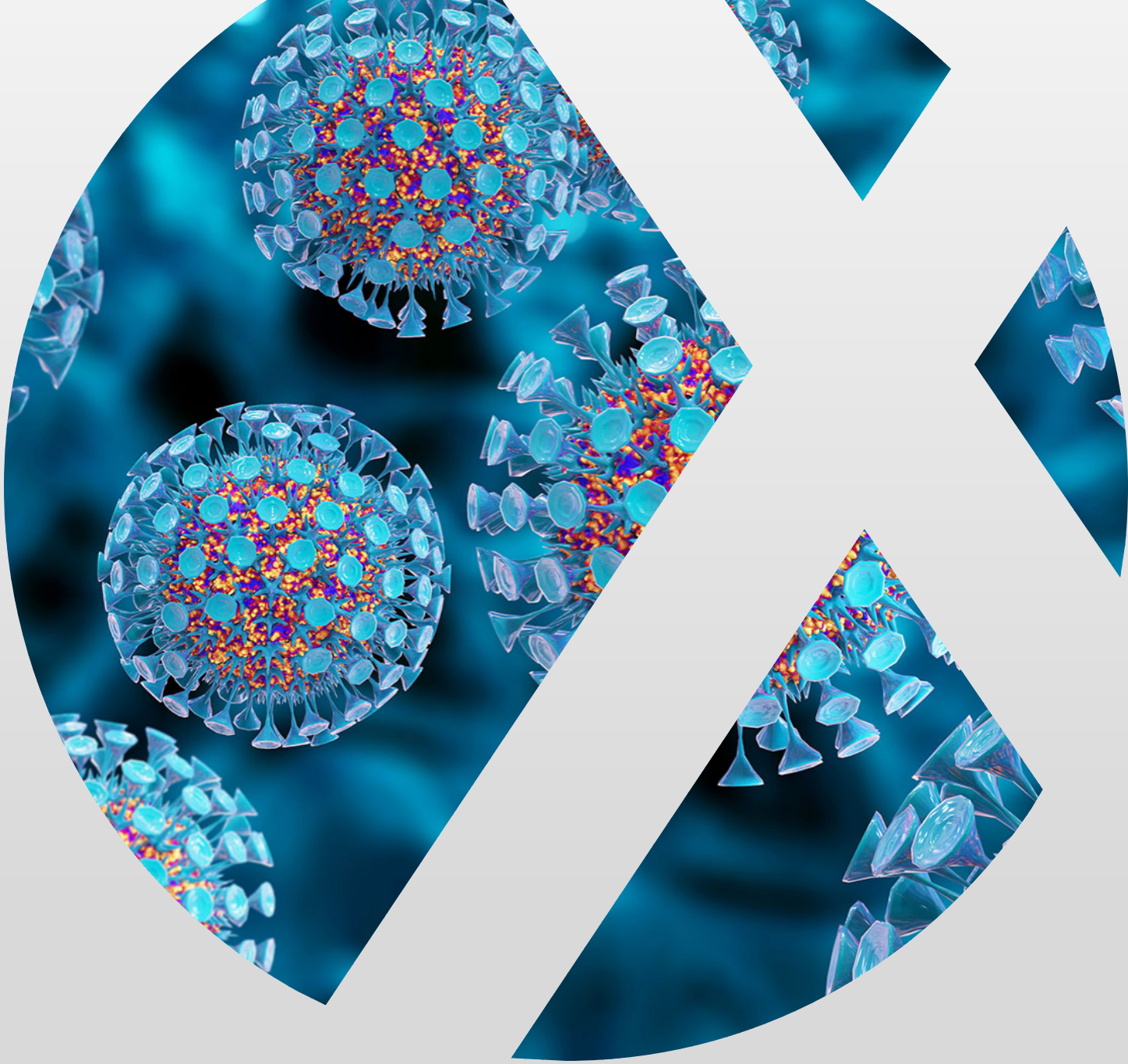
PAC-NET

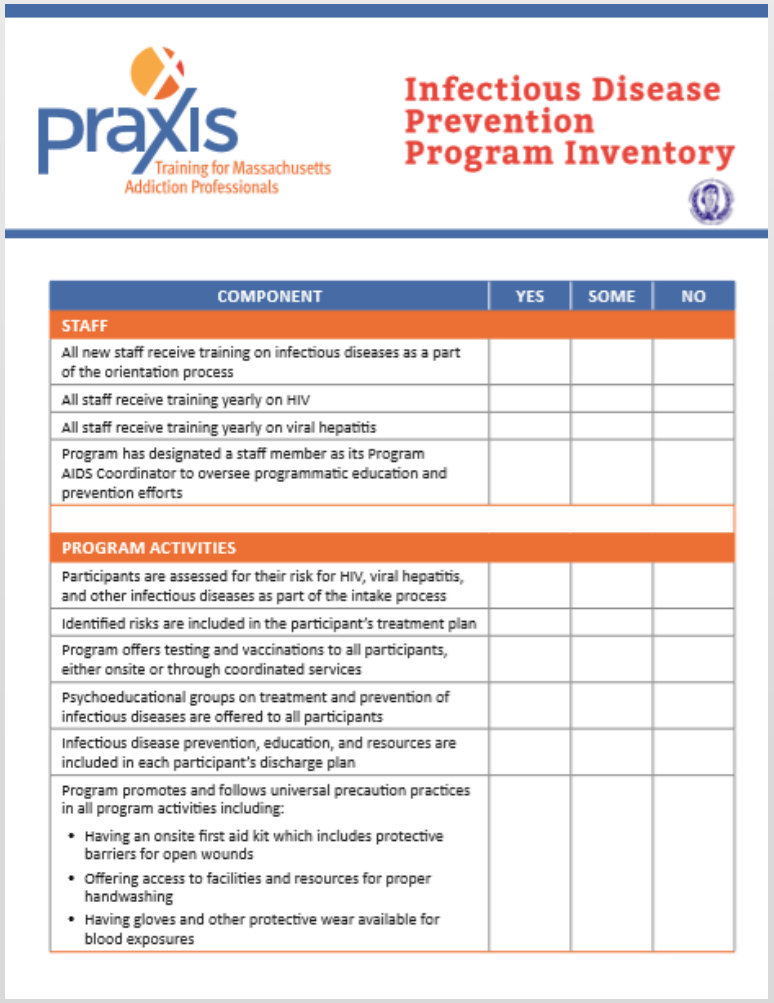
Spring 2020



Program AIDS Coordinator

- BSAS requires vendors to designate a staff member as the Program AIDS coordinator; the PAC is expected to attend bi-annual Program AIDS Coordinator Network (PAC-Net) meetings and to lead programmatic efforts to:
  - Include HIV & AIDS, viral hepatitis, and other infectious disease risk, related to both sexual and drug use behaviors, in all assessments;
  - Integrate HIV & AIDS, viral hepatitis, and other infectious disease education into treatment programming;
  - Establish active referral relationships with HIV & AIDS, viral hepatitis, and other infectious disease prevention, education, counseling, and clinical care providers including testing and support services;
  - Ensure that individuals who choose to be tested for these diseases are provided, either directly or through referral, support and counseling as to the process, results and care management, if needed;
  - Actively encourage pregnant women in treatment to consider HIV testing and support to access HIV care when indicated.

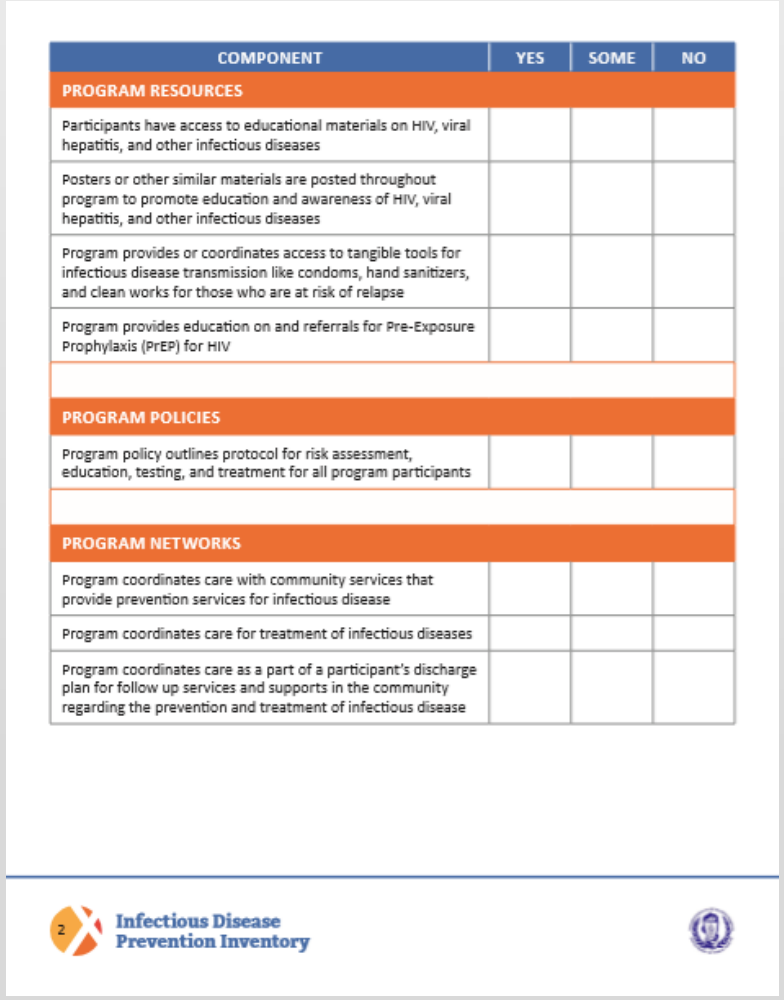
Infectious Disease Program Inventory



praxis
Training for Massachusetts Addiction Professionals

Infectious Disease Prevention Program Inventory

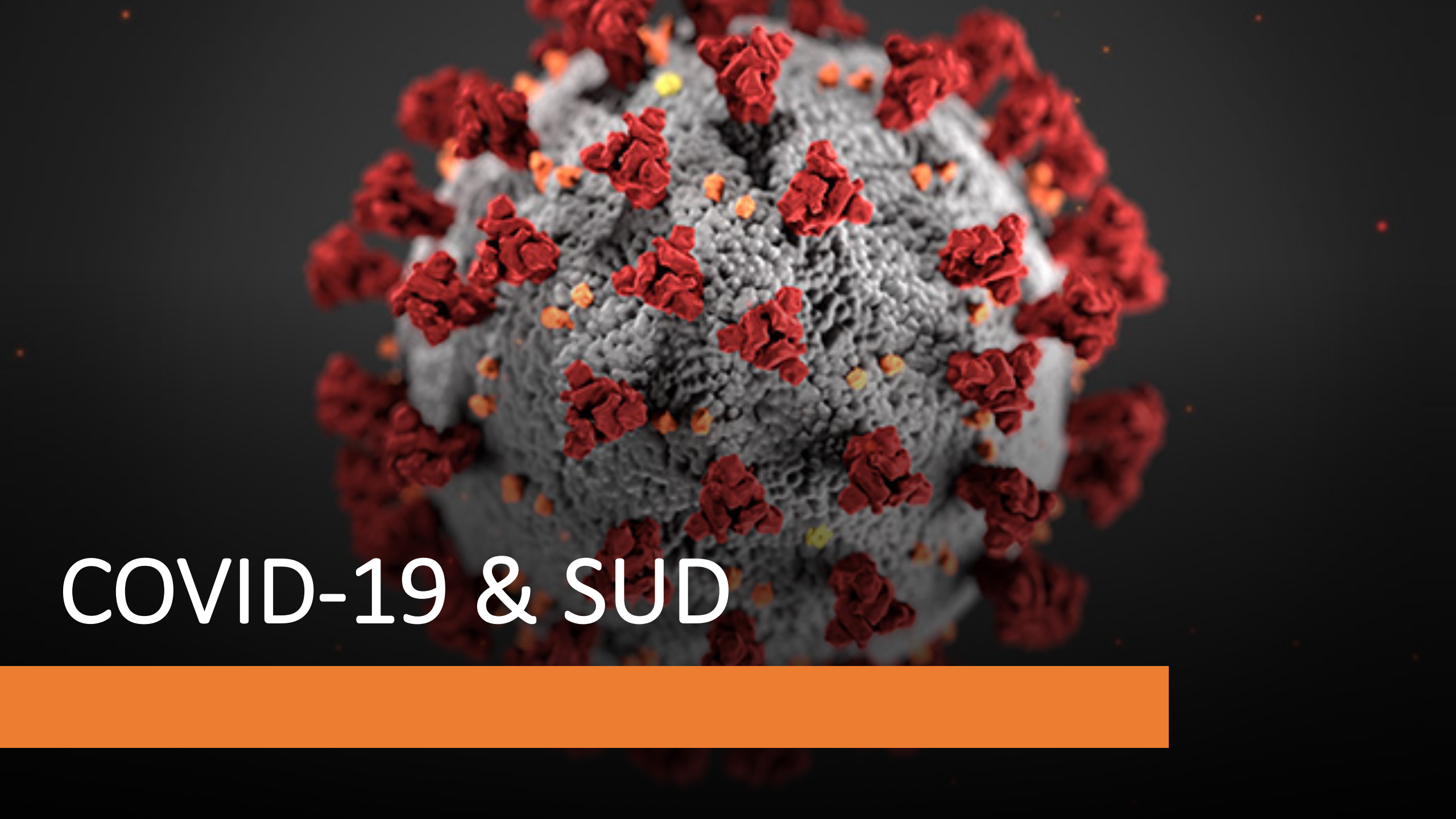
COMPONENT	YES	SOME	NO
STAFF			
All new staff receive training on infectious diseases as a part of the orientation process			
All staff receive training yearly on HIV			
All staff receive training yearly on viral hepatitis			
Program has designated a staff member as its Program AIDS Coordinator to oversee programmatic education and prevention efforts			
PROGRAM ACTIVITIES			
Participants are assessed for their risk for HIV, viral hepatitis, and other infectious diseases as part of the intake process			
Identified risks are included in the participant's treatment plan			
Program offers testing and vaccinations to all participants, either onsite or through coordinated services			
Psychoeducational groups on treatment and prevention of infectious diseases are offered to all participants			
Infectious disease prevention, education, and resources are included in each participant's discharge plan			
Program promotes and follows universal precaution practices in all program activities including: • Having an onsite first aid kit which includes protective barriers for open wounds • Offering access to facilities and resources for proper handwashing • Having gloves and other protective wear available for blood exposures			



COMPONENT	YES	SOME	NO
PROGRAM RESOURCES			
Participants have access to educational materials on HIV, viral hepatitis, and other infectious diseases			
Posters or other similar materials are posted throughout program to promote education and awareness of HIV, viral hepatitis, and other infectious diseases			
Program provides or coordinates access to tangible tools for infectious disease transmission like condoms, hand sanitizers, and clean works for those who are at risk of relapse			
Program provides education on and referrals for Pre-Exposure Prophylaxis (PrEP) for HIV			
PROGRAM POLICIES			
Program policy outlines protocol for risk assessment, education, testing, and treatment for all program participants			
PROGRAM NETWORKS			
Program coordinates care with community services that provide prevention services for infectious disease			
Program coordinates care for treatment of infectious diseases			
Program coordinates care as a part of a participant's discharge plan for follow up services and supports in the community regarding the prevention and treatment of infectious disease			

We want to know:

- How are you talking to your clients about HIV and infectious diseases?
- How do you connect your clients with HIV testing services?
- What works well and what barriers do you face?
- Are there regional resources to share?
- How can we help?



COVID-19 & SUD

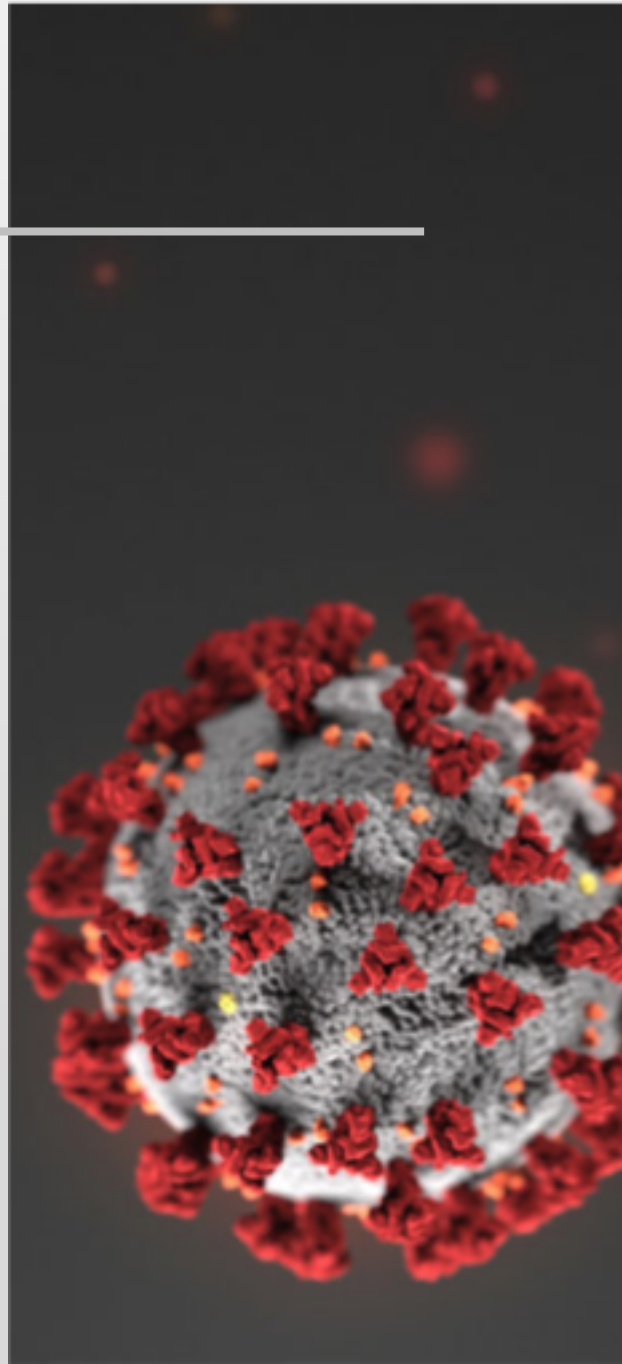
SUDs & COVID-19

COVID-19 (Corona Virus Disease 2019) is a virus which attacks the respiratory system

Considerations:

- Due to the drugs' effects on respiratory, pulmonary, and immunity health, COVID 19 could be an especially serious threat to those who:
  - Smoke or vape (marijuana or tobacco)
  - Have opioid use disorder
  - Have methamphetamine use disorder
- Additionally, individuals with a substance use disorder are more likely to experience homelessness or incarceration, which may make them vulnerable to transmission, and less likely to access healthcare

NIDA, 2020

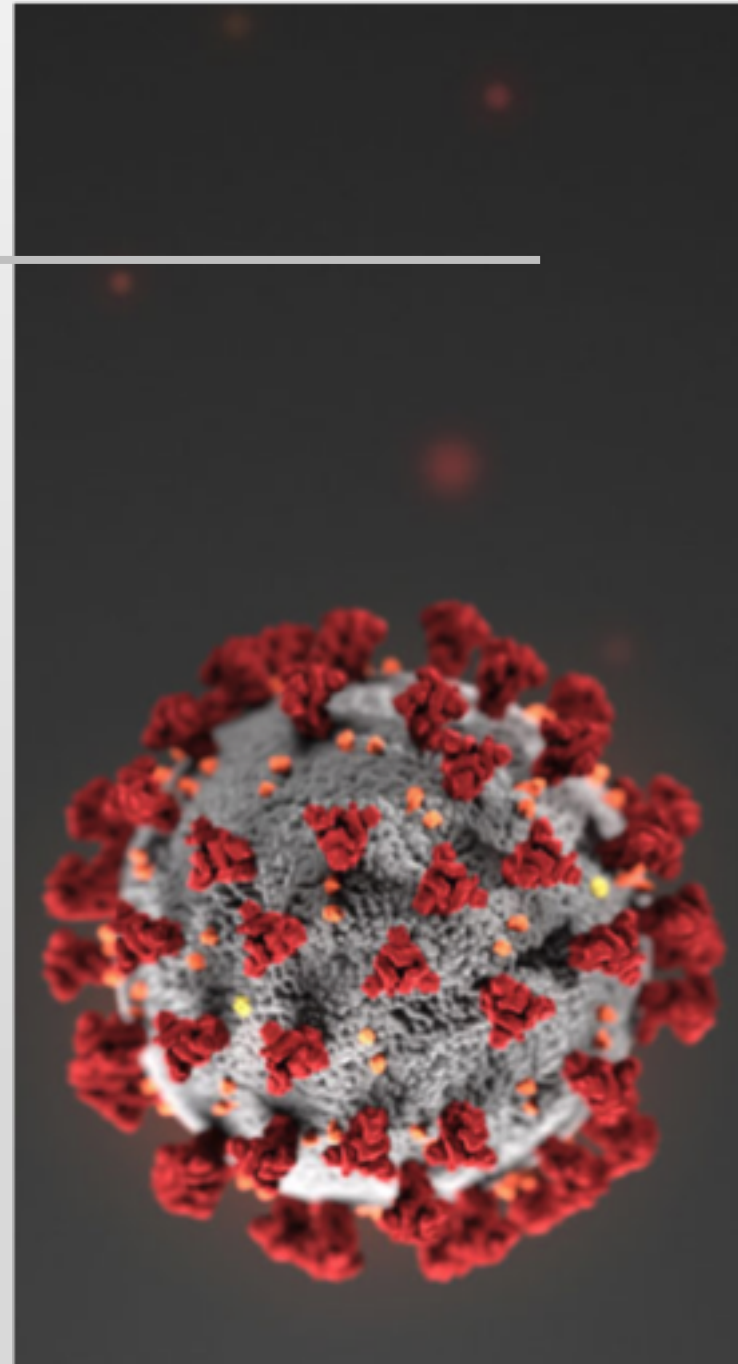


SUDs and COVID-19

For People with HIV:

- People with HIV should generally follow the same protocols as those without
- There is no data suggesting that people with HIV are at higher risk with COVID 19, but they may belong to groups that are vulnerable to poor outcomes (over 50, comorbid chronic health conditions, etc.)
- For stable clients, routine care may be delayed, but antiretroviral therapy should be continued without interruption

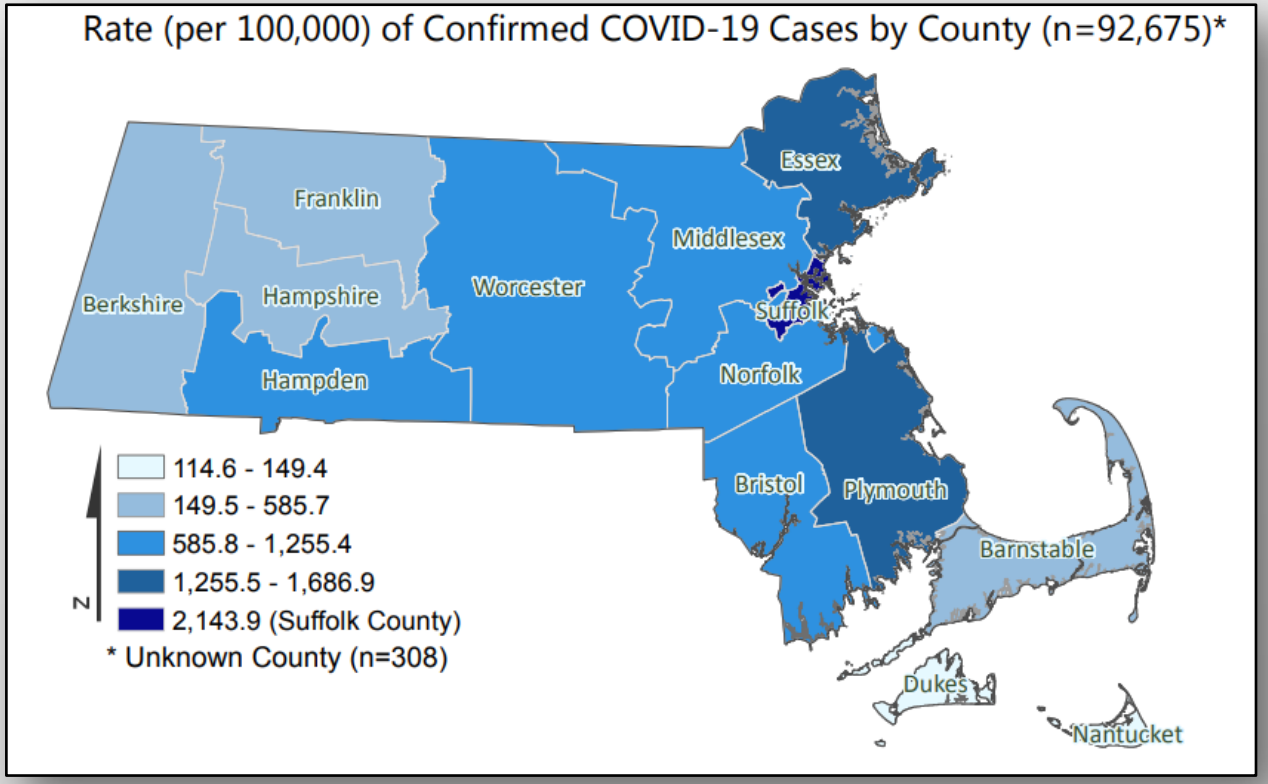
HIVMA, 2020

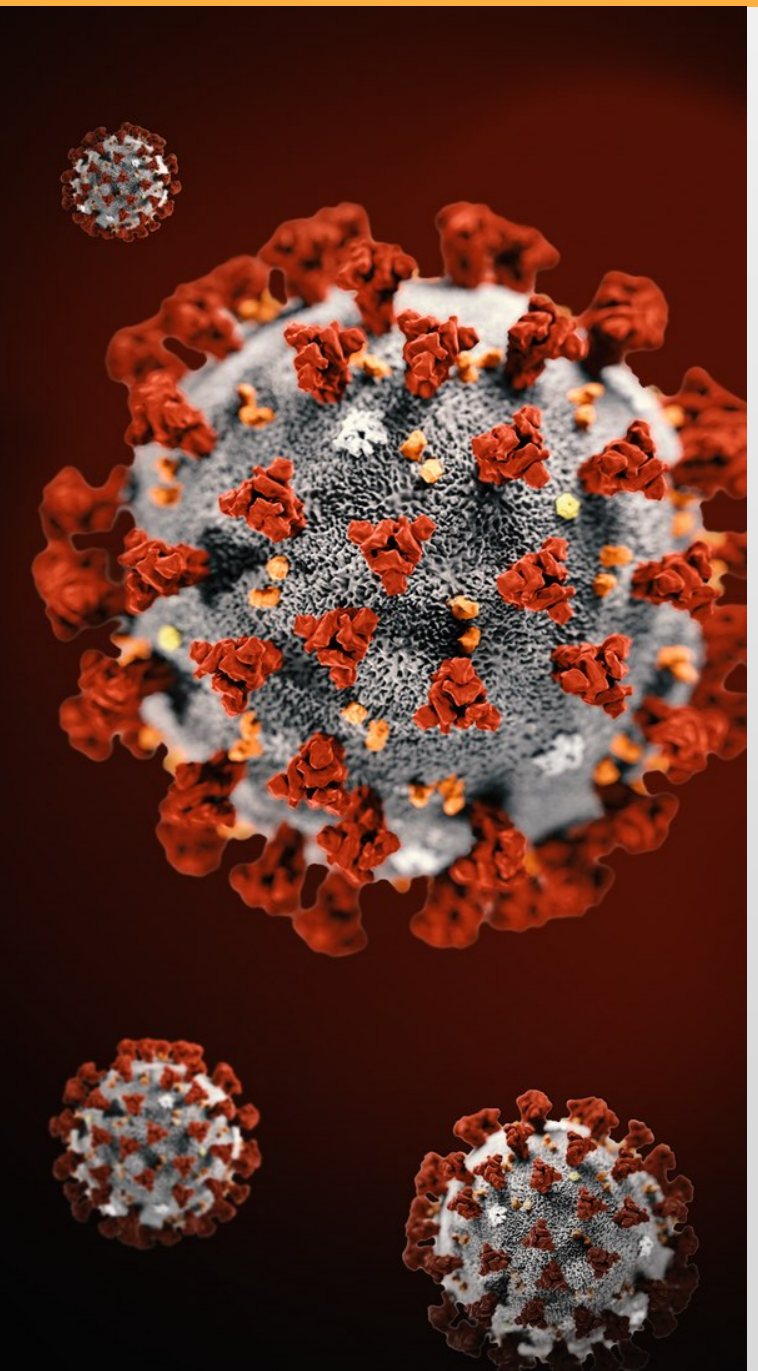


SUD & COVID-19

As of May 24, 2020, Mass has:

- 1,000+ new cases reported daily
- 92,675 confirmed cases total
- 6,372 deaths confirmed





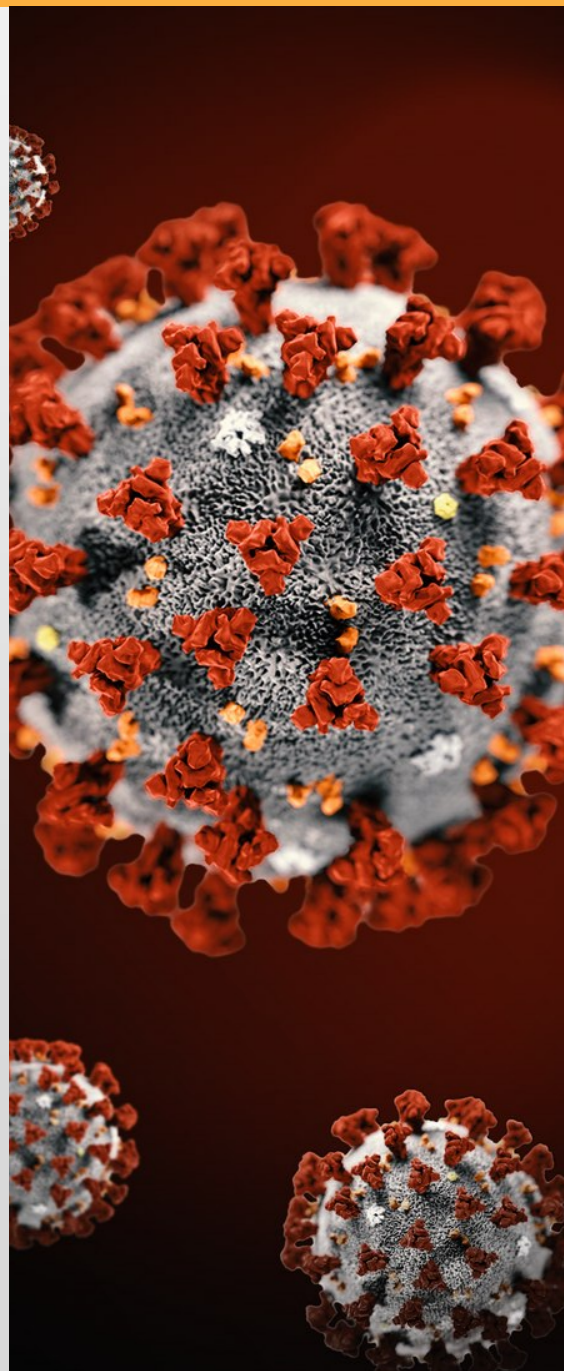
SUD & COVID-19

BSAS: Preventing and Mitigating COVID-19

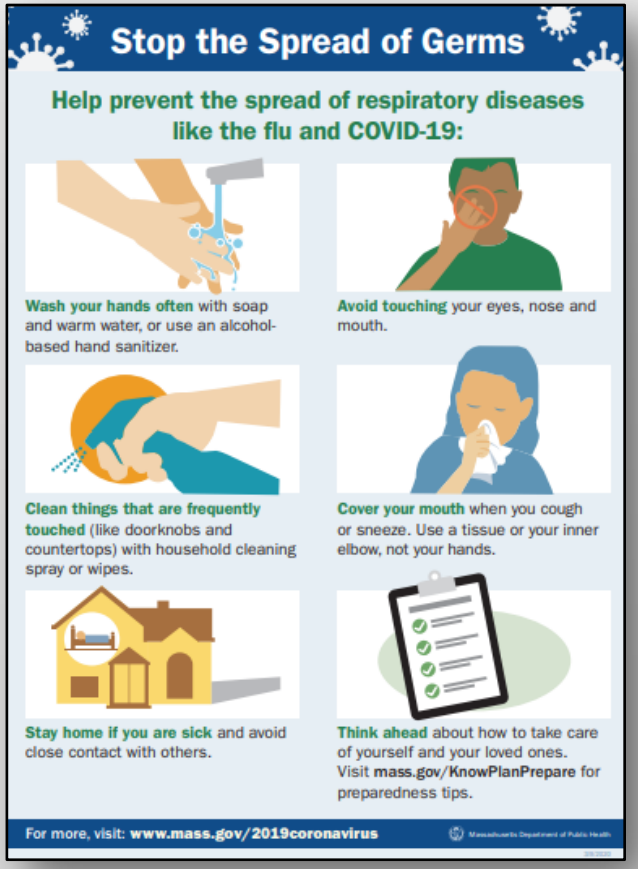
- **Stay Current**
  - Assign one person (PAC) at each facility to monitor public health updates from:
    - Your Local Public Health Department
    - The Massachusetts Department of Public Health
    - The Centers of Disease Control and Prevention
  - Train and educate program personnel about updated guidelines regarding preventing the transmission of respiratory pathogens such as COVID-19

SUD & COVID-19

- Screen for signs of illness all who enter the program or interact with patients or residents, including all staff, visitors, and vendors.
  - Individuals with any of the conditions below should be restricted from entering the program site:
    - Sick with fever (100.3), cough, or sneezing
    - Recent travel (i.e., within the past 14 days)
    - Close contact with a person diagnosed with COVID-19 in the past 14 days
- If signs or symptoms of a respiratory infection, such as fever, cough, or sore throat develop while an individual is on-site, they should be moved to an isolated area of your program and program director should be notified immediately



SUD & COVID-19



- Participants should be a minimum of 6 feet apart from one another, including during groups, dining, and other program activities
- Programs should increase the frequency of their regular cleaning and disinfection program, using a disinfectant on the EPA list to frequently clean high-touch surfaces including elevator buttons, entry and exit buttons, door handles, faucets, railings, knobs, counters, handrails and grab bars
- Post signs at the entrance with instructions for hand hygiene and identifying individuals with symptoms of respiratory infection

Handwashing

Patients, residents, staff, and volunteers should be reminded to wash hands frequently

CDC's 5 steps to Handwashing:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

To create your own handwashing song: washyourlyrics.com

Handwashing

Marilyn Hellebuyck, RN, uses purple paint to demonstrate the best way to wash hands.

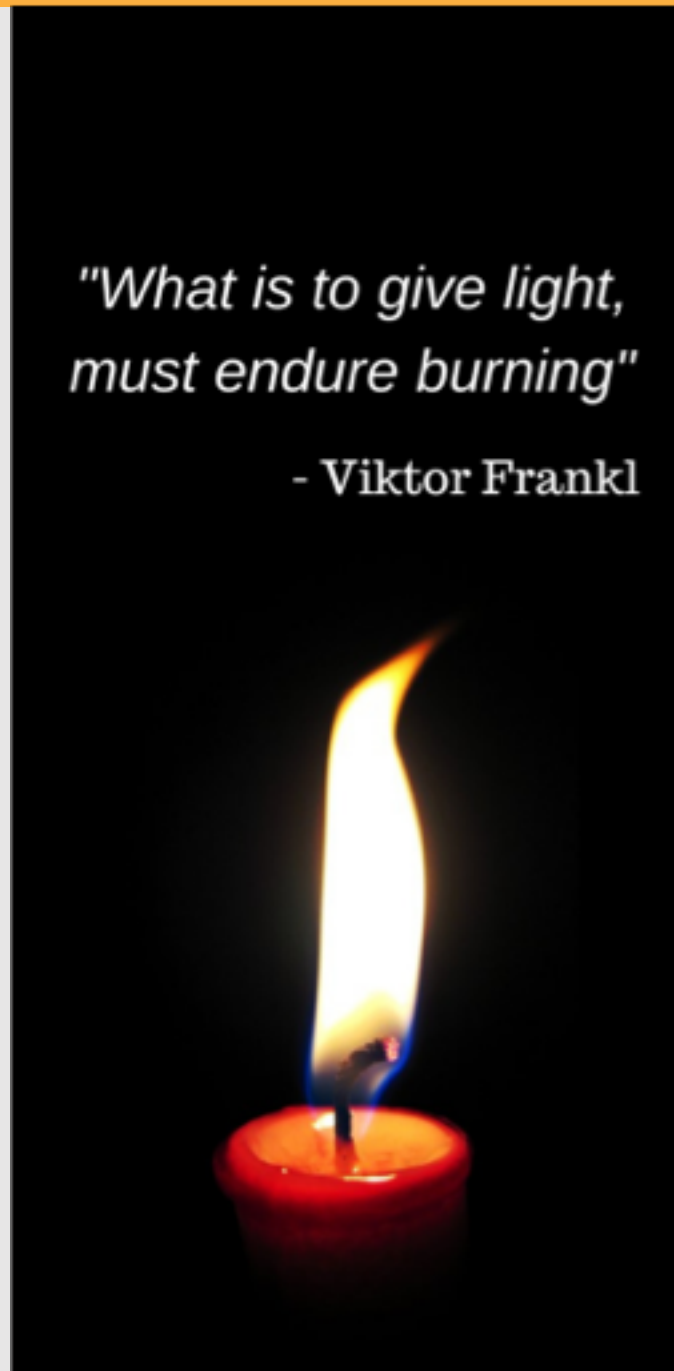
Handwashing

Provider Self-Care

The importance of putting yourself first

Self-Care

- While being a helping professional can be very rewarding it can also be very demanding
- Due to the high acuity of the population we work with, helping professionals may experience:
  - Burnout: a state of physical, emotional, and spiritual exhaustion caused by excessive and prolonged stress
  - Compassion fatigue: a condition characterized by a gradual lessening of compassion over time due to high empathy demands
  - Vicarious trauma: experiencing symptoms of trauma as a result of repeated exposure to another's traumatic experiences
- Attending to the emotional and spiritual demands of working with high-risk populations is vitally important



Self-Care

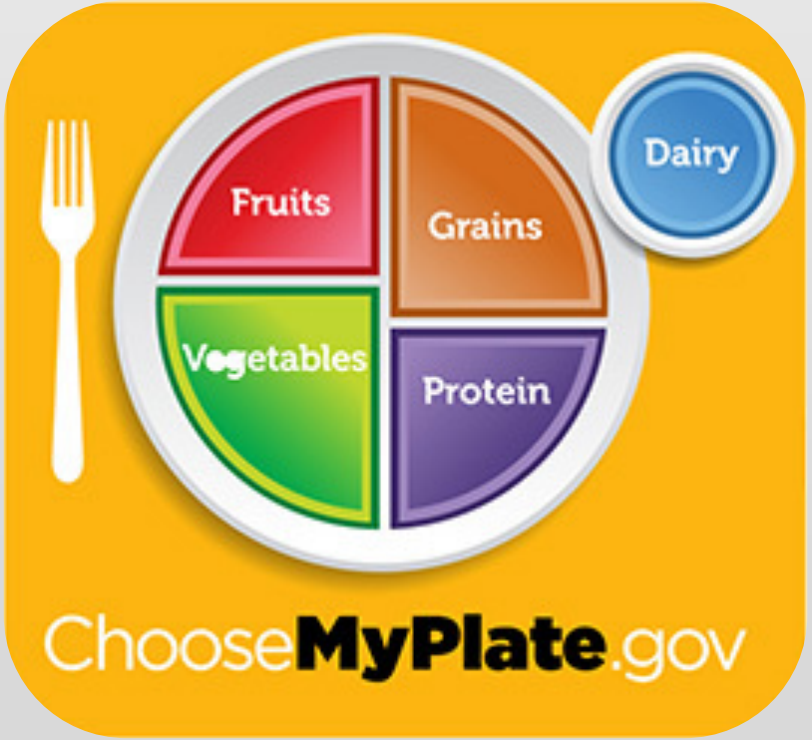
- Trauma experts have found that self-care techniques, can increase resilience and reduce stress & burnout
- Self-care refers to being deliberate in taking time for the betterment of your mind, body, and spirit
- It is an evidenced-based best practice (our favorite!)
- As providers, we need to accept that not only is it okay, but **essential** (!) that we put our needs first
- Self Care is NOT:
  - Selfish
  - Unimportant (an afterthought, disposable, last on the list)
  - Self-indulgent
  - Or any other bs we tell ourselves

Self-Care

- Think of your wellness as a piggy bank
- Every time you do something to take care of yourself, you put coins in your piggy bank
- If you ignore your needs, your piggy bank will be empty and you will have no “savings” to pull from when things get overwhelming
- But, if your piggy bank is kept full, there will be plenty to draw from to increase resilience and stress management
- How do you fill your piggy bank?

Elements of Provider Self Care

- Taking care of your physical health



- Eat a balanced diet
  - Minimize processed foods, saturated fat, and sugars
- Drink lots of water- hydration is essential!
- Engage in physical activity regularly
  - CDC Recommendation is 2.5 hours per week
- Get good sleep
  - CDC recommends 7-9 hours each night

Self-Care

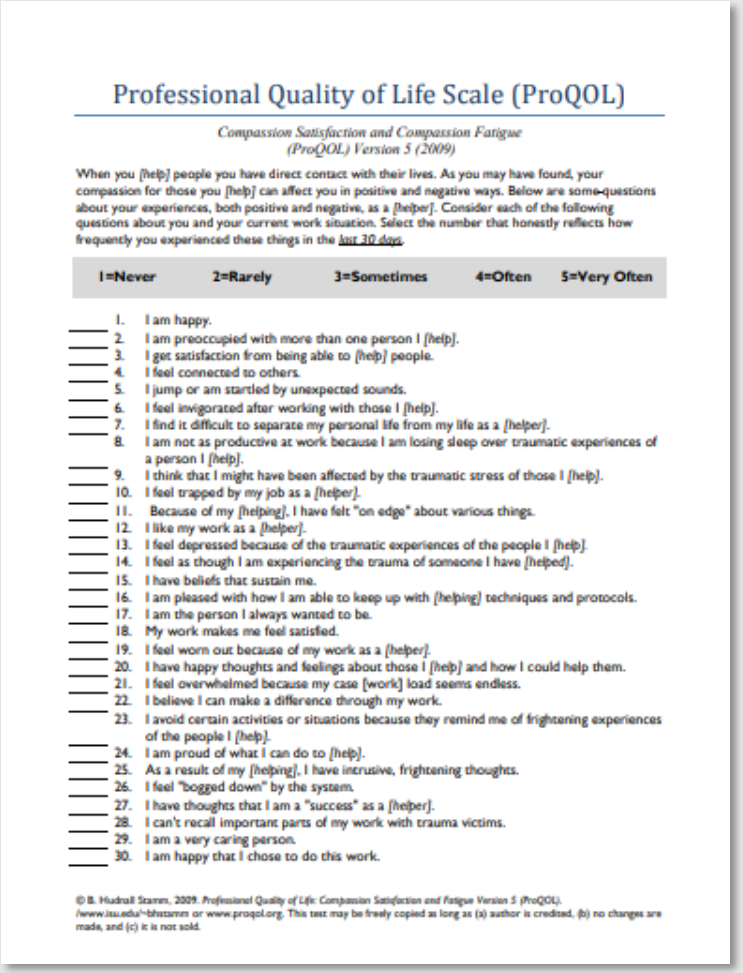
- Finding healthy ways to cope
  - Avoid numbing with substances or other maladaptive behaviors
- Making time for activities which nurture your spirit
  - What brings you a happy sigh?
- Employee Assistance Programs
  - Sometimes helpers need helpers
- Practicing good boundaries
  - Say no, allow clients to own their recovery, leave work at work, etc.

Self-Care

- Having realistic expectations
  - Leave the cape at home
- Perspective
  - What were you worrying about 1 year ago today?
- Recognizing & honoring your triggers & flags
  - High levels of frustration mean we need a break- and that's okay!
- Breaks
  - Both daily and leave time
- Build a support system
  - Check in, debrief, and celebrate

Self-Care: Resources

- The Professional Quality of Life Scale (ProQOL) is an assessment for compassion fatigue and compassion satisfaction (joy derived from one's work)
- A 30 item self report measure of the positive and negative aspects of caring
- The ProQOL is the most widely used measure of CF & CS in the world
- The ProQOL is easy to use
- The ProQOL can help you plan where to put your energy to increase your resilience



Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I *[help]*.
3. I get satisfaction from being able to *[help]* people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I *[help]*.
7. I find it difficult to separate my personal life from my life as a *[helper]*.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
9. I think that I might have been affected by the traumatic stress of those I *[help]*.
10. I feel trapped by my job as a *[helper]*.
11. Because of my *[helping]*, I have felt "on edge" about various things.
12. I like my work as a *[helper]*.
13. I feel depressed because of the traumatic experiences of the people I *[help]*.
14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a *[helper]*.
20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
24. I am proud of what I can do to *[help]*.
25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a *[helper]*.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

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Self-Care: Resources

There's an app for that!

- **Provider Resilience App:**
  - Free app for health care professionals to build resilience for coping with the stress in their lives
  - Includes self assessments, trauma and burnout tracking, tools for self-care, and reminders for downtime
- **Mindfulness and Meditation Apps:**
  - Includes Calm, Insight Timer, & Headspace

Remember:

You gotta nourish to flourish!