# Coronavirus (COVID-19)

Alcohol and Other Drug Services – residential guidance
June 2020

## Purpose

This information provides guidance to Alcohol and Other Drug (AOD) **community residential rehabilitation and withdrawal providers** (referred to as essential AOD residential services in this guidance) about continued service delivery during coronavirus (COVID-19):

- **Services must follow regularly updated government advice and directions.**

- **An outbreak management plan needs to be in place.**

- **Services are required to have nursing or medical staff available and ready to support them.**

- **Services need to be able to identify residents with symptoms, support them to get tested, send them home if possible, or isolate them in the facility.**

- **Staff need to self-monitor for symptoms and must not go to work if they have symptoms consistent with (COVID-19) or are awaiting coronavirus (COVID-19) test results.**

- **For confirmed coronavirus (COVID-19) cases follow the department's Public Health team advice – and where possible discharge the resident/s to an appropriate place to complete isolation.**

## Introduction

This information supports the continued delivery of essential AOD residential services in response to coronavirus (COVID-19) to ensure the most vulnerable clients continue to receive ongoing treatment. The Department of Health and Human Services is aware changes to AOD service provision due to coronavirus (COVID-19) have impacted the way client's access and progress through the system. The department will continue to work with providers to ensure pathways between services continue to meet client needs while considering coronavirus (COVID- 19) precautions.

This guidance:

- provides specific advice for residential providers about continued service delivery during coronavirus (COVID-19)
- builds upon pandemic and business continuity planning already being implemented by the AOD sector
- informs alternative modes of service delivery and supports the continued delivery of essential residential services to clients, without compromising the health and wellbeing of clients or the workforce
- provides specific advice about coronavirus (COVID-19) outbreak management
- does not apply to hospital-based residential facilities - these facilities are required to follow hospital business continuity and pandemic plans, and hospital specific advice.

Guidance is current at the date of publication. As information about the pandemic progresses, settings are likely to change. Services should refer to the department's coronavirus (COVID-19) webpage for health services, available at https://www.dhhs.vic.gov.au/coronavirus or call the COVID-19 hotline on 1800 675 398 to seek advice if unsure.

Health and Human Services

# Chief Health Officer's Care Facilities Direction

AOD residential facilities in Victoria **must** follow the Chief Health Officer's Care Facilities Direction and keep up to date with any changes to this direction.

Refer to *Care Facilities Direction* available at: https://www.dhhs.vic.gov.au/state-emergency. The direction:

- restricts access to AOD residential facilities
- applies to all residential services - adult, youth, withdrawal, rehabilitation, supported accommodation, funded, and unfunded by the department
- prohibits entry to the facility unless you are a resident, worker or contractor, or visitor
- prohibits entry of workers or visitors if there is a risk of coronavirus (COVID-19) infection
- restricts visiting hours.

# Key actions

1. **Prioritise** continued flexible delivery of essential AOD residential services where possible (all AOD residential services are considered essential).

2. Ensure **priority access to essential AOD residential services** is given to clients who are at highest risk of harmful behaviours or who are at immediate clinical risk.

3. **Modify** service delivery in line with department's advice about physical distancing: https://www.dhhs.vic.gov.au/staying-safe-physical-distance-and-hygiene-coronavirus

4. **Practice standard precautions** and infection control procedures including cleaning and disinfecting – further advice below.

5. Make an **outbreak management plan** and identify a staff member(s) to manage an outbreak.

6. **Discharge clients** that have tested positive for coronavirus (COVID-19) to an appropriate location where possible and follow Public Health team advice – further advice below.

7. Continue to **receive referrals** where possible**.**

8. Manage **waiting lists** and prioritise clients most at risk.

9. Provide culturally appropriate responses for **Aboriginal and/or Torres Strait Island** clients and ensure your resident assessment includes asking the question to determine Aboriginality and identify increased risk:

   https://www.dhhs.vic.gov.au/coronavirus-information-aboriginal-communities
   https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/aboriginal-torres-strait-islander-cultural-safety
   https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment
   https://www.murrayphn.org.au/portfolio-view/asking-question/

10. Only use **PPE** in accordance with current department guidance at:https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

11. Follow this advice to order **PPE:** https://fac.dhhs.vic.gov.au/personal-protective-equipment-fact-sheet-0

# What happens if a coronavirus (COVID-19) case is confirmed in an AOD residential facility?

In the event of a confirmed case or outbreak in a residential AOD facility, follow your agency's outbreak management plan which identifies all relevant contacts and procedures, and must be consistent with this guidance.

**Follow the advice in this document.**

This advice is specific to Victoria and takes priority over supplementally advice from the Commonwealth Government guidance: *Communicable Diseases Australia Network's Coronavirus Disease 2019 (COVID-19) Outbreaks in Residential Care Facilities* https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities

# What is an outbreak management plan?

- An outbreak management plan includes what an AOD residential service will do in response to suspected or confirmed coronavirus (COIVD-19) cases in a facility.
- Outbreak management plans will include:
  - education and training for staff to identify and respond to a client with coronavirus (COVID-19) symptoms
  - procedures when clients have symptoms or have tested positive for coronavirus (COVID-19)
  - environmental and cleaning requirements, and stock requirements (such as PPE)
  - a staff contingency plan if staff become ill
  - allocate staff responsible for actions
  - any other actions relevant to the facility.
- See section 3 of the Commonwealth guidelines and identify a staff member(s) to plan and manage an outbreak – use the checklist as shown in appendix 2 of the Commonwealth guidelines to assist outbreak preparedness: https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities.
- Make sure your outbreak management plan includes contact details of pre-arranged nursing, general practitioner, or other medical support. This could be nursing or general practitioner support already in place. Make sure those people or services know you have included them in your outbreak plan and have agreed to provide support.

# What do we do if residents have coronavirus (COVID-19) symptoms or they are a suspected case?

- Follow the plan you have made with each resident so they know what will happen if they have coronavirus (COVID-19) symptoms.
- Immediately isolate the resident.
- Take precautions to prevent transmission including the resident wearing a surgical mask if transiting through communal areas, and staff wearing a surgical mask if they must go into a resident's room. Practice cough hygiene, and frequent hand sanitising, minimise the resident's interactions with others, and distance them from communal areas: https://www.dhhs.vic.gov.au/novel-coronavirus-suspected-case-what-you-need-know
- Seek advice from your nursing, general practitioner, or other medical support person as per your outbreak management plan. They may be able to arrange for the resident to be tested in the facility.

- Support the resident to access a test, and if necessary, transport them to get the test following transport guidance in the department's guidelines for health services and general practitioners. In order, transport should be by a private car driven by the symptomatic resident, a car driven by a close contact, a taxi, or uber, and as a last resort use public transport: https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

- Provide PPE mask for them to wear to reduce community transmission if they must travel to get a test, or travel to go home.

- If you are not sure whether the symptoms are withdrawal symptoms or coronavirus (COVID-19) symptoms, treat them as coronavirus (COVID-19) symptoms and manage the resident as you would a suspected case.

- Check regularly updated testing advice from the department and make sure other clients and staff are tested if they meet the criteria https://www.dhhs.vic.gov.au/coronavirus

- Call COVID-19 hotline on 1800 675 398 for advice if needed and provide the patient fact sheet for suspected cases available at: https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

- If the resident has symptoms and is unwilling to get a coronavirus (COVID-19) test, follow your agency's outbreak management plan, and consider discharging the resident if you assess this is necessary for the health and wellbeing of other residents and staff. Provide PPE mask for them to wear to reduce community transmission when traveling home and recommend the person isolates until they are well, and it has been 72 hours since they had a fever. Consider whether the resident poses a significant public health risk. In serious cases an individual Public Health Order can be made to compel someone to be tested and isolated. This requires approval by the Public Health Commander - contact the department's Communicable Diseases hotline for advice if needed: 1300 651 160.

- Consider pre-existing medical or other issues that contracting coronavirus (COVID-19) would exacerbate in the resident (such as hypertension, diabetes, cardiovascular disease, respiratory disease, or obesity). If you are concerned a client is acutely unwell you should organise transport to a hospital as follows:

  *'If a suspected case of COVID-19 is unwell enough to require ambulance transfer to hospital, call Triple Zero (000) in the normal manner but advise the patient may have suspected COVID-19 infection. Ambulance transfers do not need to be approved by the department. Where there is no clinical need for ambulance transfer, alternative means of transport should be used including private car driven by the (suspected) case or an existing close contact (**not bus, taxi or Uber**)'.*

  https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

- For clients experiencing homelessness and if you assess it necessary for the health and wellbeing or other residents and staff, discharge them to a COVID-19 Isolation and Recovery Facility (CIRF) for people experiencing homelessness (refer via the St Vincent's nurse coordinator on 0437 059 267): https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#information-for-public-housing-tenants-and-people-at-risk-of-or-experiencing-homelessness and https://fac.dhhs.vic.gov.au/covid-19-isolation-and-recovery-facilities-fact-sheet

- Keep in mind Aboriginal populations are at greater risk and may have more severe coronavirus (COVID-19) symptoms due to higher rates of co-morbidities (such as diabetes, heart, lung, and renal disease).

- Apply a trauma informed approach to Aboriginal clients – particularly when isolating a resident is required, and refer the resident to an Aboriginal service if needed for additional support while in isolation: https://www.dhhs.vic.gov.au/coronavirus-information-aboriginal-communities

# What do we do if a resident has tested positive for coronavirus (COVID-19)?

- Follow the plan made with each resident so they know what will happen if they test positive for coronavirus (COVID-19).

- Follow nursing or medical advice.

- Follow advice provided by the department's Public Health team (an expert team responsible for responding to all confirmed cases), and advice provided by the department's Communicable Diseases hotline – 1300 651 160 (this phone line provides advice about confirmed cases and close contacts).

- Seek and follow advice about other clients and staff that met the criteria for close contact. The department's Public Health team will ask for a list of these close contacts to undertake contact tracing.

- The health provider who undertook the test is required to report coronavirus (COVID-19) confirmed cases to the department via the Communicable Disease hotline - 1300 651 160. In addition to this, advise your area APSS of the confirmed case/s in your facility and provide the same advice to: COVID19PrimaryCommunityCare@dhhs.vic.gov.au

- Hospital admissions are determined by hospitals based on clinically relevant criteria. This includes the severity of coronavirus (COVID-19) the resident is experiencing, any clinical or medical issues the resident has, and the public health risk of remaining in the AOD facility if other discharge options are not available (and pending advice from the Public Health team or the Communicable Disease hotline - 1300 651 160 about the resident remaining in the residential facility). Where clients are transported to hospital for assessment make sure medical staff are fully aware of the client's treatment and circumstances. Residential staff may choose to accompany the resident to the hospital for assessment, and provide a letter outlining the resident's treatment, residential care environment, and the risk to the residential facility if the resident must return.

- For Aboriginal residents, link them to the hospital's Aboriginal Liaison Officer.

- If the resident is discharged to **hospital** - provide remote support and follow hospital protocols.

- If the resident is discharged **home** - provide remote support or arrange for local AOD support commensurate with the client's needs and in line with advice from the department's Public Health team or Communicable Disease hotline - 1300 651 160.

- If the resident is discharged to a **CIRF** for people experiencing homelessness - provide remote support if alternative support is not available at the facility and follow facility protocols. If the client is at increased risk due to being in a CIRF for people experiencing homelessness, work alongside the facility provider to ensure the client is receiving adequate care. If you have concerns, contact your area APSS, or email COVID19PrimaryCommunityCare@dhhs.vic.gov.au for advice.

- If the resident **must remain** in the residential AOD facility and cannot be discharged, follow the department's Public Health team Communicable Disease hotline - 1300 651 160 advice. Seek nursing and medical support to care for a confirmed coronavirus (COVID-19) resident.

- If **more than one resident** has tested positive for coronavirus (COVID-19), and cannot be discharged, seek advice from the department's Public Health team advice, and advice from the Communicable Diseases hotline – 1300 651 160. Seek nursing and medical support to care for residents who are confirmed cases.

- If a resident/s has tested positive for coronavirus (COVID-19) and must remain in the AOD facility but does not follow isolation rules, contact the Communicable Diseases hotline – 1300 651 160 for advice.

- Refer to the Commonwealth guidance in section 5 which provides advice on what to do if multiple residents have coronavirus (COVID-19) and must remain in a facility. This guidance includes how to manage cohorts of clients with and without coronavirus (COVID-19) in a range of settings (shared rooms, single rooms, shared living areas etc): https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities

- The Public Health team will also provide advice and support if there is an outbreak within a facility and may send an infection prevention and control expert / team to provide on-site advice specific to the facility.

- Follow the Public Health team advice about quarantining other residents and staff who meet criteria for close contact with confirmed cases. People with symptoms should be tested. People without symptoms should *not* be tested unless advised specifically to do so by the department's Public Health team, or the Communicable Disease hotline: 1300 651 160**.**

- For any confirmed coronavirus (COVID-19) cases it is important they stay in their home or accommodation until the department's Public Health team advises they are no longer infectious.

- Follow your business continuity plan, outbreak management plan, and the department's advice about when it is safe to readmit a resident after they have had coronavirus (COVID-19): https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#how-do-we-know-people-who-have-had-coronavirus-covid-19-are-no-longer-infectious

- Develop a plan for the resident to return to the AOD facility once they have formally been cleared as having recovered from coronavirus (COVID-19).

- See: https://www.dhhs.vic.gov.au/novel-coronavirus-confirmed-case-what-you-need-know and stay up to date on any additional accommodation options for residents: https://www.dhhs.vic.gov.au/coronavirus

# Cleaning

- Regular and scheduled cleaning of residential care facilities is essential during coronavirus COVID-19. Cleaning and disinfecting tips for non-health care settings are at: https://www.dhhs.vic.gov.au/cleaning-and-disinfecting-reduce-covid-19-transmission.

- Further advice for cleaning residential facilities is in section 5.4.4 environmental cleaning and disinfecting in the Commonwealth guidelines. This includes advice about how to clean a resident's room, laundry, crockery, and cutlery: https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities.

- In some circumstances the entire residential facility may need to be thoroughly cleaned and disinfected. Follow advice from the department's Public Health team and the Communicable Disease hotline 1300 651 160.

# How do we make sure our staff are ok?

- Employers have a key role in encouraging workers with symptoms of coronavirus (COVID-19) to stay away from work and get tested.

- Checking workers for coronavirus (COVID-19) symptoms before entering the workplace is an important way to raise awareness and prevent the spread of the infection through the workforce, residents, and the broader community. Follow the *Care Facilities Direction* about checking for symptoms: https://www.dhhs.vic.gov.au/state-emergency

- Check updated testing advice from the department and make sure your staff are tested if they meet the criteria: https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

- If a worker with symptoms is tested for coronavirus (COVID-19), the worker must not attend work while awaiting their result. The worker will need to remain isolated, away from the workplace, until a negative result is received. If the result is positive, then worker will be managed by their doctor until recovered. They will also be contacted by the department's Public Health team to find out more information and to provide the worker with further advice about what they need to do.

- For any person diagnosed with coronavirus (COVID-19) it is important they stay in their home or accommodation until the department's Public Health team advises they are no longer infectious, and it is safe to return to normal activities.

- See the department's guidance for further information about how to manage healthcare workers (including residential care providers) with suspected or confirmed coronavirus (COVID-19) here: https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

- See the department's fact sheet about higher risk healthcare workers including Aboriginal and Torres Strait Islander people 50 years or over with one or more chronic medical conditions; people over 65 with chronic medical conditions such as diabetes, hypertension, or obesity; people over 70; people with compromised immune systems; and pregnant women from 28 weeks gestation: https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19 and https://www.dhhs.vic.gov.au/coronavirus-information-aboriginal-communities

- Follow your agency's business continuity plan and outbreak management plan to support staff and implement contingency staffing arrangements.

- Continue to support your staff health and wellbeing and consider their home life and other responsibilities.

# What about new admissions?

- Check updated testing advice from the department and make sure your new admissions are tested if they meet the criteria. Those tested will be advised to self-quarantine until test results are confirmed: https://www.dhhs.vic.gov.au/coronavirus

- Continue to admit new residents where possible by prioritising those people most at risk of harm if the service was not provided.

- Use your professional judgement to determine a priority client, which may include:

  - people with at-risk dependent children

  - clients experiencing homelessness

  - Aboriginal or Torres Strait Island clients

  - clients with an acquired brain injury or mental health issue or illness

  - forensic clients with mandatory treatment conditions

  - clients transitioning to and from residential services (such as from withdrawal treatment to rehabilitation treatment, or between rehabilitation facilities)

  - clients who require service provision to assist in reunification with their children subject to a family reunification order (*Children, Youth and Families Act 2005*)

  - those discharged from compulsory detention and withdrawal treatment under the *Severe Substance Dependence Treatment Act 2010*

  - people with significant clinical or medical conditions.

- Continue to monitor clients and be aware of coronavirus (COVID-19) symptoms during their stay.

- Services may choose to admit new clients in blocks, or in separate groups, to reduce risk of transmission between clients continually being admitted or discharged.

- Make plans with all new admissions about what will happen if they have coronavirus (COVID-19) symptoms, or they are confirmed coronavirus (COVID-19) cases.

- Arrange access to the influenza vaccination for new admissions where needed, particularly for at-risk groups such as Aboriginal or Torres Strait Islander clients.

# How can we manage waiting lists?

- Keep clients informed of their place on a waiting list.

- Provide remote support (bridging, brief interventions, counselling) where possible.

- Arrange for transfers to other AOD residential services that have capacity to admit new clients where possible.

- Make referrals to other non-residential AOD services if your service is unable to provide remote support.

- Make referrals to other social services or Aboriginal Community Controlled Organisations, Aboriginal Community Controlled Health Organisations, for support if necessary (for example family services, community services, relationship services, family violence services, or public health services).

- Make sure clients have contact details for other services if needed.

- Consider discharging clients early where possible and safe, and where you have assessed there is low risk to clients, in order to admit new clients. It is important that each client has a discharge plan that is continually reviewed and updated.

- Encourage your clients to contact your service whenever they choose to for support.

- Actively manage your waiting list – regularly review your waiting list and the status of clients.

- Maintain contact with clients who remain on the waiting list if they chose not to be admitted to a facility due to risk associated with contact with others, or they have disengaged with the service while on the waiting list.

- Liaise with your area APSS for assistance with waiting list management including information about other service availability and demand.

# What about forensic clients?

- Forensic clients are to be prioritised where possible to reduce the risk of re-offending and risk of AOD harm.

- Community Correctional Services (CCS) can assist in identifying the most at-risk forensic clients in consultation with Community Offender Advice and Treatment Services, through existing case management review processes.

- CCS will continue to refer offenders to undertake AOD assessment and treatment.

- CCS staff are working with AOD providers locally to confirm service delivery methods and delivery for forensic clients – see here for more information about CCS continued service delivery: https://www.corrections.vic.gov.au/community-corrections/stakeholder-information-on-changes-to-community-correctional-services-ccs

- Forensic clients are still required to attend AOD and other programs as directed where it is a condition of their order. For further information about changes to CCS services see here: https://www.corrections.vic.gov.au/community-corrections/changes-to-community-correctional-services-ccs

# Continue to consider new models of care

- Continuously consider and implement alternative service delivery models to support ongoing provision of essential residential services to clients, without compromising the health and wellbeing of clients or the workforce.

- Regularly review your business continuity plan, your pandemic plan, and your outbreak management plan to respond ongoing to coronavirus (COVID-19).

- Consider and plan for future phases of coronavirus (COVID-19) as the impact may alter residential service demand and delivery.

- Continue to liaise with other residential providers, your peak body, your area APSS, and the department regarding support for alternative service delivery and models of care.

## Where can I get more information?

For the latest information and health advice, visit the department's website at: https://www.dhhs.vic.gov.au/coronavirus.