

# **COVID-19 Information for the Alcohol and Other Drugs (AOD) Sector: Residential Treatment**



**For up to date Queensland COVID-19 information and resources please head to <https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19>**

## **Being prepared**

All AOD residential treatment services should prepare a COVID-19 risk management/pandemic response plan, which can be actioned in the event of a suspected or confirmed case of COVID-19. The pandemic response plan should be widely circulated and understood by all who will be responsible for any action required by the plan. All AOD residential treatment facilities are required to self-manage outbreaks consistent with the following guidelines:

- Queensland Health Guidance on the use of PPE (<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians/personal-protective-equipment-ppe>)
- Guidance on infection prevention and control for residential care facilities in the context of COVID-19 (<https://www.health.gov.au/sites/default/files/documents/2021/06/coronavirus-covid-19-guidelines-for-infection-prevention-and-control-in-residential-care-facilities.pdf>)
- Coronavirus Disease 2019 (COVID-19) Outbreaks in Residential Care Facilities guidelines (<https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia>).

Plan responses should be staged according to risk level and should consider (but not be limited to) the following areas:

- Establishment of an outbreak management team
- Roles and responsibilities (eg staff responsible for monitoring and reviewing the plan, and enacting responses)
- Record keeping procedures (eg keeping accurate and complete visitor registers, discharge planning and follow up for the purposes of contact tracing)
- Infection prevention and control (eg requirements for staff, clients and visitors including physical distancing, hygiene etc)
- Isolation management for suspected and confirmed cases, in consultation with the treating doctor and public health
- Required changes to service delivery and programs (eg intake, service capacity, modes of delivery)
- Management of changes to staffing (eg contactless handover procedures, working from home requirements to accommodate physical distancing)
- Management of shared workforce (eg working between facilities should be avoided wherever possible).
- Support for clients, families, and staff in relation to increased experiences of fear and anxiety in relation to COVID-19
- Necessary training needed for staff to manage infection control, suspected, and confirmed cases, and close contacts, as per the plan
- Management of client movements within a human rights framework (eg within and outside the facility, transport, community visits, areas that can be used for isolation if required)
- Communications strategy including with staff, clients, families, and public health units
- Service access (eg screening procedures for visiting specialists, maintenance workers, family members, and current staff).

## **Intake, isolation, and infection control measures**

Intake, isolation, and infection control during COVID-19 should be determined by your services pandemic response plan and consistent with national guidelines. Common good practice in AOD residential settings includes:

- Creating a cleaning schedule with increased frequency and broadening of daily cleaning procedures, which includes frequently touched and hard surfaces (eg wiping down door handles, telephones, keyboards, and anywhere else where sharing of equipment cannot be avoided)
- Routine reinforcement of hand hygiene, cough etiquette, physical distancing including displaying signage throughout the facility
- Making available additional hand sanitising and wash stations throughout the facility for staff, clients, and visitors
- Daily health screening for on-site staff, clients, and visitors including screening for contact with a confirmed cases, symptoms, and where possible, temperature checking using a non-contact infrared thermometer (please note, a temperature is not present in a large number of COVID-19 positive cases so should be only be used in combination with other screening methods)
- Working with local primary health and Hospital and Health Services to conduct appropriate checks prior to admission of clients
- Reduced bed capacity to accommodate physical distancing and creation of isolation zones
- Where possible, setting up isolation zones for newly admitted clients before entering the main AOD residential community (alternatively, a service may use an off-site location for clients to isolate, depending on their resources and context)
- Planning for the event that there is a confirmed case of COVID-19 and ensuring these plans are shared widely within the service
- Ensuring correct PPE is readily available if it is needed
- Ensuring that staff are trained in the appropriate use of PPE and safe donning and doffing (putting on and removing) procedures.

Further information on isolation and cohorting (eg where single rooms are not available) can be found in the COVID-19 Residential Care Guidelines (page 18).

## **If staff or clients experience symptoms of COVID-19**

It's important to take precautions to reduce the chances of, or contain, an outbreak in your service including reinforcing hand hygiene, cough etiquette, frequent cleaning and maintaining physical distancing from other people throughout the facility.

If at any point a person (staff or clients) begins displaying symptoms of COVID-19, they should be immediately isolated. Staff should leave and go home if they are well enough to do so and be tested for COVID-19. Where possible, clients should isolate in a separate room away from the main AOD residential community, ideally with unshared bathroom facilities. A medical assessment for testing should be organised as soon as possible.

Consider that in some circumstances test results may be sent to individuals and not the service. With client consent, seek agreement from the testing facility to have the notification sent to the service as well. If this is not possible, consider what your process will be for confirming the results with clients.

If isolation is required for a client/s. Plan for how the client/s can contact staff if they require assistance (eg to use a toilet) while in isolation. For example, if your service does not have buzzers in rooms you may need to ensure the client/s have a phone or some other method to call staff.

Staff should not attend work if symptomatic, even where symptoms may be considered minor or mild. Staff may only return to work when they have been tested, receive a negative result, and when symptoms have resolved.

Testing and fever clinics are located throughout Queensland and can be found at <https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/stay-informed/testing-and-fever-clinics>.

It's important to remember COVID-19 can resemble many illnesses and while symptoms may not be COVID-19 related, testing is crucial. Test results can take up to three days but will most likely be available sooner depending on the volume of testing being conducted. A comprehensive list of officially recognised symptoms and further information can be found in the COVID-19 Series of National Guidelines from the Communicable Diseases Network of Australia (<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>). The healthdirect COVID-19 symptom checker is another helpful tool and can be accessed at <https://www.health.gov.au/resources/apps-and-tools/healthdirect-coronavirus-covid-19-symptom-checker>.

Some general considerations:

- If a client is symptomatic they should be immediately isolated as per your pandemic response plan
- Appropriate PPE should be used for ongoing contact with the person
- Appropriate infection control signage should be visible throughout the service and in particular isolation zones
- Your pandemic response plan should consider scenarios where a client may need to be transferred to other accommodation, or hospital if needed
- If a client needs to leave their room (eg for medical care), strict infection control should be followed and they should be provided with a surgical mask to do so
- Staff, clients and other residents should be sensitively advised and prepared in case of a positive result.

## What to do if a client or staff member returns a positive result

If you have a confirmed case or outbreak in your service, Queensland Health Public Health Units will provide you with advice and will facilitate any public health action required (eg testing, identifying any additional control measures that need to be put in place, informing relevant stakeholders).

### 1. Contact your local Public Health Unit

- Queensland Public Health Unit contact details can be found at <https://www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units>

### 2. Depending on your context, you may need to halt admissions and tightly restrict access to your facility. Public Health units will provide advice and will initiate contact tracing if this is indicated. Immediate response may include:

- Contact the local Public Health Unit
- Reviewing the visitor log to determine who is or has been on site during a specific time frame
- Evacuating non-essential people from the facility
- Asking clients to remain in their rooms and providing them with information and updates throughout.

### 3. Prepare a list of people who were at the facility or had contact with the person in the 48 hours prior to the resident experiencing symptoms

### 4. Enact ongoing responses as per your pandemic response plan and in consultation your local Public Health Unit.

The COVID-19 Residential Care Guidelines contain an outbreak preparedness checklist, which can be used to guide AOD residential treatment service responses (<https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia>).

## Other common questions

*Should my staff be vaccinated?*

Yes. As of 15 December 2021 staff who work in health service settings are required to have the required dose of vaccinations under the Workers in a healthcare setting (COVID-19 Vaccination Requirements) Direction (<https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers/workers-in-healthcare-setting>)

*Is it okay for clients to share spaces (eg bathrooms, bedrooms, community area)?*

While every effort should be made to minimise shared facilities, if clients are not suspected or confirmed cases and there is no outbreak at the facility, there is no requirement for clients to live in separate spaces. In communal spaces, staff and clients should practise routine infection control in line with your pandemic response plan (eg regular cleaning and disinfection of the environment, hand hygiene, and physical distancing).

### *How do I manage transporting people in vehicles?*

Physical distancing requirements should be considered for transporting people. For example, if possible, limit the number of people per vehicle (ideally, in a passenger car, one driver and one person in the passenger-side rear seat). Cleaning of high-touch surfaces in shared vehicles should be undertaken after every use. A cleaning checklist of high touch areas will help to ensure consistency (eg door handles, steering wheel, handbrake, gear shift, buttons usually touched while driving, seat belt buckles). Hand hygiene products and facilities should be available for use of drivers and passengers (Note: do not store alcohol-based hand rubs in cars due to risk of fire).

### **A note on the wellbeing of clients, families, and staff**

During this time the wellbeing of clients, families, and staff will be impacted by COVID-19. This may be due to a range of issues such as uncertainty, increased isolation, worry, and restricted movement. On top of general anxiety people may experience in relation to COVID-19, there may be disruptions to daily client schedules, families may not be able to see their loved one, and staff may be uncertain about what to do and how to manage COVID-19 risks leading to increased workplace stress. Being prepared with a clear strategy and procedure, communicating this with clients, families, and staff and providing consistent daily information and updates is likely to reduce anxiety associated with COVID-19 responses.

### **Additional resources**

[https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy\\_Brief-Long-term\\_Care-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1)

<https://www.health.nsw.gov.au/aod/Pages/faqs-aod-services-covid-19.aspx#aodessentialservices>