NADA
network of alcohol and other drugs agencies

NADA webinar

Current practices in responding to COVID-19: key points, questions and answers

Background

On 18 January 2022, NADA hosted a webinar for its members to share their current practice in responding to COVID-19. NADA was joined by Dr Tony Gill (Chief Addiction Medicine Specialist, NSW Ministry of Health) and Dr Jan Fizzell (Senior Medical Advisor, NSW Ministry of Health) who answered questions from the sector. This information sheet provides an overview of the key points, and questions and answers.

Q. The majority of services are not able to access Rapid Antigen Tests (RATs) to help manage risks to clients and staff. What are ways services can reduce risk and continue to operate safely until they are available?

A. To reduce risk and operate as safely as possible, it is important that you operate using all the standard measures and processes, these include:

- Screening clients accessing the service, providing virtual care where possible, being extra vigilant around assessing clients for any potential COVID-19 exposures and their vaccination history.
- Being extra vigilant around washing hands, wearing masks correctly, washing down surfaces and practicing distancing. Workers being very vigilant when they're with clients – wear masks correctly, do not hang out with clients when they're smoking or having a casual conversation without a wearing a mask.
- Being very cautious and aware of staff who present at work with any COVID-19 symptoms and advising them to not attend work and follow health and workplace guidelines for testing, isolation.
- Split staff into teams (e.g.: team A, team B) to avoid all staff coming into contact with each other. This can reduce the risk of all staff being covid positive or a close contact at the same time – and has been a very important safety precaution used in various health settings.
- Carry out individual risk assessments with staff – managers need to know their staff well.

Q. How should RATs be used in residential and non-residential settings when they are available?

A. They are not required to be done daily but at least twice a week for asymptomatic people. If a person is symptomatic or a close contact and you don't have an access to RATs a polymerase chain reaction (PCR) is the next option. Results of PCR are returning more quickly since the Christmas break. If no RATs are available and you have a strong suspicion that someone has COVID-19 it is very important they get a PCR. NADA has sought protocols to be developed for residential, community based and outreach member services.

Q. In regards to a residential rehab setting, how do we get a cluster of people with symptoms to a PCR centre safely?

A. An option is to train staff on how to do the swab tests. Swabbing can be done on site and then the swabs transported to the lab, rather than trying to transport people to the PCR clinics. Workers are do not need formal training or registration to perform a swab but can learn how to do these from clinical staff/staff at your local health district. Another option if there is a cluster of clients that have covid symptoms, services could reach out to their LHD to request a pathology collector attend their service – but please note this may not be possible given the huge demand for sample collectors at this time.

Q. What are the rules on taking a throat swab for a person who is refusing a nasal swab?

A. Both are great but either is acceptable. If someone cannot tolerate a nose swab then a throat swab is acceptable and if someone cannot tolerate a throat swab a nose swab on its own is okay.

Q. Is an AOD Residential setting a 'high risk environment' by definition?

A. A high risk setting is a setting where you have a group of people, who if they get covid at the same time, the outcomes for those people are going to be very bad or potentially very bad. Therefore from that point of view, if you are running a residential setting where you have a group of people who have pre-existing conditions or other comorbidities, if covid gets into that setting it would be incredibly disruptive and incredibly hard to manage, and therefore an AOD residential setting would be considered a 'high risk' setting.

Q. If residential services are considered a 'high risk setting' what is the isolation period for staff who have tested positive for covid – is it still 7 days?

A. Basically the guidance is 7 days isolation period for a covid positive person and they should be completely asymptomatic for 24 hours before returning to work, unless they have a post viral cough which can be a symptom after having covid. However if someone has a post viral cough, it is recommend they consult with their GP in case they have other health issues. Staff should **not** be returning to work when they're feeling even slightly unwell and they should only return when they're feeling 'human again'.

Q. When should residential services get a deep clean if there has been a positive case? Have things changed in regards to these procedures and guidelines?

A. Residential services and any services should have an enhanced cleaning schedule which should be sufficient to take care of your setting if you have a positive case. You should follow the protocols for keeping your service clean as outlined in the following resources COVID-19 Infection Prevention and Control Manual and Covid-19 Recommended cleaning: supplementary information [PDF]. There is no need to spend huge amounts of money on deep cleans at this current time.

Q. How are NADA member services managing workers who need to self-isolate because of being a close contact?

A. If workers need to self-isolate ensure they have tasks they can do at home. While there will be tasks that frontline workers may not be able to carry out from home or in the same way, there may be other roles and activities that workers could do. One member example: we asked our workers who needed to isolate at home, to spend time contacting previous clients or clients who had been involved in our outreach program but hadn't had contact with our service for a period of time. This gave staff tasks to do that we may not have had time to complete in a pre-COVID-19 environment, and it also benefited clients who appreciated a phone call from our team and having them touch base to see how they were going.

For advice about other workforce matters such as, managing employee absences and leave entitlements it is recommended that services refer to Justice Connect - managing people through COVID-19 .

Q. What constitutes 4 hours for a close contact particularly when you're working in a residential setting?

A. People who are a close contact under a public health order are those who have associated in their home for a long period of time, or associating for an extended period of time in an informal setting. In regards to a work setting, it is recommended that services use the Health care worker COVID-19 exposure risk assessment matrix [PDF] to assess whether they are a close contact or not. This health care matrix is recommended for all service types.

Q. Is there any further guidance for outreach services and programs as we would consider this a high risk setting also?

A. NGO AOD outreach services and programs can refer to the NSW Health guidance for home visiting and outpatient healthcare services to guide their practice and service delivery. Some practical examples for outreach workers that can assist to stay COVID-19 safe are - call clients before heading out to the appointment to check how the person is feeling (eg: do they have any symptoms, could they have been exposed to COVID-19 recently). If a worker is worried a client may have been exposed to covid, encourage the client to get tested as soon as possible. The Health care worker COVID-19 exposure risk assessment matrix [PDF] is recommended for use by outreach services and programs also.

Q. Will a requirement for COVID-19 booster vaccine be added to the Public Health Order that applies to AOD NGO's and when will they be required to demonstrate our staff comply with this?

A. It has not been added to the Public Health Order as of yet. However the strong message is to encourage everyone to get the booster. The booster does protect people and it is very important that people get that full protection.

Q. Should residential services be monitoring oxygen saturation for positive clients?

A. If you have a clinical protocol available, that tells you what to do depending on the oxygen saturation of a client – then this is possible. However if you do not have this protocol or the clinical expertise at your service, then services should not be doing this.

Key points to take away:

- These are challenging times and the situation is constantly changing, and consequently, how we respond to COVID-19 and our procedures and advice can change – and change quickly in this environment. Therefore the information and advice provided at this webinar and in this information was current at the time of the webinar and may change as the COVID-19 situation evolves. If you have any concerns or questions about covid, please refer to the NSW Health Covid-19 home page, your local health district, and NADA's coronavirus news and resources.

- NGO AOD services should maintain links with their local health district – these partnerships are vital at this time. Most clients of AOD services will be eligible for early treatment and management under a COVID-19 care plan. This is particularly important for any clients who contract COVID-19 who are unvaccinated, as access to this treatment and support can help them avoid more serious symptoms and hospital.

- Be that advocate for your client - to be their pathway to accessing additional care if they require.

- The NGO AOD sector is working extremely hard and we thank you for all your hard work and dedication.

Other relevant information:

- NSW Health acknowledges that the AOD NGO sector is under a great deal of pressure at this time, with services managing changes to planning and operational protocols, positive cases in staff and/or clients, workforce and other issues related to COVID-19.

  With this in mind, the Centre for Alcohol and Other Drugs (CAOD) will be deferring all non-urgent meetings with NGOs from now until the end of February and delaying sending requests for feedback/comments on non-urgent plans and documents.

  If organisations providing AOD services have any concerns or queries about their grant funding, contracts, or service delivery, please contact your local health district or Ministry of Health CAOD contract manager.

- **Changes to COVID-19-related incident reporting for NSW Health-funded NGOs**
  The number of current COVID cases in NSW increases the possibility of your service having COVID positive staff and clients. Serious Clinical Incident reporting has previously required submitting an incident report to your contract manager for confirmed single COVID positive

cases. To reduce reporting burden on your service, you are no longer required to provide a full incident report for single instances of COVID positive cases in staff or clients.

- **New reporting requirement for single instances of COVID positive case:**
  Notify your contract manager by email, without identifying personal information. The email should contain the date of a positive test result, type of test (RAT or PCR) and if you anticipate any service interruptions as a result of that case.
  An incident report will be required where your service becomes aware of a COVID outbreak, defined as when:
  - 2 or more cases that have clinical indicators of COVID-19 (fever, an acute respiratory infection (this includes a cough, sore throat or shortness of breath), a runny nose, loss of smell or loss of taste) in staff or clients that occurs within 3 days (72 hours) AND
  - At least one of these cases is confirmed as COVID-19 by a Rapid Antigen Test (RAT) or PCR test.
  - Non-residential services are not required to submit an incident report unless a connection is made between the cases; such as two cases visited the same physical location (even if at different times) and/or linked by an in-person meeting (even if full personal protective equipment was used).