

NSW Ministry of Health and NADA COVID-19 Teleconference for Alcohol and Other Drug NGOs

1 April 2020

On 1st April, 2020, NSW Ministry of Health and the Network of Alcohol and Other Drug Agencies (NADA) held a second teleconference with Alcohol and Other Drug NGOs (following on from the teleconference held on 26th March) to answer their operational questions arising as a result of the COVID-19 pandemic and its impacts on service delivery. Information provided in this document is current as of 1 April 2020.

Testing for COVID-19

Q: If the key case numbers to watch are the 'locally acquired where a contact is not identified', shouldn't testing criteria be broadened to include people with symptoms who aren't health workers?

A: Testing criteria are continually being refined as the pandemic unfolds. There is not capacity to test all people who are symptomatic. There are not enough testing kits to test every person. This also means that people who are asymptomatic do not meet testing criteria, except where a local cluster has been identified e.g. in South East Sydney Local Health District or in Northern Sydney Local Health District.

Q: Are there plans for an antibody test to show who has already had the virus?

A: An antibody test that returns a positive result just tells you that you have been exposed to the Coronavirus. It doesn't tell you if you are infectious right now.

Q: Can NGO workers get quicker access to testing when we get a COVID positive result in our residential services?

A: NGOs are advised to talk with their local health districts (LHDs); access to testing is dealt with on a district by district basis. NGO staff need to be recognised by their LHD as part of a priority group for testing. Staff visiting COVID clinics which are available in all LHDs, should emphasise that as an NGO worker you are a health care worker.

Q: Are there plans for more drive through testing clinics?

A: There are COVID clinics at public hospitals where people are assessed and tested on the spot. Drive through testing is available at one location in Western Sydney LHD (Auburn) and at one location in Central Coast LHD, but you need to have completed a request form for drive through testing. Some GP cannot do testing on the spot and so refer patients to private pathology companies.

Q: We would like to be able to admit new clients in need. Is it possible to have clients tested for COVID-19 prior to admission?

A: Since there is a limited supply of test kits and not every person is able to be tested, it is important to screen all clients carefully for symptoms, and also ask about the contact with people who have had COVID-19. Organisations should have good intake screening and admission processes in place to prevent infection to staff and clients.

Strategies to keep residential services safe

Q: What are some practical approaches to managing risk to protect staff and people accessing residential services?

A: Implement behavioral change and hand hygiene measures. This means no group meetings, reducing the number of clients in room and perhaps having meals in two sittings so everyone has the required space. Hand washing, either with soap and water or alcohol based sanitizers are crucial. Any sick people should go home immediately and stay home.

Q: In residential programs where clients share bathrooms, are there any measures beyond normal hygiene and social distancing that should be considered?

A: Clean bathrooms between users, and conduct very thorough cleaning at the end of the day. Continue to use social distancing in and around bathrooms.

Q: What about shared kitchens in residential services?

A: Maintain social distance measure in any shared space, including kitchens. Maintain hand hygiene and coughing etiquette. People with symptoms should stay out of the kitchen. Kitchens should be cleaned after each meal and at the end of the day.

Q: How many people can reasonably share a bedroom at this time?

A: Organisations and individuals need to ensure social distancing measures are able to be followed. If the room is a large dormitory-style room which allows for people to maintain distance, it may accommodate more people than a smaller room.

Q: Are non-alcohol based hand sanitisers effective?

A: Hand sanitisers should have at least 60% alcohol to be effective. Soap and water is also effective when hands are washed for at least 20 seconds.

Q: Is there a need for daily temperature checks for staff and clients of residential services?

A: There is no recommendation for daily temperature checks in residential facilities, with the exception of residential aged care facilities. Tools to take temperatures can have variance. It is better to ask about symptoms and any underlying lung conditions, and to maintain hand hygiene, coughing etiquette, and social distancing.

Q: We have a staff member returning from quarantine is there any other precautions that need to be considered?

A: When a person has completed 14 days isolation and returns to work, they should maintain social distance measures, hand hygiene etc. and continue to monitor for symptoms.

Q: What should services do if there is a confirmed case of COVID-19 and someone wants to discharge against advice?

A: A confirmed case should isolate until they are symptom free. If a confirmed case did not isolate then notify your LHD's local public health unit <https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx> , which can provide additional support.

Q: How can residential services access PPE?

A: The Ministry is working to enable access to PPE for NGOs providing face-to-face services and for use where there is a suspected or confirmed case of COVID-19. NADA has collated a list of suppliers that may assist.

Q: When a residential client tests positive, will they be admitted to hospital?

A: This is determined on a case by case basis. If a client is sick enough, e.g. severe illness, then they would be admitted to hospital, or to “hospital in the home”.

Q: Many residential services have stopped admitting clients, and this leaves a large group of vulnerable people with nowhere to go. Do we need an intermediate transfer center?

A: An intermediate transfer centre would face the same challenges as any residential service with regard to screening, admission, and implementation of protective measures.

Q: Many services have adapted to be delivered via phone and web. Are the Ministry aware of any support for people who need to use these services with access to free or reduced phone and data plans?

A: The Ministry is aware of this issue and know that it is having an impact for clients accessing mental health and family and domestic violence services other services. The issue has been raised at the Ministry’s [COVID-19 NGO Community of Practice](#). Some NGOs loan phones to clients and supply credit for phone calls, but not for data. The Ministry is looking into other options for accessing equipment to support remote service delivery and will update services as information becomes available.

Q: Can the Ministry provide NGOs who provide essential services with a letter to assist in acquiring goods and services to support our clients?

A: The Ministry is considering different options for how we can support NGOs to continue providing services and will update services on this matter.

Q: Are NGO AOD residential services officially classed as “essential services”?

A: The ministry is working on more formal direction around this and will update services as information becomes available.

LHD Services

Q: Are NSW Health LHD detoxes planning to continue services?

A: At this time, LHDs continue to provide withdrawal management services. There may be some changes in some LHDs to service delivery, including increased ambulatory services and community based detoxification.

Q: Would it be feasible to extend LHD (and NGO) detox times out to 14 days to cover the mandatory isolation period for individuals prior to entry to a residential rehabilitation service? This would assist us in re-opening intake to our programs.

A: The Ministry’s Centre for Alcohol and Other Drugs will raise this with LHD Drug and alcohol directors in the next weekly meeting. However, a challenge with this model is that unless only one group intake occurred at a time for the full 14 day period, clients may still be exposed to the virus with new intake over the 14 day period.

Q: Would LHD OTP clients be able to dose from private pharmacies?

A: The restriction on takeaways for OTP clients in public clinics have (or are) being amended. This means the prescribing of takeaway does is at the prescriber's discretion and guided by new guidelines. If clients are not able to leave home because that have tested positive for Coronavirus, home delivery may be a possibility in some LHDs where there are resources, staffing and it is safe to do so; this will managed on a case by case basis. In cases of financial hardship, clients can discuss options with their LHD prescriber if they are required to dose at a community pharmacy.

Q: Will we need additional facilities such as 'field hospitals' to deal with the number of COVID-19 cases?

A: Social distancing measures are in place to reduce transmission and the demand on the health care system. If a new social distance measure is introduced today, then it takes approximately 2 weeks to assess its effectiveness. If/when social distances measures are relaxed, then we may see a possible resurgence of cases. The strain on facilities is being monitored and a range of measures will be taken to taken to provide hospital services.

Custodial Settings

Q: What's being done to keep the prison population safe?

A: Justice Health has focused on the health of prisoners early in the pandemic. It is recognised that prisons are a high risk setting and accordingly visits to prisons have been reduced. There are also other logistical considerations inside prisons such as inmates and their access to the Opioid Treatment Program. The Ministry is working with Justice Health to ensure clients have access to the OTP in prison and on release.

Q: Any there are known cases in custodial settings?

A: Justice Health are monitoring the situation closely. At this time, 1 April 2020, there are no known cases in publically operated NSW prisons.

Q: What help is available to people exiting custody?

A: Justice Health provide the Connections Program to support people exiting prison and on OTP. NSW Health funds three NGOs to provide the Continuing Coordinated Care (CCC) across NSW, which provide intensive case management and facilitates connections to services. The Community Restorative Centre also provides intensive support to people exiting custody.

Further Support

Q: Who can NGOs contact for direct phone support in their local area?

A: Contact your contract manager, or the AOD team at your LHD. If you have a specific Coronavirus question, contact the Public Health unit in your LHD. See <https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>.

Q: How do we keep up to date with the status of different AOD services?

A: Alcohol and Other Drug Information Service (ADIS) will become the central repository for information regarding the services provided by NGOs, and the Opioid Treatment Program. Contact ADIS on 1800 250 015. The challenge is keeping the status of services provided up to date as circumstances can change very quickly. Organisations are asked to let ADIS know of changes to service status so that information is available to all contact ADIS.

Q: Who can services talk to about concerns regarding child protection issues and requirements for women to stay in residential rehabilitation services, even if it is unsafe to do so or the organisation is closing the service?

A: Organisations should continue to raise concerns with the Department of Communities and Justice (DCJ) about individual cases. NADA is talking with members and local DCJ offices to support organisations. The Ministry is raising concerns at the COVID-19 NGO Community of Practice. If your organisation has concerns or challenges in contacting or working with DCJ email: feedback@nada.org.au.