

AOD clinicians and services can take steps to improve preparedness for responding to COVID-19, whilst continuing to support clients.

MINIMISE EXPOSURE RISK

Ensure service policies and practices are in place to minimise exposure to COVID-19¹:

- Where possible arrange telehealth appointments to continue care
- Instruct clients to call ahead and reschedule face-to-face appointments if they develop symptoms of a respiratory infection
- Ensure good hand hygiene practices and utilise personal protective equipment where required for clinical work
- Consider designating a 'triage' area outside of clinical spaces to screen clients for respiratory symptoms and fever before they enter
- Display visual prompts in the workplace to alert clients and health care providers about hand hygiene, respiratory hygiene, cough etiquette, social distancing and any other precautions needed
- Provide supplies for respiratory hygiene and cough etiquette including alcohol-based hand rub, tissues and no-touch bins for waste disposal
- Limit points of entry and consider restricting visitors
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly
- Cancel all group activities

n.b. Please note this resource does not describe mandatory requirements or standards; rather, it highlights important areas to review.

HARM MINIMISATION

Interruptions in illicit drug supply and use may occur, if clients are unable to obtain drugs from their usual sources, if clients are required to self-isolate and if clients end up in medical care for COVID-19.

Ensure clients are well-informed about the potential risks of unplanned changes in their AOD use patterns (e.g. provide the COVID-19 Harm Reduction for People Who Use Drugs factsheet).

Prescribers should also consider providing naloxone training and take home naloxone to clients who use opioids. Clients who smoke should be encouraged to commence nicotine replacement therapies, to reduce their respiratory risk.



AVOID INTERRUPTIONS IN TREATMENT

Ensuring access to AOD treatment throughout the COVID-19 pandemic is essential to continue client progress towards goals and recovery, prevent illness progression and relapse, and reduce emergency department usage and hospitalisation for AOD-related issues.

Clients prescribed pharmacotherapies (e.g. methadone and buprenorphine) may be reassured that dispensing pharmacies are an essential service and will remain open during the COVID-19 pandemic. Prescribers should ensure that arrangements are in place for continued prescribing in the event of clinic closures or prescriber self-isolation. Prescribers may also consider temporarily increasing takeaway doses, with careful documentation of risks and rationale. This will support clients and ease health system burden, and should be done in consultation with dispensing pharmacies.

Clients in counselling or group programs are likely to benefit from moving these interventions to telephone or web-based platforms, where possible. Alternatively consider encouraging clients to use telephone and online support services, including Directline (1800 888 236) and Counselling Online (<https://www.counsellingonline.org.au/>) for 24/7 support.

1. Adapted from the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>