

Office of the Chief Psychiatrist

COVID-19

Interim Clozapine Management Guideline

20 March 2020

Please check this [link](#) for the latest version of this document.

Although no evidence suggests that people prescribed Clozapine are at more risk to contracting COVID-19, consideration has been given to the potential increased risks of infection for this consumer group and the consequences that infection has for clozapine management. This information is supplementary to the SA Health Clozapine Management Clinical Guideline (CMCG).

This is an interim measure to reduce the risk to vulnerable mental health consumers during the COVID-19 pandemic while ensuring that they receive appropriate clozapine care and is not to be taken as a permanent change in management guidelines.

This interim guideline applies to clozapine clinics currently held within SA Health clozapine centres. There are no changes for the management of consumers prescribed clozapine in GP shared care, other than where directly referred to.

For public health information about COVID-19 please check:

www.sahealth.sa.gov.au/COVID2019

Standard Screening Questions

For all contacts the standard questioning regarding COVID-19 risks are to be asked and assessed. Refer to the CBIS screen (insert assessment tool service number)

Weekly Clozapine Monitoring

There are no changes to the current face to face appointment requirements for people on weekly clozapine monitoring.

All consumers must be seen by a medical officer to have a review for signs and symptoms of infection and mental state review as per the SA Health [Clozapine Management Clinical Guideline](#). (CMCG)

Four Weekly Clozapine Monitoring

Consumers on four weekly monitoring are to continue to have a four weekly blood test as per the CMCG.

Extended dispensation for dispensing without a blood test is not recommended due to the increased risk of raised clozapine levels due to an infection. It is considered that regular blood monitoring is a safer option for people prescribed clozapine.

For stable consumers face to face assessment for signs and symptoms of infection and mental state review can be increased to eight weekly. i.e. Face to face assessment every second month.

The four weekly assessments in between the eight weekly face to face assessments can be conducted via teleconference or video conferencing arrangements. See [OCP COVID-19 MH fact sheet March 18 2020](#) (link)

- Where possible a thermometer is to be given to consumers to be able to take their temperature at home. (this may not be possible due to resources)
- These assessments must be fully documented and follow the [Nurse-led Clozapine Clinic – Questions to ask at Clozapine reviews](#) .
- Any abnormality or adverse event detected will be managed in the usual manner according to the CMCG and the [Nurse Led Clozapine Clinics – Pathways and protocols for managing abnormal/adverse events](#)

The draft Constipation Management guideline can be utilised during this time.

Pharmacy prescription management

During this time of increased risk, prescription management will need to be streamlined. The aim is to reduce the amount of time a person is waiting in a pharmacy.

Prescriptions are to be faxed to the dispensing pharmacy, not to be given to consumers. The original prescription must be provided to the dispensing pharmacy within seven days.

Pharmacists will need to be contacted and advised that:

- SA Health is requesting that prescriptions for clozapine are dispensed as soon as the prescription is received where possible, to minimise the waiting time for consumers in the pharmacy.
- The original prescription will be provided within 7 days
- Pharmacists are requested to contact the Mental Health Services within 48 hours if the person has not collected their prescription. This is to reduce the risk of therapy interruption.

Consumers are to be advised to provide their pharmacy with sufficient time to dispense the prescription before attending to collect their clozapine.

For people in mandatory isolation pharmacy delivery if available is to be arranged. If this is not possible the MHS are to arrange medication delivery, contacting the person via telephone advising of the time of delivery. Medication is to be left at the person's door and further contact to be made to ensure the person has collected their medication.

Supported Residential Facilities and Nursing Home management

For consumers in Supported Residential Facilities (SRF) and Nursing Homes, clozapine coordinators are to assess if there are GPs or nursing staff that are able to conduct the physical health assessments. Questioning may be required of staff for the mental state and clozapine assessment. Eight week face to face assessments and review are to be completed for these consumers.

Six Monthly Psychiatric Reviews

Six monthly psychiatric review of stable consumers and consumers in shared care these reviews are able to be completed by medical staff through the use of video or teleconferencing. See [OCP COVID-19 MH fact sheet March 18 2020](#)

Suspected or confirmed cases of COVID-19

For consumers who are suspected cases of COVID-19, confirmed cases of COVID-19 or people who are on mandated home isolation, a home visit is to undertake the required face to

face assessment, is to be conducted using Personal Protective Equipment (PPE), as advised by each LHN's Novel Respiratory Pathogen Management Guideline.

At this stage any confirmed case of COVID-19 in a person prescribed clozapine will subsequently be managed in an inpatient setting due to the increased risk of clozapine toxicity.

Future management may change with increased numbers of confirmed COVID-19 cases.

If pathology laboratories refuse to home visit clozapine consumers in isolation/home quarantine, it may be appropriate to seek support from the hospital at home teams in each LHN managing COVID-19 consumers in their own homes.

Clozapine Commencement

Due to the risk of side effects during the commencement of clozapine and current potential for infection within the community it is considered that new clozapine commencements place consumers at an increased level of risk. For the next four weeks all clozapine commencements within inpatient and community teams are to be held unless the person is able to be managed in an inpatient service such as Inpatient Rehabilitation Services or Forensic Services for the duration of the 18 week treatment initiation.

If there is a requirement for an urgent commencement of a consumer on clozapine the treating team is to make a request of the LHN Mental Health Drug Committee and the community team who would be assuming the care of the person for approval of the commencement. As always the best interest of the consumer is to be considered.

GP Shared care consumers

Where a consumer is referred back from a GP practice for ongoing care, their care is to be managed in line with this interim guideline.

Social Distancing

Acknowledging COVID-19 risks, for all persons seen, practitioners should practice social distancing (including keeping at least 1.5 metres away from others) during interviews and practice hygiene measures (including frequent hand washing, use of hand sanitiser and wiping frequently touched surfaces). More details on social distancing can be read on the web links. Clinicians are to pay particular attention to the cleaning of equipment between individual use and clozapine clinic offices on a daily basis.

Education and Prevention

All contacts with consumers is an opportunity to provide

1. Public health education and/or an information sheet about Coronavirus prevention
2. Mental health information related to the impacts of Coronavirus (COVID-19).

Paper brochures can be provided, or links to web information provided.

For COVID 19 and mental health resources for consumers:

<https://www.chiefpsychiatrist.sa.gov.au/news/coronavirus-covid-19-and-mental-health>

For more information

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