

Guidance for Mental Health and Addiction Residential Service Providers during the COVID-19 Alert Levels 3 & 4 restriction period

28 April 2020

This document outlines guidance on managing services during the COVID-19 lockdown period. This advice is for providers of residential mental health and addiction services. These guidelines are interim and may be amended as the COVID-19 alert levels evolve.

This information sheet should be read in conjunction with information available at health.govt.nz/covid-19 and covid19.govt.nz

Provision of residential mental health and addiction treatment services

Mental health, addiction and disability services have been determined to be essential services. This means that there is an expectation that, as much as possible and practical, services are available for those that need them.

Many organisations are adapting their service delivery under COVID-19 Alert Levels 3 and 4. The Ministry of Health continues to encourage and support health services to work remotely wherever possible, using technology such as audio-visual links (AVL). Residential services have less flexibility in this regard, but we still expect these services to be operating remotely as much as is feasible and safe to do so.

This advice may not address all situations that will arise. Therefore, in situations where specific advice has not yet been provided and it is not possible to follow usual best practice and adhere to standard operating procedures, guidelines and policies, services will need to consider alternative approaches. When considering alternatives, services should question whether the action:

- is in the best interests of the person receiving the service
- upholds the rights of the person and others to the maximum extent possible in the circumstances
- is necessary to protect the health and safety of the person, and others
- meets legislative requirements and aligns with the intent of the legislation
- complies with COVID-19 Alert Level 3 and requirements.

Admissions

As essential services, it is expected that residential services wherever possible continue to provide services to those that need them.

There is no requirement for a 14 day isolation period for new admissions unless a screen has indicated risk (symptoms, recent overseas travel, contact with people who have returned from overseas, contact with people with suspected/confirmed virus).

Agencies need to be able to provide safe isolation when it's indicated; i.e. not deny access because of risk but the usual expectations of a single room, and appropriate hygiene and safety practices (handwashing, cleaning practices, physical distancing) are all that is required for someone without risk.

If the resident has probable or confirmed COVID-19, a clinical assessment will need to be undertaken to establish the best place of care for the resident.

Options to support people in the community should continue to be offered to allay any concerns that the person can access support if it is not appropriate for them to enter residential treatment at this time.

Management of clients not adhering to COVID-19 Alert Level requirements

It is likely that some people will have difficulty with the COVID-19 restrictions and be unable or unwilling to agree to certain conditions required by the COVID-19 Alert Levels, such as physical distancing and isolation or quarantine. This will require a nuanced response. The following sections outline some guidance for to assist services to respond to various situations.

Clients who go missing from residential services

If a resident unexpectedly leaves your service, it is important they are located as quickly as possible.

Please contact friends, family and other places the client would likely frequent.

If the resident is unable to be found by staff, the service manager should immediately activate their 'missing persons of concern' protocol.

As a last resort, or if you are concerned about serious risks to themselves or others, you can contact your local Police for assistance.

If you are concerned about returning the client to your service due to possible exposure to COVID-19 while absent from the premises, you should discuss this with your district health board (DHB) and the Regional Public Health Unit and your contract manager (link: [Contact details for Public Health Units](#)).

Note: If you have clients with no fixed abode, the Ministry of Housing and Urban Development have set up COVID-19 emergency and transitional housing. More information including contact information, can be found on this link – [COVID-19 emergency and transitional housing](#).

Clients with suspected, probable or confirmed COVID-19 infection (including close or casual contacts)

All clients with suspected, probable or confirmed COVID-19 infection should be isolated immediately. This will reduce risk of further transmission to other residents.

Residents with clinical symptoms consistent with COVID-19 should be reviewed by a health care professional. For more information see **Case definition of COVID-19 infection** on the Ministry's website. A resident who is being tested for COVID-19 should remain in isolation until test results are available.

Standard precautions, including contact and droplet precautions, should be undertaken by all staff when interacting with the client as per their Service Pandemic Plan and infectious disease protocols for management of COVID-19.

Seek medical guidance on use of nebulisers for residents with COVID-19 as this is an aerosol generating procedure.

When a facility is notified of a probable or confirmed case, residential service will need to advise:

- their local Public Health Unit (contact details can be found at this link: [Contact details for Public Health Units](#))
- follow the Ministry of Health's online [Updated advice for health professionals: novel coronavirus \(COVID-19\)](#) to start identifying and isolating all other residents and staff who may be close or casual contacts
- convene an outbreak management team.

If a client tests positive for COVID-19, and they medically do not need to be transferred to hospital, it is expected that the facility will continue to care for the resident if they can be appropriately isolated.

If isolation on premises is not possible, contact the local Public Health Unit to identify alternative isolation options.

The decision to cease isolation will be made by the health practitioner responsible for monitoring them and in line with the current advice for health professionals.

Useful resources

Management of staff with suspected, probable or confirmed COVID-19 infection (including close or casual contacts)

It is critical that staff who are unwell, even with mild respiratory symptoms or a fever, do not come to work. All staff with suspected, probable or confirmed COVID-19 infection should isolate at home immediately.

Staff with respiratory **symptoms suggestive of COVID-19 infection** should phone Healthline or their primary health practitioner, specify where they work, and arrange to get tested. If the test is negative, then unless advised otherwise by their primary health practitioner, provided they have been symptom free for 48 hours, they can return to work.

Staff who are close contacts of probable or confirmed cases should not be at work. They should be quarantined at home for 14 days since last exposure with the case. Should they develop symptoms, they should phone Healthline or their primary health practitioner and arrange to be tested.

- If the test is negative, they should remain in quarantine until they have completed their 14 days and have been symptom free for 48 hours.
- If the test is positive, then the person is considered a confirmed case, and the person should follow the advice of their health professional regarding isolation and return to work.

Testing

Service providers should follow the testing advice on the Ministry of Health website:

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/covid-19-advice-all-health-professionals>

Personal protective equipment (PPE)

Hand hygiene is one key essential action that prevents transmission of infection. In addition to hand hygiene measures, all staff must adhere to standard precautions and droplet and contact precautions as necessary when caring for residents with suspected or confirmed COVID-19 and residents who have respiratory and influenza-like symptoms.

Advice on PPE for droplet and contact precautions can be found in Ministry's guidance on PPE can be found on this link: [COVID-19: Advice for essential workers, including personal protective equipment](#)

Cleaning

Cleaning should be increased in general, paying attention to frequently touched objects and shared spaces. Further cleaning information can be found on this link: [COVID-19 general cleaning information](#).

Food

Facilities should ensure good food preparation and good hand hygiene practices are maintained.

More information

For the latest advice, information and resources, go to health.govt.nz/covid-19 or covid19.govt.nz

Call Healthline on **0800 358 5453**. It operates 24 hours a day, seven days a week.

If you have concerns about your health, speak to a doctor.

Quick reference steps for isolation and notification of suspected and known COVID-19 cases

If one of your clients or residents is suspected or has a confirmed case of COVID-19

- ➔ you need to notify your district health board (DHB) and the Regional Public Health Unit as COVID-19 is a notifiable disease OR contact Healthline on 0800 358 5453.

For suspected or confirmed cases of COVID-19

- ➔ the client should be isolated on the premises if admission to hospital is not required.

If one or more confirmed COVID-19 cases have occurred within a Mental Health and Addiction residential facility

- ➔ an outbreak management team should be convened. For more information see **COVID-19: Advice for all health professionals** at health.govt.nz/covid-19 or Healthline on 0800 358 5453.

If the above options are not possible

- ➔ contact your DHB and Regional Public Health to identify alternative quarantine options.