Guidelines: Homelessness Accommodation and COVID-19

March 2020

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1 Overview of the Guidelines

1.1 Introduction

This document provides practical guidance to homelessness service providers that are delivering accommodation-based responses for people experiencing homelessness during the COVID-19 infectious disease outbreak in Australia. This document has been developed by the Department of Communities and Justice (DCJ).

Specialist Homelessness Services (SHS) are essential services, providing support and assistance to some of the most vulnerable people in our society. Services intervene early to prevent people becoming homeless, as well as providing crisis responses to people experiencing homelessness.

With community transmission of COVID-19 increasing across New South Wales, DCJ is committed to ensuring essential services are effectively supported to continue operating. This involves timely coordination across government, non-government organisations (NGOs) and wider community stakeholders to ensure public health advice is communicated clearly and the safety of staff, volunteers and clients is effectively managed.

It will be important to review and update these guidelines if additional advice is provided by NSW Health.

1.2 Purpose

The purpose of these guidelines is to equip NSW homelessness service providers with the tools and techniques to manage infectious disease in homelessness accommodation sites, with respect to both adults and young people.

We know that SHS providers have already put in place COVID-19 responses specific to their organisations and circumstances. These guidelines aim to provide you with a range of information in one place. It is important to note that this document will evolve as new information becomes available.

People experiencing homelessness may be at particular risk of contracting COVID-19 due to crowded accommodation and potential lack of access to hygiene facilities such as showers and laundries, as well as stressed immune systems, and close contact with highly transient persons[1].

Furthermore, the impact of COVID-19 on people experiencing homelessness will be exacerbated with seasonal flu this winter, causing further challenges for these people and service disruption[2]. Protecting staff, volunteers, and clients requires a coordinated effort between service providers, DCJ, healthcare facilities, and the health department[3].

This document acts to enable service providers to develop effective contingency plans in response to COVID-19, protecting the workforce, people experiencing

homelessness and their communities at a time when this support is needed most. It also acts as a guide to prepare a response to the identification of COVID-19 cases and presents mitigation strategies for disease containment.

1.3 How to use these Guidelines

The intention of these guidelines is to support SHS service providers to:

- Understand COVID-19 and its effect on the NSW homeless population
- Prevent the transfer of infection through adapted service delivery and risk mitigation strategies, targeted at both clients and staff
- Conduct active monitoring of COVID-19 symptoms
- Manage and respond to the mental health needs of staff and clients
- Prepare contingency plans for identified COVID-19 cases
- Prepare contingency plans for substance users
- Consider targeted mitigation strategies for young people who are likely to be particularly vulnerable to and impacted by the pandemic.

2 General Pandemic Guidance

2.1 What is a Pandemic?

A pandemic is an epidemic (infectious disease outbreak) that spreads on a global scale. Pandemics usually occur when a new infectious disease emerges that can spread rapidly around the world[4]. Recent pandemics include severe acute respiratory syndrome (SARS) and Swine Flu[1,5]. COVID-19 was declared a pandemic in March 2020 by the World Health Organisation due to its widespread prevalence around the globe.

2.2 Key Public Health Information for COVID-19

How does the virus spread?

COVID-19 spreads in a similar way to the cold and the flu, through:

Source: NHCHS COVID-19 Information for Homeless Shelters and Homeless Service Providers
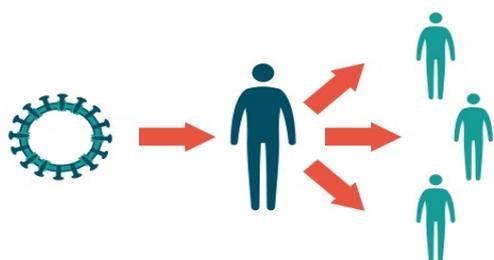
- Person-to-person contact
- People who are in close contact with one another (within 2m)
- Respiratory droplets carried by the air by coughing and sneezing
- Touching surfaces or objects with the virus on them, and then touching the eyes, nose and mouth[2,6]

How to Stop the Spread[7]

Source: Australian Government Coronavirus (COVID-19) Simple Steps to Stop the Spread

Symptoms of COVID-19

NSW Health discourages homelessness service providers from denying services to clients because they may have COVID-19 symptoms.

COVID-19 can cause a variety of symptoms that may be identified when screening people. These include:

Common Symptoms	Severe Symptoms
Fever[8,9,10]	
Cough[8,9,10]	
Shortness of breath[8,9,10]	Difficulty breathing[9,10]
Runny nose[8,10]	
Fatigue[9,10]	
Sore throat[9]	
Aches and pains[10]	
Diarrhoea[10]	Pneumonia with severe acute respiratory distress[8]
Nausea[10]	

These symptoms commonly occur 5 or 6 days after exposure to the virus but can appear in as few as 2 days or as long as 14 days after exposure to the virus[11].

How to Respond

- Mild symptoms do not typically require medical attention but clients with these symptoms will need to be isolated from other clients and staff until symptoms have fully resolved[12]
- If a symptomatic client is over age 60 or has underlying medical problems like diabetes, heart disease or lung disease, or has a weakened/suppressed immune symptom or is pregnant, they may be more vulnerable to the complications of COVID-19 [3,13]. Monitor high risk clients closely
- Severe symptoms require immediate medical attention and emergency services should be called[3]
- It is advised that staff or clients with mild symptoms telephone their usual health clinic to check if they meet the current criteria for testing. If so seek advice on how to safely organise testing[14]
    - If unable to reach the client's usual health care provider, call the local Public Health Unit[15] or Health Direct on **1800 022 222**
    - Ensure information about the client's recent movements / travel or contact with a known or possible case of coronavirus is on hand
- Testing arrangements for COVID-19 may change in the coming weeks, and in any case, to seek the most recent guidance go to this [website][16] outlining the current testing arrangements in NSW
- Patients must remain isolated either in a home or a healthcare setting until public health authorities inform it is safe to return to usual activities.

DCJ encourages the continuation of culturally appropriate service delivery and responses to Aboriginal and Torres Strait Islander clients during COVID-19.

2.3 DCJ supports for services and clients

- Staff in accommodation services should provide information to clients on COVID-19 symptoms and information on where to seek help should symptoms develop.
- [AskIzzy] has information on symptoms and health service contact details as does DCJ District offices.
- If you receive a report of a client or staff member being infected, please check first with the local Public Health Unit by calling the state-wide number: **1300 066 055**.
- We strongly encourage you to follow the [advice from the Australian Government and NSW Health] in relation to COVID-19. The Australian Government Department of Health issues a [daily alert] on the latest medical advice and official reports.

- For more information on COVID-19 please refer to the coronavirus information (COVID-19) for service providers on our website.
- Encourage all staff to complete infection control training on the Australian Department of Health's COVID-19 Learner Portal.
- NCOSS have also recently issued a COVID-19 Community Sector Resource which contains useful information to help plan for business continuity.
- For some information and resources for working with Aboriginal people, please visit: https://www.ahmrc.org.au/coronavirus/.
- More resources will be shared as they are developed. Please direct all COVID-19 enquiries related to specialist homelessness services to SHSProgram@facs.nsw.gov.au.

3 COVID-19 in Homelessness Accommodation – Risk Mitigation

3.1 Service Delivery Adaptation to Minimise Risk to Staff / Clients

Having business continuity plans in place can help reduce the risk of transmission of COVID-19 and the impact of the outbreak. During the planning process, service providers should collaborate, share information, and review plans with community leaders and local public health officials to help protect staff and clients[17].

The business continuity plan should show how a provider's approach will change over the course of responding to the outbreak, and so COVID-19 information should be divided into several stages[18].

The following table outlines the key activities in each of the COVID-19 Planning Stages[18]

COVID-19 Planning Stages	Activities
Initial Action	*When information about the disease is scarce:* • Identify and characterise the nature of the disease within the Australian context • Prepare and support system needs • Minimise transmission • Manage initial cases and contacts • Provide information to support best practice healthcare and to empower clients and staff to manage their own risk of exposure • Confirm and support effective governance arrangements (***Note:*** *See further detail as to how to conduct these measures in the risk mitigation strategies detailed below*)
Targeted Action	*When enough is known about the disease to tailor measures to specific needs:* • Ensure a proportionate response • Support and maintain quality care • Communicate to engage, empower and build confidence in the community • Provide a coordinated and consistent approach (***Note:*** *See further detail as to how to conduct these measures in the risk mitigation strategies detailed below*)

Stand-down	*When the disease has passed:*
	• Support and maintain quality care
	• Cease activities that are no longer needed, and transition activities to normal business or interim arrangements
	• Monitor for a second wave of the outbreak
	• Monitor for the development of resistance to any pharmaceutical measures (if being used)
	• Facilitate staff influenza vaccination as soon as it is available
	• Communicate to support the return from emergency response to normal business services
	• Evaluate systems and revise plans and procedures

Service-Wide Risk Mitigation Strategies

There are several adaptions to service delivery that providers are encouraged to make across the service system, to plan for the higher demand an outbreak is likely to bring and to aim for reduced transmission of infection to unaffected clients and staff. These are as follows:

Action	Detailed Mitigation Strategy
Scale down Non-Essential Services	• It may be necessary to scale down non-essential services to ensure essential services can continue to be delivered during this time • If the contracted obligations of your organisation are impacted, please inform your DCJ contract manager[2]
Identify Partners	• Identify points of contact at your local health department and nearby healthcare facilities and establish ongoing communication[3] • Engage with housing providers, to source potential alternative care locations[19]

Source Alternative Accommodation for Unaffected Clients	• In order to ensure there continues to be a supply of emergency accommodation, and to limit the density of current homelessness accommodation, the following steps could be taken, where possible:
	   o Identify if unaffected clients have safe and healthy alternative accommodation that they could access temporarily e.g. with friends or family, in order to open some beds for people with no options
	      ▪ This would only be in place for a limited amount of time agreed with the provider, and only for as long as it remains safe for that client
	   o Make use of empty hotel / motel rooms if possible:
	      ▪ If a provider is contacted by a hotel/motel etc, with an offer of temporary accommodation for

	affected clients, please contact your DCJ contract manager to assist with an equitable and coordinated response • **Note:** Additional funding is being made available for Temporary Accommodation.

Develop Symptom Alert Process	• Put processes in place for clients, staff and volunteers to immediately inform management if they have fever, cough or respiratory symptoms consistent with COVID-19[3]
	• For example:
	   o Ensure key contact details are circulated, subject to consent
	   o Consider capacity for providing clients with mobile phones and credit
	   o Ensure a staff member is always allocated to reviewing emails and messages from clients, staff and volunteers
	• Ensure that the person with symptoms has also contacted the relevant health authority

Restrict Visitors	• Limit all visitation[8]:
	   o Restrict visits to a short duration[20] e.g. under 2 hours
	   o Allow a maximum of two immediate social supports (family members, close friends) or professional service or advocacy at one time[20]
	   o Conduct visits in the client's room, outdoors, or in a specific area designated by the facility, rather than communal areas where the risk of transmission to residents is greater[20]
	   o Undergo health screening ahead of a visit[20]
	   o Encourage physical distancing[20] including maintaining a distance of 2 metres

Implement Stringent Cleaning Procedures	• Rigorous cleaning procedures should be implemented in common areas, as transmission can occur via contaminated surfaces • Detailed guidelines covering the 9 steps – Personal Protective Equipment, Routine Cleaning, Disinfection of Special Areas, Body Fluids, Waste Disposal, Food Trays, Dishes and Cutlery, Upholstery and Carpets, Laundry, Hand Washing – can be found in Appendix 4: Cleaning Procedures
Implement Safe Hygiene Practices	• Ensure clients are aware of hand washing practices (Appendix 3) • Require hand washing with soap for at least 20 seconds for all clients, visitors and workers upon entering and leaving premises, and at regular intervals
Increase Availability of	• Create checklists to ensure facilities can organise and store enough supplies to respond to outbreaks (Appendix 2: Supply Checklist)

Hygiene and Other Supplies	• Ensure all rest rooms at the facility are well stocked with soap, disposable paper towels and guidance for hand washing[21] • Provide hand sanitiser (60% alcohol min.) at key locations around the facility (by entrance / exits, registration desks, phones, computers, elevators, eating areas etc.) [1, 7,21] o Monitor access to hand sanitiser for clients with alcohol dependency • Provide access to tissues and plastic bags / lined rubbish bins for the proper disposal of used tissues and other contaminated items like masks[17] • Where possible, provide disposable face masks for clients and staff *(Note: Masks are of benefit to people who are sick so they don't cough on others, and care workers who have frequent, close contact with sick people)*[22]

Develop Communication Plans	• Use posters to ensure staff and residents are familiar with the symptoms of COVID-19[23]
	   o Place signage in locations where they are visible to all visitors, employees and residents[23]
	   o Place posters in the bathrooms and entrance points that encourage behaviours that can prevent person-to-person transmission (e.g. cover your cough, wash your hands)[23]
	   o Posters showing the proper hand washing technique should be posted by all sinks[23]
	• DCJ have developed posters which can be used to communicate requirements to clients. You can access these here. These include:
	   o Resources for people with disabilities to understand COVID-19 and hand washing techniques (see Appendix 3)
	   o Posters in different languages to help address potential language and cultural barriers associated with communicating COVID-19 information to staff, volunteers and clients (found here)
	• A fact sheet is available for older people to access information to keep them safe during this pandemic. You can access this here

Control Air Flow	• Ensure that shared spaces have good air flow, such as by an air conditioner or an opened window[24]

Practice Physical-Distancing in Meal Delivery	• Deliver meals to rooms or apartments, where feasible[23]
	• If not feasible, consider:
	   o Staggering mealtimes to reduce crowding in shared eating facilities[23]
	   o Staggering the schedule for use of a common / shared kitchen[23]
	   o Moving from self-serve to staff-provided food (wearing gloves and masks)

	• Providing packed lunches instead of cafeteria-style food
Keep Informed	• Monitor the news and any special information or instructions from the Australian Government Health Department and NSW Health

Client-Focused Risk Mitigation Strategies

The following physical distancing and safety precautions should be considered by providers for clients that are currently unaffected, to limit the potential spread of infectious disease in congregate residential settings:

Action	Detailed Mitigation Strategy
Re-arrange All Bedrooms	• Where possible, space all beds at least 2 metres apart to support the need for 4sqm distance between each person (the more distance between people the lower the risk of spreading COVID-19 to others)[3,12,23] • Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (storage baskets, curtains) to create barriers between beds[3,12,23] • If space allows, put fewer residents within a dorm / unit[23]
Stagger Shower / Bathroom Access	• Create staggered access to shower and bathroom facilities to reduce the amount of people using the facilities at the same time[23]
Separate Well and Sick Clients (note: this applies only to general illnesses not diagnosed or suspected COVID-19)	• Move sick residents (i.e. into separate rooms with closed doors, and provide a separate bathroom, if possible)[23] • Designate a room and bathroom (if available) for sick clients and develop a plan for cleaning the room daily[8] • Clients with respiratory symptoms should wear surgical masks to protect those around them[3] • Avoid housing older adults, people with underlying medical conditions, or people with disabilities in the same room as sick clients[23]

Incorporate Heightened Sanitation Measures	• Encourage everyone in the facility to cover their cough or sneeze with a tissue (or into their elbow if a tissue is unavailable) and have rubbish bins available to dispose of tissues immediately[3]
	• Encourage people to wash their hands regularly, with soap and water for at least 20 seconds (Appendix 3), especially:
	    ○ after blowing their nose, coughing, or sneezing[3]
	    ○ after using the bathroom
	    ○ before eating

	o before and after the use of cooking utensils e.g. cutlery, dishes, glasses.
Discourage Residents from Leaving the Facility	• Strongly discourage residents from leaving the facility, except for supervised smoking breaks, as feasible, as per guidelines on social distancing[23] • Staff should monitor who is entering and leaving the premises via sign in sheets if necessary. This practice will aide in the communication of COVID-19 updates if a client or staff tests positive.
Employ Physical Distancing	• Cancel all group activities, or move these online if possible • If required to transport clients, transport fewer people per trip and ensure that passengers have more space between one another[23] • Strictly discourage the congregation of clients in common areas • Create a schedule for using common spaces[23] • It is important to explain to clients and staff why people are isolated from others to avoid stigmatising those who are affected[23]
Encourage Social Interaction	• Support clients to maintain contact with family, friends and support workers via electronic means, where possible • Consider changes to organisation rules on client access to IT equipment on site (where relevant and safe to do so) so that clients can be enabled to communicate and conduct appointments electronically

Staff-Focused Risk Mitigation Strategies

The following strategies should be deployed by providers to ensure both staff safety and availability:

Action	Detailed Mitigation Strategy

Prepare for Staff and Volunteer Absences	• Staff (and volunteers) must stay home when they are sick, have had close contact with a diagnosed person or a person under investigation, or are caring for a sick household member, and may need to stay home if caring for children in the event of school shutdowns[3]
	• Mitigation actions might include:
	  o Develop or modify flexible attendance and sick leave policies (e.g. when a doctor's certificate is required)
	  o Extend working hours or schedule additional shifts, within award conditions

	○ Identify critical job functions and cross-train current employees or hire temporary employees for coverage[8] ○ Cease non-essential functions and redirect those staff to essential functions - Ensure unwell staff and volunteers stay home (or are sent home if symptoms develop while at the facility), to prevent transmitting the infection to others[3]
Limit Face-to-Face Interactions	- Limit face-to-face interactions wherever possible to minimise the risk of spreading the virus[2]: ○ Designate private and confidential open spaces for interactions, to minimise risk in enclosed environments[2] ○ Use physical barriers such as a big table between staff and clients to create distance[3] ○ Reduce or stagger opening times for drop-in clients[2] ○ Use technology and apps to support communication between staff and clients[2] - Plan staffing to minimise the number of staff members who have face-to-face interactions with clients with respiratory symptoms[3] ○ Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be in close contact with clients experiencing symptoms[3] - Require staff to wash their hands before and after every face-to-face interaction and ask clients to do the same[2]
Reduce Staff Congregation	- Limit assembly of staff for essential purposes only[23] - Staffing areas should allow for 1.5 metres between people - Public gatherings should be minimised and meet the limits set by NSW Health - Employ electronic communication for team members and meetings as much as possible
Train Staff on Prevention of Infection	- Require staff to complete mandatory online e-learning on preventing infection[2] ○ E.g. Online e-learning module from Disability Services, found here ○ Further online training is available here - Staff performing cleaning, laundry, and rubbish pick-up activities should be educated to recognise the symptoms of COVID-19 and provided with instructions on what to do if they develop symptoms[25] - Develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks[25] - Train staff on proper glove use[3]

Ensure Access to Personal Protective Equipment (PPE)	- DCJ are working on options to source PPE for service providers due to the limited supply in some locations in NSW. - All care should be taken to limit face to face contact with clients with confirmed COVID-19. Staff should have access to the following PPE if they have direct face-to-face interaction with an ill person, when bringing supplies, providing food or handling client belongings: - Face Mask (droplet precautions)[3,23] - Eye protection (goggles or face shield)[3,23] - Gown (contact precautions)[3,23] - Gloves (standard precautions)[3,23] - Wash hands immediately with soap and water after removing mask, gloves and gown[24]
Disposal of PPE	- The same guidance regarding disposing of contaminated items for people who are in self-isolation for suspected or confirmed COVID-19 infection in the home would apply to this situation (Appendix 4: Cleaning Procedures – Waste) - This involves placing all used disposable gloves, surgical masks, and other contaminated items in a lined waste bin[24] before disposing of them with other household waste - Once the contaminated items are contained in a tied / sealed bag before being putting in the normal waste system, no specific pick-up service or more frequent waste disposal is required than what is normal for the service

3.2 Active Monitoring for People Experiencing Symptoms Similar to COVID-19

Who Should Be Screened?

- All visitors, employees and clients / residents should be screened prior to entering the facility[2,23, 26.]
- Staff should monitor themselves and all residents for subtle changes to their baseline health particularly related to fever, cough or breathing difficulties[1].
- Clients who could be at high risk for complications from COVID-19 (those who are older, immunocompromised, or have underlying chronic medical conditions) should be reached out to more regularly[8].

Screening Methods

Screening is the proactive detection of potentially ill clients with infectious diseases through self-report of symptoms by clients and health assessments by provider[5].

- Screenings should ideally take place over the phone[2,26]

- Screen visitors, employees, residents and others at all entrances to the facility[23]
  - Consider limiting points of entry to the facility to reduce burden on staff screening visitors[26]
- Screening questions should include asking people if they have been:
  - overseas in the last 14 days; or
  - identified as being in contact with a person with confirmed COVID-19 infection in Australia; or
  - unwell with fever, cough, breathing difficulties.
- A "yes" answer to any of these questions should be considered a COVID-19 risk and should be immediately isolated or not enter the facility. Services should work with DCJ to ensure that clients who are a COVID-19 risk have appropriate accommodation where this cannot be provided within the facility.
- Section 4.1 outlines what to do if a client has a confirmed or suspected case of COVID-19[2,23].
- Ensure clients understand that they will still receive assistance if they are showing symptoms (this will lower the chance of them hiding symptoms).

Where Can Clients / Staff Get Tested?

Testing facilities in NSW can be found here.

If you receive a report of a client or staff member being infected, please check first with the local Public Health Unit by calling the state-wide number: **1300 066 055**.

3.3 Managing the Mental Health Needs of Staff and Clients

The COVID-19 outbreak is likely to cause significant increases in stress, fear and anxiety for both staff and clients. For some people, this may be overwhelming and could elicit strong emotions in both adults and children alike[27]. During crisis situations, such as a pandemic, may exacerbate the impact of histories of trauma and trigger high-risk coping behaviours including increased mental health issues and/or misuse of drugs and alcohol. This should be accounted for in response planning[23].

Everyone reacts differently to stressful situations, however, people who may respond more strongly to the stress of a crisis include:

- Older people, immunosuppressed people, and people with chronic medical conditions who are at higher risk of severe illness from COVID-19[27]
- People who are helping with the response of COVID-19, like doctors and other healthcare providers[27]
- People who have existing mental health conditions or substance abuse issues[27]
- Children and young people[27] – Section 5 details further information on how to assist young people

Reactions to COVID-19 Stress

Stress during an infectious disease outbreak can include:

- Fear and worry about your own health and the health of your loved ones[27]
- Changes in sleep or eating patterns[27]
- Difficulty sleeping or concentrating[27]
- Worsening of chronic health problems[27]
- Increased use and/or abuse alcohol, tobacco, or other drugs[27]

Where to Find Support

There are a number of support lines available:

- **National Coronavirus Helpline**: 1800 020 080
- **Lifeline**: Call 13 11 14 or Text 0477 13 11 14 or chat online here
  - Lifeline provides information about how to maintain your health and wellbeing during the pandemic (found here)
- **Beyond Blue**: 1300 22 4636
  - Beyond Blue provides advice about how to look after your mental health during this crisis (found here)

Ways to Manage your Mental Health:

- Stay connected — keep in touch by phone, social media or video calls
- Keep moving — exercise to relieve stress
- Stick to a routine — keep regular sleeping and eating patterns
- Switch off — take a break from the news if it feels overwhelming
- Reach out — activate your support network or reach out for professional help

Considerations for Staff

Responding to COVID-19 can take an emotional toll on service providers. Encourage staff members to:

- Learn the symptoms of vicarious trauma, including physical (fatigue, illness) and mental (fear, withdrawal, guilt) [27]
- Take breaks from watching, reading or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting[27]
- Ask for help if they are feeling overwhelmed or concerned that COVID-19 is affecting their ability to help clients[27]
- Take care of basic needs and employ helpful coping strategies[28]

- Ensure rest and respite during work or between shifts[28]
- Eat sufficient and healthy food and engage in physical activity[28]
- Stay connected with your friends and family through digital methods where possible[28]

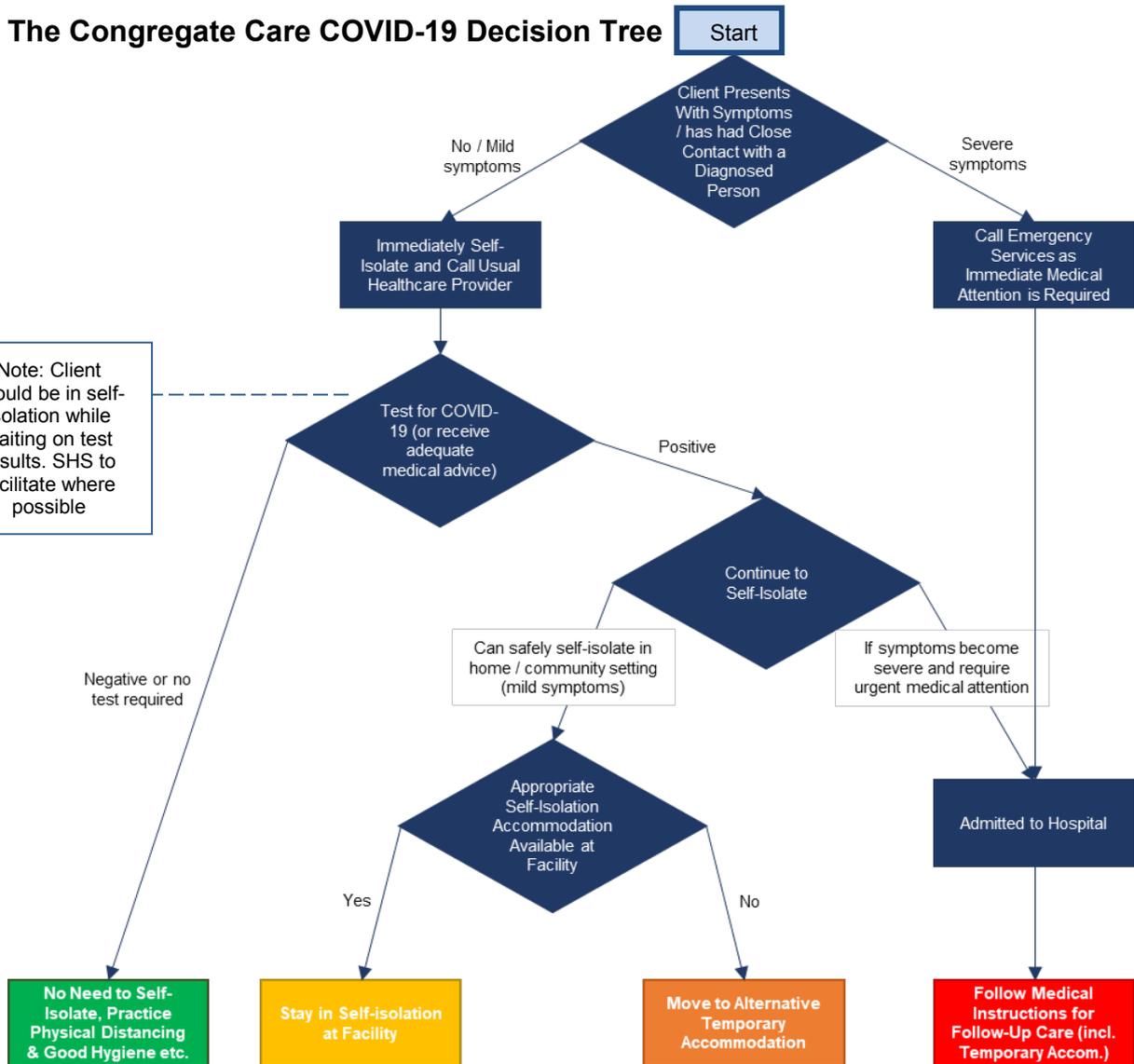**From a provider perspective it is also helpful to:**

- Rotate workers from high-stress to lower-stress functions[28]
- Partner inexperienced workers with their more experienced colleagues (a buddy system helps to provide support, monitor stress and reinforce safety procedures)[28]
- Initiate, encourage and monitor work breaks[28]

Considerations for Clients

- Facilities that provide mental health services should have plans in place for patients who regularly receive mental health services[23]
- If a client or resident must be isolated because of suspected or confirmed COVID-19, consider alternative arrangements such as video conferencing for continuity of regular services e.g. counselling where this is safe to do so[23]
- Encourage clients to take breaks from watching, reading or listening to news stories, including social media[27]
- Put procedures in place to facilitate clients in asking for help if they are feeling overwhelmed
- Review and update, as needed, provider contracts, emergency medical protocols and procedures, including transporting persons to inpatient mental health facilities, if necessary, and evaluation of clients and residents for other medical needs[23]
- When transport of a client or resident is necessary, implement procedures to ensure all receiving facilities are notified before the transport takes place[23]

4 Managing Infectious Disease in Homelessness Accommodation Sites – Issue Management

4.1 Plans to Isolate Confirmed or Suspected Cases of COVID-19

The Congregate Care COVID-19 Decision Tree

Start

Client Presents With Symptoms / has had Close Contact with a Diagnosed Person

No / Mild symptoms

Severe symptoms

Immediately Self-Isolate and Call Usual Healthcare Provider

Call Emergency Services as Immediate Medical Attention is Required

Note: Client should be in self-isolation while waiting on test results. SHS to facilitate where possible

Test for COVID-19 (or receive adequate medical advice)

Positive

Continue to Self-Isolate

Can safely self-isolate in home / community setting (mild symptoms)

If symptoms become severe and require urgent medical attention

Negative or no test required

Appropriate Self-Isolation Accommodation Available at Facility

Admitted to Hospital

Yes

No

No Need to Self-Isolate, Practice Physical Distancing & Good Hygiene etc.

Stay in Self-isolation at Facility

Move to Alternative Temporary Accommodation

Follow Medical Instructions for Follow-Up Care (incl. Temporary Accom.)

Self-Isolation for Clients

Efforts should be expended to manage client illness outside of a hospital where advised by medical staff. The majority of people with COVID-19 can be managed without medical intervention, as long as they are supported with all of their immediate needs[23] and can be self-isolated. Follow health guidance and public health orders (as outlined in Section 2.2).

Adequate accommodation for self-isolation is defined as the client having:
- ✓ Own bedroom
- ✓ Own bathroom
- ✓ Own meal prep and eating area
- ✓ Capacity to maintain physical distance while exiting and entering the building and bedroom
- ✓ Adequate light
- ✓ Adequate ventilation
- ✓ Adequate access to electrical outlets and mobile reception
- ✓ Space to smoke that maintains physical distancing practice

Important: Clients in self-isolation **ARE NOT** permitted to access any common areas for the duration of self-isolation. Therefore, services offering self-isolation will also need to monitor and supervise common areas to ensure this is being complied with.

If your service can meet these criteria at any locations, then you are permitted to accommodate clients required to self-isolate. Please still advise your DCJ contract manager that this is happening as DCJ will be required to report on this. In all other instances, providers will need to support their clients to access self-isolation via Temporary Accommodation (Please refer to Section 3.1 Service-Wide Risk Mitigation Strategies).

For agencies with multiple sites, and where possible, use one building for people who are required to self-isolate due to symptoms or diagnosis, and another building for people who are well, provided you still comply with the above criteria.

Reduce Cleaning Frequency of these rooms to 'As Needed' –
- In the ill client's self-isolation accommodation setting, consider reducing cleaning frequency to as-needed (e.g. soiled items and surfaces) to avoid unnecessary contact[3]
- Staff should wait as long as practical after use by an ill person to clean and disinfect high-touch surfaces[3], as the virus remains on hard surfaces for up to 12 hours, and the sooner a staff member cleans the surface the greater the chance they have of contracting COVID-19.
- Provide ill clients with personal cleaning supplies including tissues, paper towels, cleaners and EPA-registered disinfectants
- Please contact your DCJ contract manage for assistance in covering the costs of any additional cleaning and deep cleaning equipment that you require

Provide Supplies Required -

- Offer tissues, a plastic bag to dispose of tissues, and hand sanitiser to keep near the client to help limit their movement in the facility[3, 6, 21]
- Provide the client with a blanket[6]
- When delivering essential supplies to a person in self-isolation, staff members should employ the following protocols to ensure no contact:
  - Leave items in a paper (disposable) bag at the front door of the accommodation
  - Ensure a safe 2 metre distance between the courier and the door before it is opened
  - Ask that the bag carrying the items is not reused

Encourage Steps towards Recovery -

- Encourage the client to lie down and rest or sleep[6, 21]
- Encourage drinking fluids to prevent dehydration – water, clear soup, decaffeinated tea, or juice[3, 6, 21]

Monitor Client Frequently -

- Clients with mild symptoms could get worse so continue to monitor them[21]
- Check in on people every few hours – using a non-contact method, where possible – to determine if their health status is getting worse. For example:
  - Call the client by mobile / room-based telephone
  - Check in through the window
  - Speak through the door
- Ensure staff know the signs and symptoms of COVID-19 and at what point symptoms go from mild to severe (section 2.2) – shortness of breath should trigger concern
- Place posters around the facility (in bedrooms and staff rooms) illustrating the symptoms
  - Icons should be used to allow clients (including those with low literacy levels/CALD clients) to understand and communicate effectively any of the symptoms
- If an unwell person develops severe symptoms, call emergency response units[3, 6]
- For clients who have a high risk of complications from COVID-19 (including those who are older or have underlying health conditions) reach out to them more regularly if possible[6]
- Unwell clients with active substance use, mental health problems or who may be aggressive or non-cooperative will need a higher level of care (Section 4.2 and 3.4 respectively) [3]

Procedure for accessing Temporary Accommodation (TA) for clients required to self-isolate

The NSW Government is working to secure additional temporary accommodation providers who can accommodate clients needing to self-isolate. Further information will be provided as necessary. In the meantime, the procedure for accessing TA remains the same:

➢ Contact and follow the usual Link2Home processes, but please advise them that the client is medically required to self-isolate.
➢ Contact your DCJ contract manager if you experience any issues.

Where you are unable to source any appropriate Temporary Accommodation, please ring the local Public Health Unit (PHU) for advice on isolation options, in collaboration with your DCJ contract manager.

If you secure TA for a client, ensure they have access to a mobile phone with sufficient credit to enable that person to contact services to request assistance.

If you are able to, please support a client placed in self-isolation temporary accommodation with access to groceries and other essentials, cleaning equipment, mobile phone and credit, emergency contact details and regular contact including health checks. Please follow the relevant advice in the above sections for services providing self-isolation accommodation.

If you are unable to provide this support because of worker availability or geographic issues, please contact your DCJ contract manager to advise them, and also attempt to refer the client to other nearby support services.

If a client complains of symptoms resembling COVID-19

In these scenario, staff should conduct the following activities:

Action	Detailed Mitigation Strategy

Establish Procedures for Presentation with Symptoms	• Put procedures in place for clients, staff and volunteers who present with symptoms of COVID-19
	• For example:
	   o Individuals are to stop what they are doing immediately and apply a surgical mask
	   o Isolate individuals in previously identified spaces and determine if severely unwell and if emergency care is required
	   o Inform supervisor or relevant staff member
	   o Seek health advice to determine if person requires coronavirus testing
	   o Supervisor to speak immediately with staff and clients who may be impacted / affected
	   o Staff to notify DCJ contract manager
	   o Organisation and staff to enact their business continuity plan if there is one in place and where possible

Isolate Client while Determining Next Steps	• Where possible: o Confine the unwell client to an individual room with separate bathroom and eating facilities, and have them stay out of common areas[3]

	○ Ensure they have a mechanism to contact a staff member if feeling worse
	• As much as possible, an ill client should stay in a specific room and away from other people[3]
Encourage Safe Hygiene Practices	• Encourage frequent hand washing or use of hand sanitiser[21]
	• Encourage the person to cough into their elbow area or cover their mouth with tissues or paper towels when they cough or sneeze[6]

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4.2 Plans for Helping People Who May Be Withdrawing from Alcohol or Other Drugs While in Isolation

Vulnerability of Alcohol and Drug Users to COVID-19

People who use substances have greater vulnerability to the effects of viral infection because of reduced immunity from poor health due to drug and alcohol use[29]. They may have weaker immune systems, respiratory problems, and other conditions that place them at a higher risk of severe disease if infected with the virus causing COVID-19[30]. Clients with lung disease have an increased risk of developing a serious illness. Smoking (including methamphetamine, crack cocaine, cigarettes or vapes) makes it more difficult to inhale, exacerbates breathing impairment and so may increase the severity of the virus[30, 31]. Opioid withdrawal is also likely to worsen breathing difficulties[30].

Due to the prevalence of substance misuse amongst clients using homelessness accommodation services, service providers should make specific contingency plans to manage infectious diseases for alcohol and drug users in terms of both preventative and curative care.

Emergency services are likely to take longer than usual during a pandemic[30], therefore supporting clients to manage their addiction whilst in isolation and keeping them out of the pressurised hospital system is vital. However, SHS's are in no way equipped or responsible for providing health treatment, and should follow appropriate advice, particularly in the preventative space, in collaboration with drug and alcohol treatment services.

Preventative Care Plans

Members of staff should consider contingency plans for situations such as:

1. **Counselling / Support Groups**

The stress of this situation on all systems in society may place your clients at greater risk for alcohol and or drug use[31]. The following may help clients to get through this stressful time:

- Encourage clients to practice additional self-care[31].
- Some clients may benefit from counselling, taking care to avoid unnecessary visits and exposures. Work to provide telemedicine or telephone options[31].
- Provide recommendations for online teleconferencing platforms or web-based support groups. Online options include:
  - Smart Recovery (available here)
  - AA Intergroup (available here, "live online meetings" is located at the bottom of the page) [31]

2. Nicotine Treatments for Smokers

Provide clients with access to nicotine treatments (patch, gum, lozenge, inhaler) or other treatments (varenicline, bupropion) to help minimize smoking and vaping[31].

3. Drug and Alcohol Withdrawal

Where clients exhibit withdrawal symptoms, providers should be aware that this can be a very serious situation resulting in a medical emergency. Staff should understand the signs of withdrawal (Appendix 5: Withdrawal Signs and Symptoms) so that they can be confident in responding to clients and know when to call a GP and / or ambulance.

Consideration should be made in relation to assisting clients in accessing 'take-away' supplies of replacement drug therapies i.e. methadone, buprenorphine in consultation with the local health network / methadone clinic.

Additionally, clients may need to be supported to safely leave and return to premises to manage their addictions. It is important that during this process the client manages their hygiene in line with COVID-19 health advice.

4. Prepare for Programs Closing

Clients should be prepared for the possibility of syringe exchanges and drug treatment programs closing. Services may be required to stockpile harm reduction supplies (if this is in keeping with organisational protocols).

5. Communicate Increased Hygiene Guidelines

The following messages around harm reduction practices should be communicated with substance dependent clients to help them to avoid contracting COVID-19:

- Do not share drug supplies[30]
- Avoid injecting alone[30]
  - If you have a phone, call someone, preferably nearby, and ask them to stay on the line while you are injecting so they can act or call 000 if you become unresponsive.

- If you run out of syringes, disinfect them with diluted bleach (If you don't have bleach, at least three rinses with clean water can work almost as well) [30]
- If your syringes are no longer safe you can intake the drugs in other ways (e.g. swallow, snort, smoke), however these methods may be difficult with COVID-19 or make symptoms worse[30]
- Use mouthpieces and pipe covers when smoking and clean covers frequently using an alcohol-based cleaner[30]
- Use an alcohol-based cleaner or wipe to immediately wipe down your packages[30]
- Avoid carrying drug bags in your body (If you must, clean vigorously with an alcohol-based cleaner both before and after[30])
- Avoid splitting packages of drugs with others during this pandemic, if possible, to limit the number of people handling drugs[30]).

4.2.1 Curative Care Plans

Members of staff should consider contingency plans for the following:

1. Close Monitoring of Patients

Whilst screening for COVID-19 should be universal and not targeted to those with addiction[31], careful attention should be paid to this high-risk group. Some early symptoms of withdrawal and COVID-19 are similar. These include fever and muscle soreness. If symptoms include a persistent cough, this signals that it could be COVID-19[30].

Providers should set procedures for clients to alert staff if they are experiencing symptoms.

2. Delivery of Supplies

Individuals in isolation may need to refill prescriptions or need access to daily medications such as methadone[3]. Providers should:

- Get harm reduction and addiction programs to deliver supplies directly to the facility[30]
- Support patients with exposure to COVID-19 to get 14-day take-home / home-delivered doses of methadone from methadone treatment centres to allow clients to stay home in self-isolation[31]. NSW Health Alcohol and other Drugs treatment centres can be approached for guidance.

3. Withdrawal

Due to the likelihood of interrupted supply or reduced access to drugs or alcohol as the world reacts to COVID-19, service providers should be prepared for clients to go through involuntary withdrawal[29]. Providers should:

- Ensure the necessary medications, food and drinks that help detox are on hand. Protein-based and electrolyte drinks are particularly effective
- Speak with a medical provider, on the client's behalf, about starting methadone or buprenorphine, where necessary[30]
- Ensure that sufficient treatment capacity is available if people look for withdrawal support or substitute with prescribed medications as an alternative to using illicit drugs, i.e. opioid substitution therapy[29].

4.3 Service Closure

There is wide-spread concern that large gatherings of people experiencing homelessness at homelessness accommodation and meal programs may increase the risk of spreading the COVID-19 infection. Decisions to close homelessness service sites in the event of an outbreak must balance infection control concerns with the essential need for food and shelter for the people experiencing homelessness[5].

Decision-making processes regarding the closure of homelessness service sites should be developed collaboratively with DCJ, public health officials and SHS providers, as the decision will need to consider local epidemiological factors and will also have contractual implications.

As with aged-care centres, providers should aim to employ infection control procedures (as described in Sections 3 and 4), that aim to manage COVID-19 in-house, potentially deploying lockdown, as opposed to closing down the service and leaving clients with nowhere to go. Authorities may need to be alerted to provide additional support should the service go into lockdown.

Should a facility close down, providers should ensure their clients are made aware of closures as well as *where* and *how* to seek care at other appropriate service delivery sites[32].

5 Additional Considerations for Children and Young People

People of all ages are concerned about the spread of the coronavirus (COVID-19), and young people tend to experience emotions intensely when there is uncertainty[33].

Providers could take some, or all, of the following steps to support young people through this potentially distressing and ambiguous period:

Action	Detailed Mitigation Strategy
Normalise the Anxiety Driven by the Virus	• Young people sometimes fear that their heightened nerves signal the onset of a full-blown anxiety disorder[33] • Help young people appreciate that healthy anxiety has a purpose: It alerts us to potential threats and helps us move toward safety, whilst ensuring they don't overestimate the dangers or underestimate their ability to protect themselves[33] • Encourage young people to channel their discomfort into useful action, such as learning about and following health guidelines[33] e.g. handwashing • Allow young people to make decisions around supportive practices, through providing opportunities for them to control their environment.
Manage the Anxiety of Staff	• Young people look to adults for cues about how nervous or relaxed they should be when encountering something new[28] • Young people can tell when adults are saying one thing and feeling another. Keep staff anxiety in check before providing reassuring words[33].
Communicate Information about COVID-19	• Have contact with each client who is a young person every day[34] • Providing clear and transparent information about a potential threat helps people feel better[33, 34, 35] • Remind young people to stay up to date with reliable information on the NSW Health website. Encourage them not to rely on rumours or unreliable sources as ambiguous information does nothing to reduce anxiety[33] • Clarify misinformation[36] • Young people who are feeling highly anxious about COVID-19 should be encouraged to take a break from seeking, or even accidentally encountering, information about the virus[33].
Amplify Positive Messages	• Find opportunities to amplify the voices, positive stories and positive images of local people who have experienced COVID-19 and have recovered[28]

	• Honour care givers and healthcare workers supporting people affected with COVID-19 in the community. Acknowledge the role they play to save lives[28].

Provide and Encourage Distractions	• Encourage young people to find distractions, such as doing their homework or watching a favourite show, while shielding themselves from digital intrusions[33]
	• Check in with young people's school about online or distance learning opportunities[36]
	• Provide access, where possible to:
	   o Books
	   o Video games (e.g. X-box)
	   o Television (e.g. Netflix; Disney+)
	   o Phone cards
	   o Exercise apps (e.g. ASICS Studio – free during COVID-19 uncertainty)
	   o Relaxation techniques / apps (e.g. Headspace)
	   o Social apps (e.g. WhatsApp, House Party – video-conference and other games)
	   o Online learning opportunities.

Encourage Creative Social Interaction	• Develop a plan for maintaining contact with friends and family members via telephone and internet[3] • Set up a social media group at the facility to provide a way of keeping connected, even if in self-isolation – organise online games, communicate updates etc. • Set daily challenges with a group of friends / other residents e.g. a healthy habit, a mindful practice, a creative pursuit[37] • Set dates and times to watch the same TV show with someone and message each other your thoughts along the way[37].
Find Positive Ways to Express Feelings	• Help young people find positive ways to express disturbing feelings such as fear and sadness[28] • Engaging in a creative activity, such as painting or drawing, can facilitate this process[28] • Hold discussions in a comfortable place and encourage teenagers to ask questions, and help them to understand the situation[28] • People feel relieved if they can express and communicate their disturbed feelings in a safe and supportive environment[28]
Maintain Routine	• Maintain familiar routines in daily life as much as possible, especially if young people are self-isolating[28] • Having stability, constant adult support and maintaining routine are key tools for leading a healthy lifestyle[34] • This includes engaging with educational resources that might be provided by their school.

Encourage Compliance with Government Advice	• Take time to explain to young people:
	   o The purpose of the decisions made to reduce physical contact, which leads to the transmission of COVID-19
	   o The risks of COVID-19 to them and why they should enact self-preservation (i.e. risks for their age group and demographics, not just elderly people compromised)
	• Note: The type of tactic employed may need to be adapted from person to person at the staff member's discretion.

Provide Opportunities to Help Others	• Research suggests that young people feel better when they turn their attention to supporting others[28, 33] • Remind young people that following health recommendations is not only to protect ourselves, but also helps to reduce the chance of carrying illness into our own communities[33] • Encourage generosity – giving to others in times of need not only helps the recipient, it enhances the person's wellbeing too[37] • Provide young people with tasks (within safety protocols) to support the strain on services in the facility.
Create a List of Community Resources	• Create a list of community resources that will be helpful during an outbreak • These might include emergency telephone numbers, websites, and official social media accounts of each young person's school, doctor, public health authority, social service, community mental health centre, and crisis hotlines • The Lifeline telephone, text and web chat services will continue as normal throughout the COVID-19 crisis, providing emotional support[35, 37].
Develop Contingency Plans for Self-Isolation	• If a young person is self-isolating, they must have a 24/7 carer • Due to legal reasons, two carers are required where a young person is residing alone e.g. in a motel room • Organise the facility to dedicate floor / room(s) to young persons who have contracted COVID-19 • See Section 4.1 for further guidance.

Older Youth

Additionally, service providers might consider reaching out to older youth previously in their care. Whether they left the facility 6 months ago or 6 years ago, they could still benefit from being checked-in on. During this crisis, making sure you are in regular communication may make all the difference[33]. Steps providers could take are as follows:

- Check-in by phone / email[38]
- Ensure they have food, water, and housing[38]
- If a young person left your care to go and start or complete studies, and if you have the capacity, it might be good timing to check they have safe housing. Many TAFES, Universities and learning facilities are closing which may cause temporary displacement [38]

6 Appendices

Appendix 1: Definitions

Term	Definition
Casual contact	Being face-to-face for less than 15 minutes, or being in the same closed space for less than 2 hours[2]
Cleaning	The removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection[19]. Purposeful manual cleaning with detergent disrupts the virus. Disinfectant stops any risk of virus survival
Close contact	Being face-to-face for at least 15 minutes, or being in the same closed space for at least 2 hours[2]
Congregate setting	An environment where a number of people reside, meet or gather in close proximity for either a limited or extended period of time[1] *E.g. refuges and accommodation services*
Contagious	Tending to spread from one person to another[1]
Coronavirus	A large family of viruses that cause respiratory infections. The symptoms range from mild illness, like a cold, to more serious illnesses, like pneumonia[34]
COVID-19	An infectious disease caused by a newly discovered coronavirus[34]
Disinfecting	Works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection[19]
Epidemic	A disease affecting a large number of people at the same time[1]
Fever	A temperature taken with a thermometer that is equal to, or greater than 38°C[1]
Homelessness and person experiencing homelessness	The Australian Bureau of Statistics (ABS) statistical definition states that when a person does not have suitable accommodation alternatives, they are considered homeless if their current living arrangement: • is in a dwelling that is inadequate; or • has no tenure, or if their initial tenure is short and not extendable; or • does not allow them to have control of, and access to space for social relations[40].

Immunity	Immunity to a disease is defined by the presence of antibodies to that disease in a person's system[1]
Incubation period	The time between being exposed to infection and the appearance of disease[1]
Infection	Disease-producing germ that causes illness[1]
Influenza	A contagious respiratory disease caused by different strains of viruses[1]
Influenza-like illness (ILI)	Fever with either a cough or sore throat[1]
Isolation	Separation of healthy people who have been exposed to an infectious disease from those who have not been exposed[1]
Outbreak	A greater than expected proportion of people from the same setting with influenza-like illness that have onsets within a short period[1]
Client Outreach	Undertaken by case managers, client service teams and/or casework teams to meet with the client directly at an agreed time either face to face at their place of residence or via the telephone.
Assertive Outreach	Assertive Outreach is a way of engaging proactively and purposefully with street sleepers who may not necessarily interact with support services to accept support and shelter. Assertive Outreach expansion engages street sleepers to respond directly and immediately to their needs through providing multidisciplinary support including pathways to long term housing, mental health supports and alcohol and drug supports. The Assertive outreach process includes the following stages: • Assessment (identifying needs) • Stabilisation (getting into permanent forms of accommodation) • Post placement support (sustaining housing and other required supports).
Pandemic	A disease that is seen throughout the world[1]
Personal Protective Equipment (PPE)	E.g. Gloves, aprons, surgical masks and goggles[9]
Physical distancing	A practice imposed to limit face-to-face interaction in order to prevent exposure and transmission of a disease[1]
Seasonal influenza	A contagious respiratory illness caused by different influenza viruses that occur annually[1]

Stockpile	Gather and hold a large amount of supplies for use during a shortage[1]
Symptoms	A sign that is arises from and accompanied by disease[1]
Transmission	Spread from one person to another[1]
Virus	An agent that is a disease-producing germ that can cause illness[1]

Appendix 2: Supply Checklist

A critical component to infectious disease prevention is ensuring that refuges and accommodation have the necessary supplies in stock to maintain a disease-free environment. To appropriately mitigate and respond to outbreaks, develop a checklist of items[9].

The table below provides a sample list of recommended supplies to keep available at the facility. This table includes check boxes and space to include the number of each item required. It can be edited and used by service providers.

Category	Description
Personal Protective Equipment (PPE)	☐ __ Gloves ☐ __ Surgical masks ☐ __ Goggles ☐ __ Gowns ☐ __ Aprons
Cleaning Supplies	☐ __ Large garbage bags ☐ __ small garbage bags ☐ Other waste disposal supplies _____
Hand Hygiene Products	☐ __ Soap ☐ __ Paper Towels ☐ __ Hand sanitiser ☐ __ Hand wipes ☐ __ Tissues
Thermometers & Thermometer covers	☐ __ Thermometers ☐ __ Thermometer covers **Note:** *Approx. one thermometer for every 10 infected clients is adequate; clean between use per product instructions*
Medications	☐ __ Anti-fever medications e.g. Panadol
Bags	☐ __ Resealable zip-top plastic bags
Disinfectant	☐ __ Bleach ☐ Other household disinfectants _____ **Note:** *Make weak solution of 1-part bleach to 9-parts water*
Linens	☐ __ Extra lines ☐ __ Towels ☐ __ Blankets

|	
	☐ __ Sheets ☐ __ Robes
Dividers	☐ __ Disposable screens ☐ __ Twine & Nails (to rig up barriers) **Note:** If you can't source disposable dividers the following might be used: ☐ __ Sheets ☐ __ Curtains ☐ __ Plastic Shower Curtains
Extra Fluids and Foods	☐ __ Juice ☐ __ Hydrolyte ☐ __ Tea ☐ __ Instant Soup

Appendix 3: Handwashing Technique

Protect Yourself

- Wash your hands regularly
- Wash your hands with soap and water, and dry them thoroughly with paper towel (where possible) and dispose
- Use alcohol-based hand rub if you don't have immediate access to soap and water
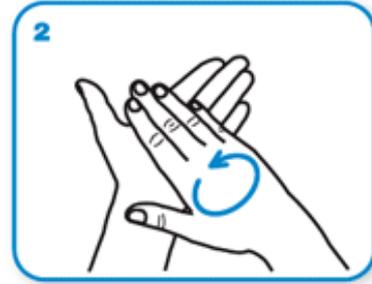
How to Wash Your Hands Properly?

- Washing hands properly takes 20 seconds
- This can be about as long as singing "Happy Birthday" twice
- To wash your hand thoroughly, use the motions illustrated in the images below:
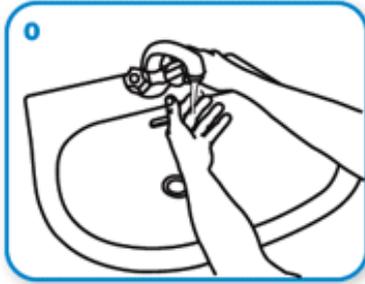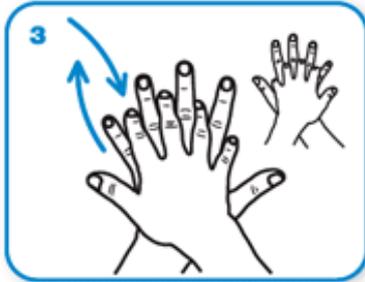
0 Wet hands with water
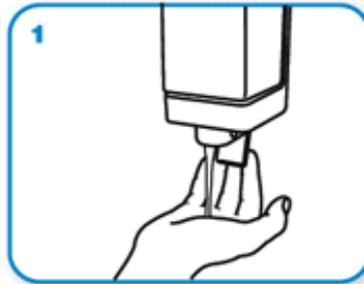
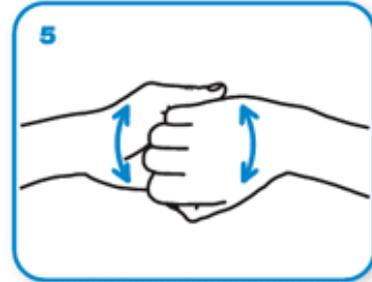**1** apply enough soap to cover all hand surfaces.

2 Rub hands palm to palm

3 right palm over left dorsum with interlaced fingers and vice versa

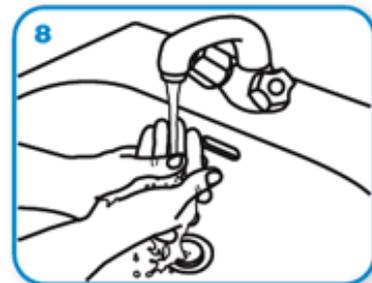**4** palm to palm with fingers interlaced

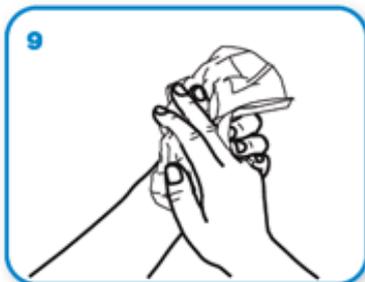**5** backs of fingers to opposing palms with fingers interlocked

6 rotational rubbing of left thumb clasped in right palm and vice versa
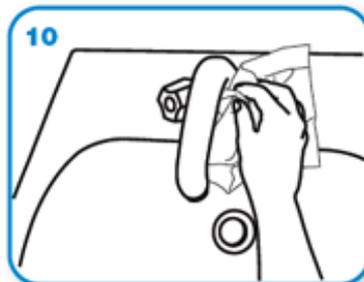
7 rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
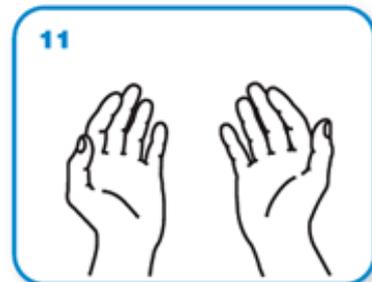
8 Rinse hands with water

9 dry thoroughly with a single use towel

10 use towel to turn off faucet

11 ...and your hands are safe.

Source: World Health Organisation (WHO)

Useful Resources

Health NSW have released the following hand wash community poster (found [here](#)).

Federal Health have released the following poster 'keep that health under cover' (found [here](#))

There are also a number of useful resources for clients in easy to read language. These include:

Guide for people with intellectual disability (NCOSS)	The Council for Intellectual Disability has made these Easy Read guide to help people with intellectual disability understand Coronavirus and how to stay healthy.	Found [here](#)
		Found [here](#)
e-Learning module on preventing infection (DCJ message)	Disability Services have developed an e-learning module on preventing infection, which you may like to encourage staff to complete.	Found [here](#)
Resources for Aboriginal clients	Some services have been tailoring messaging for Aboriginal clients including developing hand-washing resources	Found [here](#)

Appendix 4: Cleaning Procedures[40]

To reduce the spread of infection and protect both staff and clients, a number of rigorous cleaning procedures should be put in place.

For the purpose of this guidance it is assumed that the isolated person occupying the room to be cleaned is not in the same room while it is being cleaned. They can be asked to wait in another isolated space, if available. If these options are not possible, the isolated person may stay in the room being cleaned provided they are wearing a surgical mask and maintaining a distance of 1.5 metres or more from the person performing the cleaning.

Coronaviruses are killed by a number of chemical disinfectants readily available from consumer and commercial sources, and likely to be used already by hotels. Examples of appropriate disinfectant solutions are listed in the table below:

Disinfectants	Recommended use	Precautions
Sodium hypochlorite (bleach): 1000 parts per million of available chlorine, usually achieved by a 1 in 50 dilution of 5% liquid bleach	Disinfection of material potentially contaminated with blood and body fluids (Recommended contact time with surfaces is 10 minutes).	- Should be used in well-ventilated areas - Protective clothing required while handling and using undiluted bleach - Do not mix with strong acids to avoid release of chlorine gas - Corrosive to metals
Granular chlorine: e.g., Det-Sol 5000 or Diversol, to be diluted as per manufacturer's instructions	May be used in place of liquid bleach if this is unavailable	Same as above
Alcohol: e.g. Isopropyl 70%, ethyl alcohol 70-80%	Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used	- Flammable, toxic, to be used in well-ventilated area, avoid inhalation - Keep away from heat sources, electrical equipment, flames, hot surfaces - Allow to dry completely

NSW Health has developed clear guidance for cleaning procedures[41]:

- **Step 1: Personal Protective Equipment (PPE)**

  o Disposable gloves should always be worn while cleaning the room, toilets and other common areas, and when handling cleaning and disinfecting solutions. Dispose of gloves if they become damaged or soiled or when cleaning is completed, as described in Step 5 below; never wash or reuse the gloves.
  o Wearing a simple surgical face mask is recommended if close contact (within 1.5 metres) with the contact person is unavoidable when the cleaning is conducted.
  o Eye protection, such as goggles, and a surgical mask may be required if splashing cannot be avoided.
  o Avoid touching the face with gloved or unwashed hands.

- **Step 2: Routine Cleaning**
  o The use of disposable equipment, especially disposable cloths, is strongly recommended, with a fresh cloth used for each room. If other cloths are used, they should be laundered in hot water wash before re-use.
  o Clean surfaces as usual with a neutral detergent and water.

- **Step 3: Disinfection of Special Areas**
  o In addition to routine cleaning, the following surfaces in the room which are commonly touched should be disinfected:
  o Door handles and light switches
  o Tables and counters
  o Armrests of chairs (if not fabric)
  o TV buttons and remote controls, telephones, air conditioner (A/C) buttons and remote controls, kettle handles, fridge door handles
  o Bathroom including door handle, door lock, toilet seat and buttons, taps, washbasins, counters, shower and/or bath.
  o Clean the surface first with a neutral detergent and water, and then apply the disinfectant as instructed on the disinfectant manufacturer's label. Ensure the recommended contact time occurs. Allow to dry completely.
  o Adhere to any safety precautions or other label recommendations as directed (e.g. allowing adequate ventilation in confined areas such as toilets).
  o Avoid using application methods that cause splashing.
  o Standard disinfectants cannot be used on some surfaces, e.g. television remote controls and telephones. For these surfaces, alcohol solutions are recommended.
  o Consider using impermeable and cleanable zip-lock plastic bags to hold TV and A/C remote controls as these items are likely to be handled frequently.
  o If contacts are permitted to leave their room or are suspected to have left their room, clean and disinfect any other areas outside the room that may have been used such as buttons and handrails.

- **Step 4: Body Fluids**
  - Wear an impervious disposable gown or apron, gloves and eye protection when there are body fluids to clean up, including any steam cleaning.
  - Any body fluids should first be removed from visibly contaminated surfaces by using an absorbent material, which should then be disposed of as described in a sturdy, leak-proof plastic bag, as described below in Step 5.
  - Hard, non-porous surfaces must then be cleaned and disinfected as described in Step 2. Large areas contaminated with body fluids (e.g. covering most of a table) should be cleaned up with an absorbent material, then cleaned with detergent and water and then disinfected.
  - Since disinfectants are not registered for use on some porous surfaces, contaminated material such as carpets and upholstery should be carefully steam cleaned or laundered in accordance with the manufacturer's instructions.

- **Step 5: Waste Disposal – Including Personal Protective Equipment (PPE)**
  - Dispose of all contaminated items, including any masks or other PPE worn, in a sturdy, leak-proof plastic bag that is tied shut and not re-opened.
  - Wash your hands immediately after handling these items[41].
  - Local health authorities can be consulted for appropriate disposal decisions.
  - However as long as the guidance above is followed, and the contaminated items are contained in a tied / sealed bag before being putting in the normal waste system, no specific pick-up service or more frequent waste disposal is required than what is normal for the service[42].

- **Step 6: Food Trays, Dishes, and Cutlery**
  - Disposable gloves should be worn when handling a contact's used trays, dishes and utensils
  - Any disposable utensils should be discarded with other general waste, as in Step 5.
  - Wash reusable dishes and cutlery in a dishwasher with detergent and hot water as usual

- **Step 7: Upholstery and Carpets**
  - Special cleaning procedures for upholstery, carpets and storage areas are not necessary unless obviously soiled.

- **Step 8: Laundry**
  - Gloves should be worn when handling laundry
  - Linen should not be shaken as this might contaminate the surrounding area
  - If linen and towels require laundering, they should be collected in a laundry bag
  - Linen should be emptied directly from the laundry bag into the washing machine without handling and laundered on a normal hot cycle then air or tumble dried

- o Do not use compressed air and/or water under pressure for cleaning, or any other methods that can cause splashing. Vacuum cleaners should be used only after proper disinfection of other surfaces has taken place.

- **Step 9: Hand Washing after Room Cleaning**
  - o When cleaning is completed all PPE should be removed and safely disposed of in a sturdy, leak-proof plastic bag that is tied shut and not reopened
  - o Immediately wash hands with soap and water for 20 seconds before drying with a paper towel. Be careful not to touch the face before washing hands.

Appendix 5: Withdrawal Signs and Symptoms[43]

Given the increased likelihood and frequency of clients experiencing withdrawal from alcohol and other drugs as COVID-19 remains a threat, staff should make themselves aware of signs and symptoms to look for in a client who may be experiencing withdrawal.

The table below demonstrates a summary of the signs and symptoms that would indicate withdrawal of alcohol and a number of other drugs prevalent in New South Wales:

Substance	Signs and Symptoms
Alcohol	• Anxiety, Agitation • Sweating • Tremor • Nausea, Vomiting, Abdominal Cramps • Diarrhoea • Anorexia • Craving • Insomnia • Elevated Blood Pressure, Pulse and Temperature • Headache • Confusion, Perceptual Distortions, Disorientation, Hallucinations • Seizures (may be life threatening)
Benzodiazepines	• Anxiety • Headache • Insomnia • Muscle Aching and Twitching • Perceptual Changes, Feelings of Unreality • Depersonalisation • Seizures (may be life threatening)
Opioids	• Anxiety • Craving • Muscle Tension, Muscle and Bone Ache, Muscle Cramps and Sustained Contractions • Sleep Disturbance • Sweating, Hot and Cold Flushes • Piloerection • Yawning • Lacrimation and Rhinorrhea • Abdominal Cramps, Nausea, Vomiting • Diarrhoea • Palpitations, Elevated Blood Pressure and Pulse • Dilated Pupils
Cannabis	• Insomnia, Shakiness • Irritability, Restlessness, Anxiety

	• Anger, Aggression

Psychostimulants (Cocaine & Amphetamines)	• 3 phases:
	  1. **Crash**: fatigue, flat affect, increased sleep, reduced cravings
	  2. **Withdrawal**: fluctuating mood and energy levels, cravings, disturbed sleep, poor concentration
	  3. **Extinction**: persistence of withdrawal features, gradually subsiding

Nicotine	• Craving • Irritability, Restlessness, Mood Swings • Increased Appetite and Hunger • Sleep Disturbances with Resulting Insomnia and Fatigue • Anxiety and Depression, Difficulty Concentrating

Please refer to NSW's Drug and Alcohol Withdrawal Clinical Practice Guidelines for a detailed breakdown of best practice for the identification and treatment of withdrawal from alcohol and other drugs such as heroin, and other opioids, benzodiazepines, cannabis and psychostimulants.

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