Appendix 1
This Chief Psychiatrist Advisory Notice is for mental health service providers who are administering depot medication in community mental health outpatient services and home visits during the coronavirus (CoVID-19) pandemic.

It is in response to questions received from mental health service providers.

Administration of depot medication in Community mental health Outpatient services and Home visits

This advice has been developed in line with DHHS Public Health advice.

The coronavirus (COVID-19) pandemic is seeing an increased demand for mental health services, which will mean we need to be agile in our response to provide ongoing services for consumers and their families in a safe environment for everyone.

This includes ensuring continuity of care to avoid the risk of relapse and admission.

Screening and infection control measures

Screening for coronavirus (COVID-19) of consumers and their families is required prior to a home visit as well as the usual risk assessments.

Screening questions for COVID-19:

1. Has the consumer been confirmed as coronavirus (COVID-19) positive or are they a close contact of a confirmed case of COVID-19; returned from overseas in the past 14 days?

2. Is the consumer symptomatic?
   - Fever OR chills in the absence of an alternative diagnosis that explains the clinical presentation OR
   - Acute respiratory infection that is characterised by cough, sore throat or shortness of breath OR
   - New onset of other clinical symptoms consistent with COVID-19* AND who are close contacts of a confirmed case of COVID-19 or who have returned from overseas in the past 14 days.

*headache, myalgia, runny or stuffy nose, anosmia, nausea, vomiting, diarrhoea

- Yes to questions 1 and/or 2 – High Risk (Red)
- No to questions 1 and 2 – Low risk (Green)
The recommended control measures:

1. For patients in the Green Zone:
   - Adopt standard precautions, that is, use PPE only when there is a risk of exposure to or splash from blood or body fluids (for example, use gloves for administration of depot)
   - Adopt physical distancing of 1.5 metres except when administering the depot medication
   - Hand hygiene, including before and after giving the injection
   - Keep visit as short as possible, preferably less than 15 minutes
   - Ask the consumer to turn their face way from you when you approach them and administer the depot injection.

2. For patients in the Red Zone:
   Apply a clinical risk assessment:
   - If patient is at low risk of relapse:
     - delay administering depot medication until there is no further risk for COVID-19, for example, they have been cleared of COVID-19 or period of quarantine has been completed
     - support family who may be able to assist to dispense oral medication
     - monitor closely via telehealth for physical and mental health deterioration
   - If patient is at high risk of relapse and/or behaviourally disturbed:
     - consider hospitalisation if PPE is not available
     - administer depot medication if PPE for droplet and contact precautions is available, including:
       - a single-use face mask (surgical mask)
       - eye protection (for example, safety glasses/goggles or face shield – prescription glasses are not sufficient protection)
       - long-sleeved disposable gown
       - gloves (non-sterile)
     - also ask the consumer to wear a mask prior to approaching them to administer the depot injection.

## Summary Screening Indicators and Community Precautions.

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<thead>
<tr>
<th>Risk Rating</th>
<th>Indicators</th>
<th>Community Precautions</th>
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<tbody>
<tr>
<td>High - Red</td>
<td>Positive coronavirus (COVID-19) test or are they a close contact of a confirmed case of COVID-19; returned from overseas in the past 14 days</td>
<td>Apply a clinical risk assessment:</td>
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<td>OR</td>
<td>• If patient is at low risk of relapse:</td>
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<td></td>
<td>Fever OR chills in the absence of an alternative diagnosis that explains the clinical presentation</td>
<td>• delay administering depot medication until there is no further risk for COVID-19, for example, they have been cleared of COVID-19 or period of quarantine has been completed</td>
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<td>New onset of other clinical symptoms consistent with COVID-19* AND who are close contacts of a confirmed case of COVID-19 or who have returned from overseas in the past 14 days.</td>
<td>• consider hospitalisation if PPE is not available</td>
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<td>• administer depot medication if PPE for droplet and contact precautions is available, including:</td>
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<td></td>
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<td>– also ask the consumer to wear a mask prior to approaching them to administer the depot injection</td>
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<tr>
<td>Low - Green</td>
<td>Not a confirmed case who has not been cleared</td>
<td>• Adopt standard precautions</td>
</tr>
<tr>
<td></td>
<td>No symptoms</td>
<td>• Adopt physical distancing of 1.5 metres except when administering the depot medication</td>
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<td></td>
<td>No international travel within the past 14 days</td>
<td>• Hand hygiene and non-sterile gloves for injections</td>
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<td></td>
<td>Not a close contact with COVID positive case within the last 14 days</td>
<td>• Keep visit as short as possible, preferably less than 15 minutes</td>
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<td></td>
<td>• Ask the consumer to turn their face way from you when you approach them and administer the depot injection</td>
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**Not all PPE items are required for all activities. PPE should be used in accordance with the department’s Guidelines on the conventional use of PPE available [here](https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19).**

### General principles

The following principles are recommended for all mental health service decision makers. It is understood that services need to make their own decisions in light of local constraints, workforce availability and local business continuity planning.

1. **People with mental illness and their families:**

   (a) Are among **the most vulnerable members** of the community and will be at **heightened risk** during the coronavirus (COVID-19) pandemic.

   (b) Should be entitled to **the same level of care** for their mental and physical health as the general population.
(c) Will require enhanced support of their social, cultural and emotional needs in the context of rising unemployment, physical distancing and the risk of social isolation and loneliness.

2. Partnership and co-production should underpin the development of clinical plans and the implementation of clinical decisions. Mental health consumers and their families, clinicians, peer workers, GPs, private specialists and relevant NGOs and NDIA providers all have a part to play.

3. Service providers of specialist mental healthcare during the coronavirus (COVID-19) pandemic will need to make difficult decisions balancing clinical need, and risks to consumers, families and clinicians. Services can consider discussion with their Ethics Committee with recommendation of inclusion of lived experience view.

4. Digital technologies can provide a valuable platform through which mental healthcare interventions can be delivered and continuity of care and social connections maintained.

Do you have any questions or queries?

Should there be particular issues that are not able to be resolved at the local level please contact the Office of Chief Psychiatrist on 9096 7571 or OCP@dhhs.vic.gov.au.