COVID-19 Response Plan Guideline – Sexual Health Services

Statewide Sexual Health Clinical Network – January 2022

Purpose Statement

The purpose of this document is to provide Queensland Health (QH) Sexual Health Services (SHSs) with: 1) a guideline to refer to regarding their response to COVID-19, and 2) a generic COVID-19 response plan that may be tailored for their individual service's use.

Background

QH SHSs are diverse and use a range of service delivery methods and models of care. Some serve a primarily urban population with limited outreach services offered, while others in rural and remote settings offer mostly outreach services. SHSs are outpatient services.

The primary risk to clients being able to access SHSs during a COVID-19 outbreak is services being constrained by staff unavailability. Access to clinical care may be limited due to staff being impacted by COVID-19 themselves (having to isolate and not being able to attend work), or due to staff being taken offline to assist with COVID-19 related work such as contact tracing.

All QH SHSs must have a COVID-19 response plan in place.

The following content was endorsed by the QH Statewide Sexual Health Clinical Network Steering Committee on 22 December 2021 and is a guideline only. How each SHS configures their COVID-19 response plan will be governed by their Hospital and Health Service (HHS), but it should include at a minimum the content recommended below.

General Principles

1. Individual clinical need must be considered in discussions at SHS prioritisation meetings and / or other meetings where COVID-19 response decisions are made.
2. It is recommended that prioritisation meetings include involvement of the senior clinical and administration staff at each SHS to prioritise patients clinically for active treatment, and to assist in managing resources within the SHS.
3. Be aware that General Practice services are likely to be restricted which may limit SHS ability to refer clients to GP services and affect clients' ability to source prescriptions in the community.

Regional Patients

For clients that must be referred to a tertiary centre for services not available in a regional area (for example: surgical termination of pregnancy) travel should be limited as much as possible. Clients in this category should remain close to the tertiary centre for care during this period.

For clients that need support from a tertiary centre, but do not need to be seen in person by the tertiary centre, consultation should occur via telehealth/telephone.

Support for COVID-19 impacted services

A plan should be in place to support SHSs significantly affected by COVID-19, and to request assistance if needed. Support provided/requested could be telehealth consults/patient review, or in major instances consideration of redeploying staff from SHSs to provide urgent care.

Responsibilities

Managers are required to review their public, common, office/administrative, and clinical work areas to identify and manage the need of any safe work measure under the Work Health and Safety Legislation.

The following table, or something similar should be completed for each SHS.

Responsibilities	
Person responsible for developing their local COVID-19 Response Plan e.g. Line Manager, Health and Safety Representative.	Name/Position/Date:
Person(s) responsible for compliance with their local COVID-19 Response Plan e.g. Line Manager.	Name/Position/Date:

Responsibilities		
Workplace circumstances that may affect how the local COVID-19 Safe Workplace Plan is implemented. e.g. Essential patient care where physical distancing requirements are unable to be observed.	<u>For example, and to be modified for each SHS:</u> • Presence of a single entry/ exit to the department. • Essential patient care where physical distancing requirements are unable to be observed. • Walk in services with unpredictability in clients (including attending in groups). • Absence of client screening in attending precinct. • Combined service staff rooms. • Absence of onsite facility Coordinator. • Unavailability of security staff for full range of operational hours.	
Have affected employees been consulted in the development of the local COVID-19 Safe Workplace Plan?	Yes/No	Who and when
Where required changes to implement the plan are significant in nature, has the responsible officer liaised with the HR Business Partner before consulting with relevant unions?	Yes/No or N/A	Who and when

Controls

The following table, or something similar should be completed for each SHS.

Recommended Controls	Controls applicable by work area (tick applicable)						
	Clinical Areas	Public and common areas	Office / Work areas	Waiting rooms/ reception counters	Date implemented	If not implemented – explain why and detail other controls	Date Reviewed
Reduction and separation of entry and exit points for patients / visitors and employees to manage people flow and to target the communication of physical distancing requirements within facilities.							
Floor signage to direct people flow through high-traffic areas.							
Signage requiring at least 1.5m distance between people and advising maximum safe occupancy capacity displayed at facility entrances, common areas such as lunch and meeting rooms, and key people flow areas such as lifts.							

Recommended Controls	Controls applicable by work area (tick applicable)						
	Clinical Areas	Public and common areas	Office / Work areas	Waiting rooms/ reception counters	Date implemented	If not implemented – explain why and detail other controls	Date Reviewed
At least 1.5m spacing between seating in waiting areas and floor signage indicating at least 1.5m spacing in queues.							
Hand sanitiser stations are available at appropriate points around the workplace with adequate hand wash and paper towels available in rest rooms.							
Posters providing instruction on hand and respiratory hygiene practices are displayed prominently throughout facilities.							
Plastic screens or guards at reception counters for public-facing employees.							
Review cleaning frequency and practices.							

Recommended Controls	Controls applicable by work area (tick applicable)						
	Clinical Areas	Public and common areas	Office / Work areas	Waiting rooms/ reception counters	Date implemented	If not implemented – explain why and detail other controls	Date Reviewed
Require employees to stay at home if not well and to report to their line manager if they have been unwell.							
Use personal protective equipment (PPE) where necessary in accordance with HHS guidelines.							
Require PPE including fit checking for P2/N95 masks if used.							
Move workstations, tables, or other equipment to meet physical distancing requirements and reduce people flow in high traffic areas. (four square meters of space for each employee in work areas, at least 1.5m distance between people where practicable).							

Recommended Controls	Controls applicable by work area (tick applicable)						
	Clinical Areas	Public and common areas	Office / Work areas	Waiting rooms/ reception counters	Date implemented	If not implemented – explain why and detail other controls	Date Reviewed
Maintain flexible work arrangements such as working from home to support physical distancing where practicable. Ensure employees working from home have completed the 'Flexible Working Arrangements Application e-Form' (internal access only).							
Stagger employees' rostered start and finish times, and break times to reduce the number of people in common areas such as lunchrooms.							
Require the use of phones or online tools, such as telehealth or MS Teams to reduce face-to-face interactions wherever possible.							

Recommended Controls	Controls applicable by work area (tick applicable)						
	Clinical Areas	Public and common areas	Office / Work areas	Waiting rooms/ reception counters	Date implemented	If not implemented – explain why and detail other controls	Date Reviewed
Enhance safety and hygiene measures such as employees utilising individually dedicated equipment (for example, keyboards) and availability of hand sanitiser or alcohol wipes where hot desking arrangement exist.							
Discuss with staff the Queensland Health Information sheet: COVID-19 and managing employee health risks (internal access only) and send completed forms to the relevant team in each HHS.							
Locate “vulnerable staff” who are unable to work from home to other work areas that have more available space (in this instance, other physical distancing measure should have already been attempted, if required).							

Recommended Controls	Controls applicable by work area (tick applicable)						
	Clinical Areas	Public and common areas	Office / Work areas	Waiting rooms/ reception counters	Date implemented	If not implemented – explain why and detail other controls	Date Reviewed
Consult staff and workgroup Health and Safety Representatives(s) on determining and implementing control measures.							
Put in place measures to ensure staff are regularly consulted and communicated with regarding local work health and safety COVID-19 information.							
Supporting staff wellbeing with fatigue management and Employee Assistance Program assistance where required.							

Tiered Response

The following table or something similar should be completed for each SHS. This will need to be tailored to address the services provided, staffing and the regional context of each SHS. The first row of the table below has been completed with some examples of what might be entered into each cell. The tiers progress from least to more restrictive measures to address increasing levels of risk.

	Services provided	Services excluded	Minimum staff	Comments
Tier 1	Example only: *HIV patients* *Booked Symptomatic clients* *Symptomatic walk-ins* *Asymptomatic Express* *Bacterial Sexually Transmitted Infections and Herpes Simplex Virus treatment* *Counselling to change to Telehealth** *Pre-exposure Prophylaxis to change to Telehealth* *Non-occupational Post Exposure Prophylaxis* *External/ Internal referrals* *Triage phone clinics*	Example only: *Asymptomatic consultations* *Genital dermatoses* *Genital warts* *Sex worker certificates* *Vaccines*		Example only: **dependant on counselling availability and ability to work from home*

	Services provided	Services excluded	Minimum staff	Comments
Tier 2				
Tier 3				

References

- Queensland Health Pandemic Planning and Response Guideline:

https://qheps.health.qld.gov.au/prevention/queensland-health-pandemic-planning-and-response-guideline (internal access only).

- Australian evidence-based guidelines available via the National COVID-19 clinical evidence taskforce are aligned to the Australian context and have clinical flow-charts and guidelines that encompass care needs of sub-populations.

Version control

Document owner - Queensland Statewide Sexual Health Clinical Network (SHCN), Clinical Excellence Queensland

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Version	Date	Author	Changes	Date Approved by CSRG	Proposed review date
V1	22/12/2021	Sexual Health Clinical Network		25/01/2022	22/06/2022