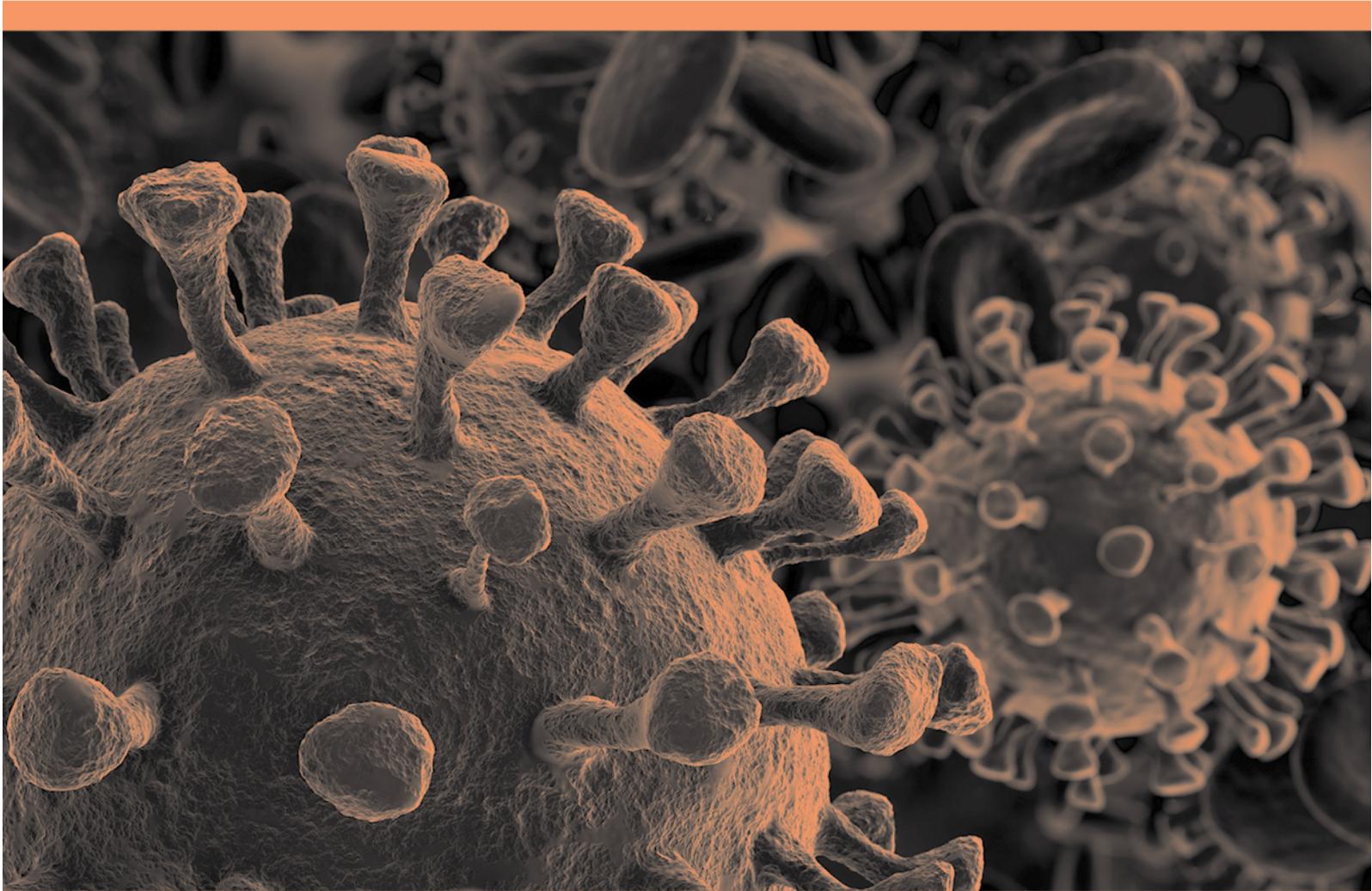




Australian Government
Department of Health



AUSTRALIAN HEALTH SECTOR EMERGENCY RESPONSE PLAN FOR NOVEL CORONAVIRUS (COVID-19)

Management Plan for Aboriginal and Torres Strait Islander populations
Operational Plan for Aboriginal and Torres Strait Islander populations

March 2020

'Let's Walk and Talk out Bush'

Walking and talking to family while doing physical exercise is deadly for the emotional wellbeing of First Nation peoples.

Going out bush walking with mob can benefit communities socially, culturally and does wonders for your mental health.

The two coolamons show abundance of bush tucker picked while out bush.

The two boomerangs represents our Past and our Future.

The six U symbols at the bottom represents male and female leadership in our past, in our present, and our emerging health leaders

Women's business and Men's business is vital to our health - engaging in these ground in communities have health and cultural benefits.

Being active shows our children that it's good to be outdoors learning culture and showing Yindyamarra (Respect) to Elders and ancestors while out bush

Luke Penrith

Proud Aboriginal man from

Brungle, my great grandmothers Country

Connected culturally to the Wiradjuri, Wotjoboluk, Yuin and Gumbaynggirr Aboriginal Nations

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Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)

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PART 1

Overview of approach to COVID-19 as it relates to Aboriginal and Torres Strait Islander people and communities

Introduction

This *Management Plan for Aboriginal and Torres Strait Islander Populations* (Management Plan) has been developed by the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 and endorsed by the Australian Health Protection Principal Committee (AHPPC).

It is expected that the Management Plan will be a living document that will be periodically updated to support and meet the objectives of the *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* (the Health Sector Plan).

This Management Plan acknowledges that states and territories and Primary Health Networks are also implementing and adapting their own responses as the situation evolves and these are not explicitly addressed in this Management Plan but are referred to in the Resources section of this plan.

Aboriginal and Torres Strait Islander people are at a higher risk from morbidity and mortality during a pandemic and for more rapid spread of disease, particularly within discrete communities. Pandemic preparedness requires engaging and working with Aboriginal and Torres Strait Islander people and communities to develop culturally appropriate and safe risk reduction and pandemic strategies. This Management Plan outlines the key issues and consideration in planning, response and management for COVID-19 that need to be addressed at all levels of governance, in collaboration with key partners and stakeholders, including with the impacted communities themselves.

This Management Plan contains two parts as follows:

Part One: Overview outlines the guiding principles, context, key issues and targeted action for planning, response and management for COVID-19 that need to underpin all engagement with Aboriginal and Torres Strait Islander people.

Part One is particularly relevant for organisations that do not have an ordinarily regular or large client population of Aboriginal and Torres Strait Islander peoples.

Part Two: Operational Plan is directed at health care professionals working with Aboriginal and Torres Strait Islander communities and peoples to be used as a guide for preparing First Nations communities and for developing and implementing local operational plans.

Part Two contains four phases for planning responses to COVID-19. These four phases generally align with and reflect the stages in the Health Sector Plan for COVID-19: Phases 1 and 2 with “Initial action stage”, Phase 3 with “Targeted action stage” and Phase 4 with “Stand down stage”.

Initial Action Stage

- Phase 1: **Preparedness** - What communities and health services can do when no cases have been identified in an Aboriginal and/or Torres Strait Islander community.
- Phase 2: **Suspected cases or initial cases detected** - What communities and health services can do when suspected cases or an initial case/s is detected in an Aboriginal and/or Torres Strait Islander community.

Targeted Action Stage

- Phase 3: **Outbreak situations** - What communities and health services can do when an outbreak is declared of COVID-19 in an Aboriginal and/or Torres Strait Islander community (multiple cases of sustained community transmission).

Stand Down Stage

- Phase 4: **Stand down and evaluation** - What communities and health services can do when the outbreak is controlled.

This Management Plan adopts COVID-19 responses already underway in Australia, but with specific operational guidance and tailoring relevant for Aboriginal and Torres Strait Islander communities and how the health sector can best respond in an effective and culturally safe way.

As cases of COVID-19 are confirmed in Australia, Aboriginal and Torres Strait Islander communities across Australia are likely to require adoption of strategies during any of the four Phases and hence communities and health services could adopt the plan at relevant stages to their situation.

Objective

The Objective of this Management Plan is to adopt the Health Sector Plan COVID 19 for Aboriginal and Torres Strait Islander Communities. This Plan focuses on clinical and public health actions and responses as well as having a broader emphasis on communication issues and the social determinants pertinent to Aboriginal and Torres Strait Islander communities.

The Management Plan will specifically assist to:

- Inform, engage and empower Aboriginal and Torres Strait Islander people in COVID-19 responses; specifically Preparedness, Targeted action and Stand down phases;
- Guide the development, implementation and evaluation of local Action Plans in Aboriginal and Torres Strait Islander Communities;
- Identify and characterise the nature of the virus and the disease in the Aboriginal and Torres Strait Islander context;
- Minimise transmissibility, morbidity and mortality in Aboriginal and Torres Strait Islander populations; and

- Minimise the burden on and support health systems, especially Aboriginal Community Controlled Health Services (ACCHS).

Principles

The strength of Aboriginal and Torres Strait peoples are in connection to culture, country, family and community. The following principles have been adopted in the development of this Management Plan and should inform Local Action Plans in Communities.

1. Shared decision-making between Government and Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people must be involved in assessing COVID-19 risk and responses in Aboriginal and Torres Strait Islander communities. Responses must be centred on Aboriginal and Torres Strait Islander people's perspectives, ways of living and culture developed and implemented with culture as a core underlying positive determinant.

Clinical and public health responses to COVID-19 outbreaks in Aboriginal and Torres Strait Islander communities should be collaborative, but responses must ensure local community leaders and communities are central to the response.

These responses should be co-developed, and co-designed with Aboriginal and Torres Strait Islander people, enabling them to contribute and fully participate in shared decision-making. Further Aboriginal and Torres Strait Islander cultural governance groups, initiated and led by Aboriginal and Torres Strait Islander people can bring advice and guidance on culturally-specific responses including communication strategies.

2. Community Control

Aboriginal and Torres Strait Islander community-controlled sector are supported and resourced to deliver services and programs.

3. Cultural safety across the whole-of-population system

Ensuring that all Aboriginal and Torres Strait peoples have access to the care they need when they need it. This requires that all government agencies and institutions provide appropriately informed, culturally safe care, consistent with the AHMAC-endorsed Cultural Respect Framework 2016-2026, and that responses are proportionate to the circumstances impacting Aboriginal and Torres Strait Islander peoples and their communities. Equity should be an underlying determinant of health care delivery during this pandemic. Failure to implement an equitable response commensurate with the situation will result in significantly poor outcomes for Aboriginal and Torres Strait Islander peoples.

4. Data and evidence

Responses developed and implemented during this pandemic should be based on the best possible evidence and data inclusive of Aboriginal and Torres Strait Islander knowledges.

Rationale for this Management Plan

Aboriginal and Torres Strait Islander peoples are central to assessing COVID-19 risk in their communities and the focus on responses that are embedded within the cultural frameworks and settings unique of their own communities. Specific considerations that need to be considered in response and preparedness planning include:

1. Aboriginal and Torres Strait Islander people are highly mobile

Aboriginal and Torres Strait Islander peoples are highly mobile, with travel often linked to family and cultural connections, obligations and community events. Travel occurs often and involves long distances between cities, towns and communities. Close contact may occur for extended periods (for example cultural ceremony or sorry business).

2. Aboriginal and Torres Strait Islander communities have high flows of visitors

Some Aboriginal and Torres Strait Islander communities have a high flow of visitors, putting them at greater risk. Examples include tourist areas, visiting health clinic staff, other personnel visiting communities (e.g. tradespeople), fly-in fly-out (FIFO) workers attending sites close to community, and Aboriginal and Torres Strait Islander FIFO workers returning off-shift to their own community.

3. Health Care issues

The reduced access of Aboriginal and Torres Strait Islander peoples to acute and primary health care and other health services due to location and transport availability may inhibit COVID-19 presentations. Furthermore, unwell people may present late in disease progression for many reasons, including concern about racism, feelings of shame and mistrust of mainstream health services.

There can also be tensions relating to the traditional public health measures, which use a command and control structure and, on some occasions, require rapid decisive action. In addition, there are few Aboriginal peoples working at high levels in Health bureaucracies, which means that measures do not always consider cultural appropriateness and safety considerations.

Aboriginal and Torres Strait Islander peoples experience a high burden of chronic disease and are susceptible to infectious diseases other than non-COVID-19 that require ongoing high quality primary health care and, in some cases, specialist services, to manage. Aboriginal primary health care services are usually at full capacity and are often reliant on locum staff under normal circumstances.

A high prevalence of co-morbidities place some individuals and communities at risk of contracting more severe cases of COVID-19. In addition, older Aboriginal and Torres Strait Islander people (over 50) and children who have experienced reduced quality of nutrition may also present as immunocompromised. This underscores why Aboriginal and Torres Strait Islander peoples are highly vulnerable, necessitating dedicated response and preparedness planning.

4. The social determinants of health

Many communities exist with insufficient housing infrastructure and poor housing conditions, often resulting in many people living under one roof and in close proximity to each other.

Aboriginal and Torres Strait Islander populations experience higher rates of primary homelessness (sleeping rough or in improvised dwellings or shelters) than non-Indigenous populations. Interpersonal issues (such as domestic and family violence) and under-resourcing of housing infrastructure and maintenance, can be key reasons for homelessness.

Restricted access to hygiene aids (such as soaps), inadequate housing infrastructure (such as faulty taps), environmental conditions and homelessness may facilitate disease transmission, particularly from unidentified cases.

As with all populations that experience disadvantage, there may be challenges around healthcare literacy in Aboriginal and Torres Strait Islander communities, which impacts community understanding of, and compliance with, isolation and precaution measures.

High rates of poverty limit capacity of families and communities to adapt to rapidly changing emergencies. There is also a reduced ability to tolerate financial impact loss of work, in the event of isolation. Low levels of income will also impact people's ability to purchase food and other products such as tissues and cleaning products, especially in the event of lockdowns or where pre purchasing is required. This, in turn, increases susceptibility to COVID-19 due to the potential for inadequate nutrition and compromised hygiene.

Population Settings

Aboriginal and Torres Strait Islander peoples live in a variety of settings across Australia, including urban, regional, remote and very remote locations. In addition, special considerations are needed for Aboriginal and Torres Strait Islander peoples living in hostels; detention centres; aged care facilities; town camps; and homeless populations.

The strength of the sector and the Aboriginal and Torres Strait Islander leadership has the best ability to provide advice on the response.

Each setting, and each community, has its own unique circumstances and responses will need to be tailored to those circumstances.

Refer to [Appendix A](#) for further detail.

Roles and Responsibilities

The roles and responsibilities of the many critical partners, including the Australian Government, state and territory governments, the National Aboriginal Community Controlled Health Organisation (NACCHO), the community controlled health sector and Primary Health Networks (PHNs) to support efficient, coordinated use of resources that will benefit Aboriginal and Torres Strait Islander communities and population give consideration to targeted actions of the response, which are operationalised throughout Part 2.

1. Planning

The **Australian Government Department of Health** will undertake a range of specific planning measures relevant to Aboriginal and Torres Strait Islander communities, including:

- Implementation of the Management Plan, in partnership with states, territories, and key stakeholders, and provision of secretariat support to the Aboriginal and Torres Strait Islander COVID-19 Advisory Group (see below).
- Coordinating and communicating with jurisdictions who are undertaking most of the day to day public health and pandemic planning activities.
- Preparation and dissemination of national guidelines and procedures to support this Management Plan, including: case definitions; use of personal protective equipment (PPE); travel protocols for visitors to remote communities, in consultation with jurisdictions and communities; and advice for health care workers. These will be available on the Department of Health website.
- Increasing the capacity of the National Medical Stockpile in deploying PPE, as priority is identified.
- Supporting a national communications plan to prevent awareness and the spread of COVID-19 specific to Aboriginal and Torres Strait Islander populations
- ACCHS and other local health services in remote and very remote locations will be supported by the Australian Government to facilitate whole of community preparedness activities.

State and territory governments will develop consistent and comprehensive operational plans for public health and clinical responses, and will lead the mainstream health service response within their jurisdictions, in partnership and consultation with local stakeholders from the ACCHS sector. States and territories are also responsible for surveillance, communication of new cases and outbreaks and for providing alerts to communities.

Primary Health Networks (PHNs) will distribute PPE from the National Medical Stockpile, including a limited supply of surgical masks and P2/N95 respirators for general practices (including ACCHS), and community pharmacies with a demonstrated need and distributing supplies when available. They will also coordinate the rollout of GP Respiratory Clinics across their regions.

NACCHO and jurisdictional affiliates support the Aboriginal Community Controlled Health Sector with public health and clinical issues and with policy and advocacy support. ACCHS will develop individual response plans based on the Management Plan and jurisdictional plans, tailored to their settings.

Clinicians and public health professionals and practitioners should have real, meaningful and respectful engagement with Aboriginal and Torres Strait Islander peoples in planning processes.

Aboriginal Health Practitioners, Aboriginal Health Workers, and Aboriginal and Torres Strait Islander people working in public health, will be essential to ensure engagement of community at all levels and in any response

2. Ongoing assessment of the epidemiology of COVID-19 specific to Aboriginal and Torres Strait Islander communities

The **Australian Government** works with state and territory public health units and the Communicable Diseases Network of Australia (CDNA) to review data and evidence about the spread of COVID-19 especially for the purposes of this Management Plan among Aboriginal and Torres Strait Islander peoples and in communities.

This information will be reported at the earliest time possible preferably in real life time to enable adequate resourcing and responses to be implemented to prevent further spread of the virus.

State and territory governments will collect notification data in their own jurisdictions, including evidence from the sector of what responses are required in communities, which also contributes to understanding the spread of the disease across the country and inform their own jurisdictional public health response activities. Once it is apparent cases are detected among Aboriginal and Torres Strait Islander people and or in communities, immediate responses should be enacted as outlined in this Management Plan.

The **Aboriginal and Torres Strait Islander community controlled health sector** will play a key role in collecting information from the sector, regarding suspected cases, risks for communities, any emerging issues. This will assist in a national characterisation of COVID-19. In addition, ACCHS will provide data on their needs around, preparedness, staffing requirements, other clinical assistance and PPE, throughout the pandemic. Reflection of Aboriginal and Torres Strait Islander values and voice in data collection, analysis, use and reporting processes is important to achieve positive health outcomes. All information and data collected and accessed will be treated as de-identified.

3. Provision of Clinical Services

ACCHS staff, mainstream health care providers, remote community clinic staff, Aboriginal and Torres Strait Islander people and others working with Aboriginal and Torres Strait Islander peoples in identified risk settings will be able to access a range of available national resources required for clinical care for COVID-19.

A number of Australian Government funded activities will specifically benefit Aboriginal and Torres Strait Islander communities, including:

- New MBS items for telehealth services so that GPs, specialist physicians and psychiatric services can provide telehealth, including by videoconference or phone, to people isolating at home, people who meet the testing guidelines and vulnerable groups. As there are no geographical restrictions on patient eligibility, patients in rural and remote areas can potentially access these services. In addition, GPs, specialist physicians and psychiatrists can provide services from their own home, if they isolate themselves.

- Progressive establishment of at least 100 respiratory health clinics across Australia to provide dedicated services to people with mild to moderate COVID-19 (and COVID-19 like respiratory) symptoms. ACCHS are eligible to become GP Respiratory Clinics. More ACCHS are likely to be identified or express interest as implementation progresses. NACCHO will be provided funding to work across their Affiliates and Members to coordinate and facilitate culturally safe access to GP Respiratory Clinics.
- Additional support for remote communities including:
 - Funding to support ACCHS and other local health services in remote and very remote locations to facilitate whole-of-community preparedness activities. The Australian Government will work across departments and with NACCHO to: Identify and map relevant communities; Overlay remote and very remote ACCHS and other potentially suitable organisations; and, consider regional planning approaches.
 - Funding for medical evacuations of cases of people with COVID-19, being a select form of aeromedical or road transport; and
 - Funding for deployment of mobile respiratory clinics during outbreaks with multiple cases to ensure supplementary health services.
- Consideration of options for pathology testing support in consultation with jurisdictions in regional and remote communities to assist with mitigating delays in testing for COVID-19.

ACCHS should be guided by their local Public Health Unit (PHU) in responding to the pandemic and should have regular communication channels established. Affiliates will support communication from the local PHU, PHN and the Australian Government.

ACCHS and other remote community clinics and settings identified as high risk will need to consider a range of measures in the provision of clinical services to Aboriginal and Torres Strait Islander peoples and communities, including:

- determination of the cause of respiratory disease outbreaks and ensuring that appropriate diagnostic tests are performed as quickly as possible in all Aboriginal and Torres Strait Islander communities;
- collaboration with community leaders in determining culturally appropriate and effective clinical and public health responses to suspected or confirmed COVID-19 outbreaks;
- identification of vulnerable community members and collaborative identification of appropriate responses, including early presentation if they become ill, self-isolation or relocation outside of remote communities during a pandemic. Overcrowded housing in all locations means housing facilities suitable for isolation will need to be provided in metropolitan, regional, rural and remote locations;
- consideration of flexible health service delivery and healthcare models (e.g. pandemic assessment centres, access to antiviral medication/vaccination, flexible ACCHSs clinic hours/location, and consider home visits);
- support for the health care workforce, including training of staff in all aspects of managing COVID-19, and consideration of flexible workforce strategies;
- maintaining essential services including health care (non-respiratory), chronic disease programs and maternal and child health services.

Further detail on measures are outlined further in the Operational Plan at Part 2.

4. Implementation of public health measures

To reduce the concurrent burden of influenza on communities and the confusion regarding diagnosis/causes of outbreaks, influenza vaccination should be strongly promoted by ACCHS and other health care settings serving Aboriginal and Torres Strait Islander people. The Australian Government, through the National Immunisation Program (NIP) will provide free seasonal influenza vaccines from mid-April 2020 to those most at risk of complications from influenza including all Aboriginal and Torres Strait Islander people aged 6 months and over.

ACCHS will work with state and territory health departments to ensure expeditious and equitable supply of influenza vaccinations including to very remote communities. Any concerns about delays in provision of influenza vaccination should be rapidly escalated.

In addition, the pneumococcal vaccination is available through the NIP to:

- Aboriginal and Torres Strait Islander people aged 15 to 49 years old who are at high risk of severe pneumococcal disease.
- Aboriginal and Torres Strait Islander people aged 50 years old or over.
- In addition to the routine childhood schedule, an additional booster dose of pneumococcal vaccine for Aboriginal and Torres Strait Islander children aged 6 months who live in, Queensland, Northern Territory, Western Australia and South Australia.

ACCHS and other health care settings providing care to Aboriginal and Torres Strait Islander peoples should implement public health measures to minimise the spread of COVID-19, including:

- Preventive health advice directed at minimizing droplet spread of the virus. This includes messaging around hand washing, cough and sneeze etiquette and social distancing. Health services should work with communities to develop culturally appropriate methods of disseminating this advice.
- Training the workforce in infection control practices such as the Australian Department of Health's online COVID-19 training <https://covid-19training.gov.au/>.

Should control measures, such as isolation and or quarantine, be required in communities, mitigation strategies and decisions should be implemented in collaboration with Aboriginal and Torres Strait Islander individuals, families and organisations. Key messages for reducing risk at home and for family gatherings are in [Appendix B](#).

5. Researching, planning and building specific novel COVID-19 outbreak control strategies

The Australian Government will commission research on the effectiveness and impact of public health measures. National, state and territory governments will use this information to inform their plans.

NACCHO and the community controlled sector will provide advice on the feasibility and impact of COVID-19 outbreak control measures on Aboriginal and Torres Strait Islander communities; and support dissemination and advice on the measures.

All parties to make available the latest medical science in real time to inform the response.

6. Coordination

The Australian Government will coordinate national COVID-19 outbreak measures and allocate available national health resources across the country. It will support the health response in any jurisdiction, through AHPPC to coordinate assistance, if jurisdictional capacity becomes overwhelmed.

The Australian Government and state and territory governments will work together to consider data and evidence, resource and political information to determine whether and when a national response is required; advise on thresholds for escalation; share information on resource availability; and coordinate access to resources to maximise the effectiveness of the response.

State and territory governments will coordinate and provide COVID-19 healthcare services, including assessment and treatment centres as required. State and territory governments will undertake public health management of the response including contact tracing and directing isolation and quarantine.

State and territory governments will identify appropriate ways to engage with the Aboriginal community controlled health sector, such as: consulting with Affiliates and community stakeholders; establishing regular meetings for updates and communication; sharing important updates and information in a timely way; and establishing systems to build trust and collaborative links.

The Aboriginal Community Controlled Health Sector, supported by NACCHO and jurisdictional affiliates, and other health care settings serving Aboriginal and Torres Strait Islander peoples will deliver COVID-19 outbreak health measures as part of the coordinated response and maintain business continuity of essential services.

7. Stand down and Evaluation

The Australian Government will coordinate the stand down of enhanced measures; manage the transition of COVID-19 outbreak specific processes into normal business arrangements; and undertake public communication regarding changing risk and the stand down of measures.

The Aboriginal Community Controlled Health Sector and other health care settings providing care to Aboriginal and Torres Strait Islander peoples will advise on the timing and impact of reducing enhanced clinical COVID-19 outbreak services; support stand down of measures and manage the transition of novel coronavirus outbreak specific processes into business as usual arrangements; and participate in communicating public messages regarding changing risk and stand down of novel coronavirus outbreak measures.

Aboriginal and Torres Strait Islander Advisory Group on COVID-19 to review processes and policies in collaboration with Aboriginal and Torres Strait Islander people, including:

- Engage with ACCHS, health services and key members from the community, including AHW/AHPs, and community leaders on the best ways to gather information for debriefs.
- Conduct community meetings, and small group discussion in partnership with Aboriginal and Torres Strait Islander people to explore and understand the perspectives and experiences of health services and the community.
- Draft reports, which are to be shared with Aboriginal and Torres Strait Islander stakeholders for review, clarification and further input prior to finalising reports.
- Meet with community and health leads to feedback key evaluation findings and/or lessons learnt, which are to be presented in plain language.
- Recommendations from the evaluation should be planned for action in collaboration and partnership with Aboriginal and Torres Strait Islander people, and reported back to relevant Aboriginal and Torres Strait Islander stakeholders, including ACCHOS, other relevant Aboriginal Health Services and bodies, as well as state health departments.
- Update protocols and plans in line with lessons observed.

Decision Making and Consultation

Initiating Aboriginal and Torres Strait Islander governance groups, led by Aboriginal and Torres Strait Islander people, to provide advice/guidance on culturally specific risk reduction and communications strategies is important at national, jurisdictional and local levels.

1. COVID-19 Advisory Group

The Aboriginal and Torres Strait Islander Advisory Group on COVID-19 (COVID-19 Advisory Group) reports to the Chief Medical Officer and is co-chaired by the Department of Health and the National Aboriginal Community Controlled Health Organisation (NACCHO), the COVID-19 Advisory Group includes Public Health Medical Officers and leaders from the Aboriginal Community Controlled Sector, Aboriginal Health Services, state and territory government public health and medical officials, Aboriginal communicable disease experts, the Australian Indigenous Doctors' Association and the National Indigenous Australians Agency.

The COVID-19 Advisory Group is also supported as necessary by other key advisory committees that report to AHPPC, including:

- The Communicable Diseases Network of Australia (CDNA) which will provide leadership in surveillance, the analysis of epidemiological information and strategies related to the management of communicable disease;

- The Public Health Laboratory Network (PHLN) which will provide leadership in guiding human health microbiology and laboratory practice;
- National Surveillance Committee (standing committee under CDNA) which will provide leadership in guiding the implementation of COVID-19 surveillance activities and strategies;
- National Immunisation Committee which will provide leadership in guiding the implementation of immunisation measures; and
- Australian Technical Advisory Group on Immunisation, which will provide technical advice on immunisation issues; and Chief Human Biosecurity Officers which will provide advice to the CMO on human biosecurity matters at the international border.

2. Health Sector Consultation

Wherever possible, consultation will be conducted through established channels. The COVID-19 Advisory Group, in addition to providing expert advice will also be used as a vehicle for consultation to reach the Aboriginal community controlled health sector.

Feedback from the sector will reflect the on-the-ground experience of health sector and public concerns, and evidence of the effectiveness of approaches and specific interventions. This will enable input into decision-making processes to better tailor the response to Aboriginal and Torres Strait Islander community needs.

3. Decision making processes under the Management Plan

The Management Plan will guide the management of a COVID-19 outbreak as it relates to Aboriginal and Torres Strait Islander peoples and communities, including clinical and public health considerations, with a broader emphasis on communication and social determinants issues, representing an approach agreed between the Australian Government and state and territory governments and the Aboriginal Community Controlled Health Sector.

Reflecting a flexible approach, choices may vary to reflect the jurisdictional context and different community needs, particularly in relation to timing of implementation and stand down in Aboriginal and Torres Strait Islander communities, however negotiation within the Management Plan will ensure a coordinated and consistent approach.

The continuing appropriateness of measures will be regularly reviewed as more information becomes available across the progress of the COVID-19 outbreak.

Communications

National communications plans and materials have been developed for COVID-19 as part of the Health Sector Plan. However, tailored communications and a comprehensive communications strategy is essential to the successful response to the COVID-19 outbreak for Aboriginal and Torres Strait Islander peoples, particularly those in remote communities.

Tailored communication strategies could be used for a variety of stakeholders, including: individuals; families of individuals with COVID-19; remote communities; health and allied health care workers; Aboriginal Community Controlled Health Services; and Fly-in Fly-out workers (FIFO) who may live in, close to and/or interact with Aboriginal and Torres Strait Islander communities.

The Department of Health will manage the national communications campaign, supplemented by additional communication services to adapt and supplement the national materials and information for the Aboriginal and Torres Strait Islander health sector and communities.

This will include targeted information provision in local languages, and utilising community and stakeholder intermediaries with the latest information and resources to keep communities safe and reduce the impact and severity of COVID-19.

1. Australian Government and state and territory governments

Specific information on the status of the outbreak and key response documents will be posted and regularly updated on the Department of Health website.

Ongoing, regular and timely communication should occur that involves mass media especially Aboriginal television and radio, as well as social media channels shared through local community networks, for both prevention and control measures. Appropriate and timely national health messaging (both prevention and control) will be developed and tailored for Aboriginal and Torres Strait Islander peoples, in consultation with the COVID-19 Advisory Group. All communications materials will abide by the following principles:

- Messaging should encompass factors that may contribute to risk such as social and cultural determinants of health including living arrangements and accessibility to services.
- Messaging should encompass Aboriginal ways of living including family-centred approaches in both prevention and control phases. Acknowledging traditional practices may empower communities and may be a way to encourage hand hygiene practices.
- Stigma can be reduced if messages from the government include input from peak Aboriginal bodies and/or ACCHOs locally, who will be key in developing and disseminating health messages to the public, including in local language.
- Messaging will be coordinated with and complement other local work, including messaging by Aboriginal organisations and state and territory departments.

2. Communication with health services and workers

Messaging and alerts for health services and workers in the Aboriginal Community Controlled Health Sector and jurisdictional affiliates will be through NACCHO and the Affiliates, who will link in with local communication networks. The NACCHO website will be a particularly important vehicle for disseminating information, including key decisions from the COVID-19 Advisory Group.

Targeted communications should be developed on: communication with staff; training in infection control; advice to Health Care Workers that become ill.

The Affiliates have a key role in collating national, jurisdictional and regional information including information from their local PHN and providing it to their services.

3. Communication with Aboriginal and Torres Strait Islander communities

The Department of Health will work closely with NACCHO to keep the public and the media informed during the COVID-19 outbreak by providing consistent and coordinated media and public responses. In developing the messaging, key considerations for Aboriginal and Torres Strait Islander populations are outlined below:

- Local messaging should occur simultaneously that synergises with national messaging but also reflects local priorities.
- Targeted communications should be developed on culturally appropriate approaches to: travel restrictions to communities; effective hygiene practices; access to influenza and pneumococcal vaccinations; advice on reporting illness and seeking advice and/or attending health services; appropriate use of limited PPE stocks; isolation and quarantine arrangements; maintaining food and essential services and supplies.
- Consideration should be given to the translation of materials into local language and/or visually appealing materials.
- Information about why Aboriginal and Torres Strait Islander people and other people at risk of severe disease may be prioritised for eventual antiviral and/or vaccination is crucial.
- Communication should encourage early presentation of people with fever or respiratory symptoms to a medical service or GP respiratory clinic. Vulnerable community members should be supported in accessing care from telehealth or from home, to minimise exposure risk.
- Risk prioritisation should also be undertaken and include identification of vulnerable people in the community, and strategies for chronic disease management and active follow-up; as well as broader health care requirements that need to be maintained.

4. Media Engagement

Key media strategies for managing the COVID-19 response for Aboriginal and Torres Strait Islander people will include:

- Regularly updating health.gov.au, australia.gov.au, indigenous.gov.au and the NACCHO website with important messages and links to the state and territory and Affiliate websites;
- Use of the Department's, NACCHO's, and NIAA's existing social media accounts to provide up-to-date information;
- Make available appropriate and consistent spokespeople that are trusted by the community during the response to the outbreak;
- Activate a media campaign targeting Aboriginal and Torres Strait Islander people with culturally appropriate information on appropriate hygiene practices and prevention from contracting the disease;
- Develop content for placement in community service radio;
- Develop information for ACCHS waiting room television screens with and via Aboriginal Health TV; and
- Regular updates to media outlets to address emerging issues as they arise, such as the use of masks, good hygiene and specifics for health professionals.

5. Communication methods

A variety of communication mechanisms can be considered, including: radio, social media, internet, webinars, handout fact sheets, posters, mainstream TV and waiting room TV advertising, protocols and guidance. Specific materials and translations for Aboriginal and Torres Strait Islander people and community, in addition to the main population level campaign are required.

Key Resources

Key links to stakeholder resources are outlined in [Appendix C](#).

PART 2:

Operational Plan as it relates to Aboriginal and Torres Strait Islander peoples

Phase 1: Preparedness – No cases in an Aboriginal and/or Torres Strait Islander community

Aim: Reduce the likelihood of a case in an Aboriginal or Torres Strait Islander community and facilitate community preparedness through:

- Prepare and tailor plans and guidance materials
- Prepare and support health workforce
- Assess and prepare medical equipment
- Maintain and prepare clinical care and public health management, including existing services
- Tailor and target communications
- Community planning and preparedness
- Understanding the disease
- Establish leadership and decision making

Focus	Possible actions	Special considerations
<i>Prepare and tailor plans and guidance materials</i>	<p>Prepare and update National Management Plan as it relates to Aboriginal and Torres Strait Islander peoples.</p> <p>Prepare and update national guidelines for Aboriginal and Torres Strait Islander people, service providers, employers, health services and others as needed to support the Management Plan, including but not restricted to case definitions, use of PPE, travel protocols for remote communities and advice for healthcare workers.</p> <p>Management Plan to inform jurisdictional plans and ACCHS plans which will be tailored to local settings.</p> <p>Local community based organisations to facilitate whole of community preparedness activities.</p>	<p>Urban/regional, Rural/Remote, Other: Hostels; Prisons; Detention Centres; Aged Care facilities; Town Camps; Homeless populations</p> <p><u>For all settings:</u></p> <p>Tailor national guidelines and protocols to special settings such as remote communities.</p>
<i>Prepare and support health workforce</i>	<ul style="list-style-type: none"> Ensure local Aboriginal Health Practitioners, Aboriginal Health Workers, and Aboriginal and Torres Strait Islander people working in public health, are engaged in any response. <p>Consider workforce needs including training in all aspects of managing COVID-19. Application of standard infection control strategies (including clear guidance on the appropriate use of PPE) and encourage infection control training of workforce such as Australian Department of Health’s online COVID-19 training https://covid-19training.gov.au/</p>	

	<ul style="list-style-type: none"> • Consider training local health staff (especially AHW) on contact tracing and providing advice on quarantine and self-isolation measures and decreasing transmission. • Consider Surge Staff options. • Consider wellbeing support for health care professionals who may be experiencing high levels of anxiety and stress. • Social distancing where possible (different locations, alternating shifts, work from home, teleconference rather than meetings, essential–face-to-face in larger rooms, reduce gatherings at canteens etc.) <p>Prioritise influenza vaccination for staff.</p> <p>Business continuity planning.</p>	
<p><i>Assess and prepare medical equipment</i></p>	<p>Assess national stockpile of PPE. Supply of PPE to ACCHS via PHNs. Prioritisation of PPE and other essential resources.</p> <p>Considerations for PPE prioritisation in areas where ACCHS are sole providers of care.</p> <p>Assess pharmacy stocks.</p> <p>Assess system integration.</p>	
<p><i>Maintain and prepare clinical care and public health management</i></p>	<p>Maintain Health Service Provision in local health facility.</p> <p>Risk prioritisation - monitor vulnerable people who have moderate to severe chronic disease and work with them to identify courses of action, such as early presentation if they become ill and self-isolation or relocation outside of remote communities during an outbreak.</p> <p>Ensure care plans are up to date to manage existing conditions such as hypertension, renal disease, diabetes</p>	<p><u>For all services:</u></p> <p>Consider support to families, such as develop and distribute infection control packs including information.</p> <p>Consider immunisation outreach teams to enable influenza and pneumococcal vaccines to be given in people’s homes without requiring people to come into clinics. Consider also innovative ways to deliver chronic medications to people in their homes without requiring them to come into health</p>

	<p>and cancer. Ensure where possible scripts are filled in advance, doctors to provide repeat prescriptions where appropriate; and ensure CTG PBS Co-payment measure is noted on the script.</p> <p>Consider maximal safe dispensing of medications to minimise traffic through clinic.</p> <p>Prepare clinic, triage protocols including for transport staff.</p> <p>Establish protocols for early evacuation and retrieval.</p> <p>Consider an enhanced effort to achieve a high coverage of influenza and pneumococcal vaccinations.</p> <p>Consider access to Australian Government funded telehealth, including IT capacity of service.</p> <p>Identify how outgoing specialist review may be maintained if visiting services or outpatient clinics are suspended.</p> <p>Consider flexible health service delivery and healthcare models, including telehealth to assess patients and/or to access GPs who are in isolation, flexible ACCHS clinic hours/location, home visits, mobile clinics.</p> <p>Consider flexible testing options, including at home or in car testing.</p> <p>Ensure and encourage appropriate advanced care directives are in place.</p> <p>Consider a plan for the management of the deceased.</p>	<p>services. Maximise the opportunity to treat and vaccinate the whole family, not just the individual.</p>
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	<p>Initiate meetings between PHU, ACCHOs and other key health and health-related partners, including higher level emergency state-wide planning.</p>	
<p><i>Tailor and target communications</i></p>	<p>Provide essential information about the coronavirus and symptoms to the community (in language where appropriate) and coordinate between national, state and local resource development.</p> <p>Provide advice on respiratory etiquette and hand washing and increase access to hygiene-related products to ensure that widely disseminated public health advice can actually be adhered to by Aboriginal and Torres Strait Islander families.</p> <p>Provide clear guidance about what is needed / what it means to quarantine or self-isolate at home.</p> <p>Advise community on how to engage with health services when they are sick e.g. ring ahead.</p> <p>Advice to community on limitations of PPE, including the lack of need for use of face masks in the absence of symptoms and appropriate use in healthcare settings.</p> <p>Advice to community about early presentation of influenza like illness.</p> <p>Consistent updates to guidance for Aboriginal and Torres Strait Islander people, service providers, employers, health services and others as needed.</p>	<p><u>For all settings:</u></p> <p>Engage and collaborate with Aboriginal and Torres Strait Islander health workers, community champions, and community groups about appropriate and practical ways to minimise risk and to determine culturally appropriate responses to issues as they arise, including:</p> <ul style="list-style-type: none"> • Ask families and communities what is needed to reduce risk at family and community gathering such as sorry business, celebrations and other events. Support communities to understand national restrictions on large gatherings due to the risks and potential impacts. • Educate communities on the importance of physical distancing and assist their adaption of the process for their community in a culturally appropriate way. • Consider mechanisms for communication to community during a local outbreak. • Discuss where appropriate difficult issues, such as end of life, being unable to return to country to die, having limited hospital visits. <p><u>For prison settings:</u></p> <p>Consider peer based COVID-19 and infection control educators in prison settings.</p>

	<p>Designated point(s) of contact (e.g. outreach workers, community members where relevant) to facilitate targeted communication.</p> <p>Advice on social distancing measures, including for individuals, schools and community groups.</p>	
<p><i>Community planning and preparedness</i></p>	<p>Consider options for social distancing in communities - following the national government recommended population numbers per setting:</p> <ul style="list-style-type: none"> • Provision of tents to overcrowded houses • Setting up camp on outskirts of community <p>Establish environmental measures to reduce transmission of COVID-19 throughout communities e.g. access to clean running water to enable good hand washing practices. Consider health promotion and education strategies to support environmental measures.</p> <p>Consider maintenance of food, water and other essential supplies.</p>	<p><u>For remote settings:</u></p> <p>Individual communities may decide to restrict access of non-essential personnel and visitors to delay or prevent exposure of the virus. Communities may apply additional quarantine and isolation requirements as a condition of entry or engagement of services.</p> <p>All visitors, residents, service providers, Fly-in-fly-out, and mobile outreach workers, including Government workers, should follow national and jurisdictional guidelines for remote communities and individual community requirements.</p> <p>Members of the community need to consider the risk they may pose to other members by returning to or travelling between communities. Consider impact of and options for children returning from boarding school.</p> <p>Manage drug and alcohol dependencies during a lockdown situation.</p> <p><u>For prison settings:</u></p> <p>Diversionary programs to reduce overcrowding in prisons.</p> <p>Implement strict screening and staff illness policies in prisons, maximise video-link up with court to reduce transport to towns from prison.</p>

<p><i>Understanding the disease</i></p>	<p>Collect and share data and evidence about the spread of COVID-19 in the community and the health impacts.</p> <p>Maintain systems to collect data on and detect early signals of outbreaks in Aboriginal and Torres Strait Islander communities.</p> <p>Share latest medical science to inform the response.</p>	
<p><i>Establish leadership and decision making</i></p>	<p>Regular meetings of the COVID-19 Advisory Group.</p>	<p>Expert advice from Advisory Group members will be used as a vehicle for consultation between key parties engaged in the response, including the Australian Government, jurisdictions and health services.</p>

Phase 2: Suspected or initial cases in an Aboriginal and/or Torres Strait Islander community

Aim: Prevent sustained community transmission through:

- Reviewing previously implemented actions
- Triage patients and potential patients
- Preparing and implementing laboratory testing
- Early identification of cases
- Reporting and contact tracing
- Early retrieval and evacuation
- Managing and supporting the health workforce

Focus	Possible actions	Special considerations
<i>Review</i>	Review “Phase 1” steps above.	Urban/regional, Rural/Remote, Other: Hostels; Prisons; Detention Centres; Aged Care facilities; Town Camps; Homeless populations
<i>Triage patients and potential patients</i>	<p>Individuals and health services to use HealthDirect where possible.</p> <p>Establish respiratory/fever clinics with heightened infection prevention and control capacity for people presenting with respiratory symptoms to:</p> <ol style="list-style-type: none"> Redirect demand away from Emergency Departments and usual primary health care providers Reduce transmission risk by focussing care for respiratory presentations in a dedicated setting prepared to manage those patients Conserve use of limited PPE supply <p>Where respiratory/fever clinics are not available, use local clinics as frontline in the response, prepared and with access to appropriate PPE. Consider containment activities for health services such as: reduce risk of infected persons entering the site (educate members, notices, screening, reduce visitors).</p>	<p>Consider respiratory clinics for different settings</p> <ul style="list-style-type: none"> <u>For urban settings</u>: patients may be directed to a mainstream respiratory clinic which includes an Aboriginal Liaison Officer. Patients presenting at ACCHS may require transport to a respiratory clinic. Consider PPE for drivers. Consider other options for the establishment of culturally safe clinics, including partnership models between mainstream providers and ACCHS. <u>For rural and remote settings</u>: a separate building, room, mobile clinic or outside area may be set up for patients presenting with symptoms. For both settings: Respiratory Clinics should be operated by ACCHS when appropriate.
<i>Prepare and implement laboratory testing</i>	<p>Follow clinic testing protocol:</p> <ul style="list-style-type: none"> If patient presents to clinic- who sees them 	<u>For remote settings:</u>

	<ul style="list-style-type: none"> • Then – where do they get tested • Then – how do they get there • Then- where do they go after they get tested. <p>Prompt transport of samples to a relevant laboratory and tests to confirm COVID-19 as the cause of respiratory disease.</p> <p>Consider options for rapid and safe assessment, approval, registration and rollout of novel point of care testing technology.</p>	<p>Remote areas often experience delays from collection of specimen for PCR to return of results. Consider local strategies to expedite samples to laboratories e.g. driving to town rather than waiting for the weekly plane to collect samples.</p> <p>Fast track availability of point of care testing as a priority for remote settings, if and when available. Consider building on existing infrastructure.</p>
<p><i>Early identification of cases</i></p>	<p>Should COVID-19 be suspected or detected in an Aboriginal or Torres Strait Islander community:</p> <ol style="list-style-type: none"> 1) Contact State and or Territory Health Departments to assess risk, consider mobilising additional staffing to assist in testing, treating and medical evacuation if required. 2) If appropriate, treat people with symptoms that fit the clinical case definition, until laboratory confirmation of the cases and instigate outbreak control measures including isolation logistics. 3) Quarantine close contacts and suspected cases in consultation with Aboriginal and Torres Strait Islander families. 4) Reduce the risk of severe complications by clinically appropriate treatment of cases with specific clinical criteria identifying them as vulnerable or who have moderate to severe disease. 5) If laboratory confirmation of the cases and contacts, instigate outbreak control measures, including 	<p><u>For all settings:</u></p> <p>Families should be part of decision-making around quarantine and self-isolation , how it might impact on the household and if unsuitable, identify alternative housing for the quarantine and/or self-isolation period, including:</p> <ul style="list-style-type: none"> • Home isolation • Communal isolation in community property • Relocation and isolation in regional centres • Utilising medihotels <p><u>For prison settings:</u></p> <p>Guidance will be updated when AHPPC guidelines on this are issued.</p> <p><u>For remote settings:</u></p> <p>Consider alternate communication pathways for monitoring contacts who remain in community when there is limited phone/internet access. Consider using trained community workers to assist with contact tracing and to conduct daily</p>

	<p>isolation of confirmed cases and contact management, as per the Communicable Diseases Network Australia Series of National Guidelines (CDNA SoNG).</p> <p>Management of the population, including health care workers, to minimise the risk of transmission while waiting for test results needs careful planning.</p> <p>Community to consider how they will support individuals or households who are in quarantine or self-isolating. E.g. safe delivery of food on a regular basis, including where lack of refrigeration is a challenge and emergency accommodation. Work with community to identify innovative local solutions.</p> <p>Use of community leaders to facilitate communication; importance of precautions, keeping in (phone) contact with community members in isolation, having designated point of contact for isolated community members - noting that some elders may fall into the category of high risk for poor outcome in the event of COVID-19 infection.</p>	<p>review for those in isolation e.g. check on family from the veranda.</p> <p>Medical evacuations from remote communities via aeromedical or road transport of:</p> <ol style="list-style-type: none"> 1) severe cases of people with COVID-19 to tertiary facility; or 2) where isolation is not an option in community, evacuation of confirmed case and/or contacts. <p>Deployment of additional PPE during retrieval.</p> <p>Consider capacity to treat and care for patients if evacuation and retrieval is delayed or not possible.</p> <p>Consider the best transport options for relocation of cases to regional/major centres.</p> <p>Patient retrieval / evacuation also needs to consider when / how patients will be returned to community.</p> <p><u>For hospital settings:</u></p> <p>Discuss with patients and their families issues regarding ICU bed capacity, and ethical values applied who gets care and who does not. Hospitals to consider including Aboriginal and Torres Strait Islander people from the community in their Boards or Ethics committees as part of the outbreak preparations.</p> <p><u>For aged care facilities:</u> Department of Health website provides specific advice for aged care facilities, residents, visitors and family members.</p>
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<p><i>Manage and support health workforce</i></p>	<p>Implement surge workforce options, such as a cohort of backup medical and nursing staff to assist with the increased workload in remote communities and backfill positions when current staff become sick or leave.</p> <p>Consider workplace relations advice about how to support staff that may be infected or in quarantine or supporting family who are infected or in quarantine and clarify leave and remuneration entitlements. Maximise the utility of staff in quarantine if possible e.g. through appropriate telehealth services.</p> <p>Consider best use of limited supply of PPE.</p> <p>Consider capacity of infrastructure, particularly in remote settings to use telehealth.</p>	<p><u>For remote settings:</u></p> <p>If travel restrictions are in place, consider how temporary staff can be gainfully employed if they are required to be in quarantine before entering the community for example, provision of telehealth or HealthDirect services.</p> <p>Consider housing options for temporary staff in quarantine.</p>
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Phase 3: Outbreak in an Aboriginal and/or Torres Strait Islander community (multiple cases of sustained community transmission)

Aim: Deliver an effective response to outbreaks in communities through:

- Reviewing previously implemented actions
- Protection of at-risk people
- Increased infection prevention and control measures
- Resourcing and support
- Mobile respiratory clinics
- Health service continuation

Focus	Possible actions	Special considerations
<i>Review</i>	Review “Phase 1” and “Phase 2” steps above.	Urban/regional, Rural/Remote, Other: Hostels; Prisons; Detention Centres; Aged Care facilities; Town Camps; Homeless populations
<i>Protection of at-risk people</i>	Based on risk prioritisation, early management of people at risk of severe disease.	<u>For remote settings:</u> Preparations for multiple retrievals.
<i>Increased infection prevention and control measures</i>	Increase self-isolation measures and social distancing where possible.	<u>For remote settings:</u> Review access control measures.
<i>Resourcing and support</i>	Implement systems for accessing additional medical supplies, prioritisation of PPE and other essential resources. Review surge workforce options.	<u>For remote settings:</u> Deployment of mobile respiratory clinics during outbreaks in remote communities with multiple cases to ensure supplementary health services. Collaboration between the local health service, state and territory jurisdiction and the Australian Government Department of Health.
<i>Health service continuation</i>	Maintain Health Service Provision in local health facility which may require additional staff support.	

Phase 4: Stand down and evaluation

Aim: Stand down enhanced measures and resume normal operations through:

- Sharing information between responders
- Public communication
- Monitoring for a second wave
- Community actions
- Industry liaison
- Review and learn

Focus	Possible actions	Special Considerations
<i>Sharing information between responders</i>	Meetings and small group discussions with Aboriginal Health Workers, Aboriginal Health Practitioners, ACCHOs, ACCOs, and families.	Urban; Remote; Hostels; Prisons; Detention Centres; Aged Care facilities; Town Camps; Homeless populations
<i>Community Actions and Public Communication</i>	<p>Provide specific information to the community about the transition of services to business as usual.</p> <p>Conduct community meetings at the local, regional, state and national levels to explore and understand the perspectives and experiences of Aboriginal and Torres Strait Islander people in the response. Explore issues, barriers, containment strategies and ways to improve and develop culturally appropriate and effective strategies to reduce risk in future pandemic outbreaks.</p> <p>Consider Participatory Action Research framework as a culturally appropriate and acceptable way of engaging Aboriginal and Torres Strait Islander people to understand experiences and perspectives.</p> <p>Meet with community and health leads for feedback on key evaluation findings and or lessons learned.</p>	<p><u>For remote communities:</u></p> <p>Stand down enhanced border measures for remote communities.</p>
<i>Assess and restock medical equipment</i>	<p>Assess the status of PPE and equipment, restock resources that are depleted.</p> <p>Assess workforce needs.</p>	
<i>Review clinical care</i>	Stand down enhanced measures and resume non-urgent work.	<p><u>For remote communities:</u></p> <p>Advise FIFO workers of transition to normal arrangements.</p>

	Consider mental health consequences of the pandemic. Consider trauma care depending on severity of the outbreak.	
<i>Monitoring for a second wave</i>	Monitor for a second wave or change in virus. Analysis of data and review processes and policies. Review laboratory capacity, processes and policies.	
<i>Review and learn</i>	COVID-19 Advisory Group to: Review processes and policies in collaboration with Aboriginal and Torres Strait Islander people; and Update protocols and plans in line with lessons observed.	As part of the review, consider as a key indicator, the number of ACCHS and health services that had to close down.

APPENDICES:

APPENDIX A: Population Settings

APPENDIX B: Reducing risk at home and for family gatherings

APPENDIX C: Key Resources

APPENDIX A: Population Settings

Aboriginal and Torres Strait Islander people live in a variety of settings across Australia, including urban, regional, remote and very remote locations. In addition, special considerations are needed for Aboriginal and Torres Strait Islander people in hostels; prisons; detention centres; aged care facilities; town camps; and homeless populations.

While Aboriginal and Torres Strait Islander peoples experience many health vulnerabilities, the strength of the sector and the Aboriginal and Torres Strait Islander leadership has the best ability to provide advice on the response.

Each setting has its own unique circumstances and responses will need to be tailored to those circumstances.

Remote and very remote communities

Northern Territory, Western Australia, South Australia and Queensland have the highest proportion of Aboriginal and Torres Strait Islander people living in remote and very remote communities. In addition to the broader issues outlined previously, specific issues to remote and very remote settings also include:

- a. Burden of disease: there is a high prevalence of co-morbidities in remote communities and this is compounded by distance from tertiary health care, indicating that residents of remote communities are likely to be vulnerable to an outbreak.
- b. Limited Transport: from home (which may be outer lying areas) to and from local clinics, and if tertiary care is needed, between local community and major centre if tertiary care is needed, risk of transmission to drivers and the ability of people to travel home if care is a long way away.
- c. Limited access to basic essentials: such as food, safe and adequate water supply, quality housing and medicines.

Particular challenges for primary health care services in remote and very remote communities in managing a COVID-19 outbreak include:

- a. Diversion of patients: Health clinics in remote communities do not have the ability to divert patients to alternate health facilities, or have quick access to respiratory clinics, in contrast to health centres in regional centres and cities. Transport issues of patients to other settings can be an issue.
- b. Isolation of suspected and confirmed cases: Due to overcrowded and inadequate housing, adequate quarantine and self-isolation may not be feasible in the home for many Aboriginal and Torres Strait Islander people, and alternate housing may be needed.
- c. Evacuation of patients: Some communities may not have infrastructure, or experience delays in response, to support medical evacuations. This may require health staff to treat and manage cases of severe illness due to COVID-19, which is resource intensive.
- d. Delays in testing: Remote clinic staff will need to rely more on clinical diagnoses of cases, because swabs, once taken, will need to wait for transport to a regional laboratory. For many

communities, there will often be delays of a week or more while awaiting test results.

Therefore all patients with respiratory symptoms will need to be treated as a suspected case.

- e. Workforce issues: Remote clinic staff are already highly depending on Fly in Fly out (FIFO) staff, many of whom come from New Zealand. With new travel restrictions in both Australia and New Zealand, this could strain the workforce for remote primary health care services. In addition, staff have caring responsibilities for families at home which can impact on their ability to work. If staffing in remote primary health care services is reduced then mortality from existing chronic disease may increase in addition to the lack of capacity to cope with COVID-19.
- f. Self-isolation of staff: Remote clinic staff will themselves be susceptible and will need to exclude themselves from work if they have respiratory symptoms. Some staff may choose to leave. Staff shortages are likely. Furthermore, if a remote health centre ceases to function, there will usually be no other health service available in that community.
- g. Capacity of IT infrastructure: Alternate services such as telemedicine may be limited by infrastructure and cost, and the sharing of phones among the community pose additional risks.
- h. Access to Personal Protective Equipment (PPE) and ICU and HDU: Many remote clinics do not have access to adequate supplies of PPE, and may experience shortages sooner than their regional and urban counterparts. In addition, access to ICU and HDU beds is unavailable in clinics.
- i. Maintaining essential services: including health care (non-respiratory), chronic disease programs and maternal and child health services

Key issues of concern for regional hospitals that service key remote communities include:

- a. Limited capacity to scale up the number of intensive care unit (ICU) beds with the required support systems.
- b. These hospitals are already dealing with patients who need to continue to receive life sustaining care.
- c. The workforce in these hospitals may also be depleted as staff are affected by travel barriers, become sick themselves or decide to return to care for family in other parts of Australia.
- d. Hospitals servicing large Aboriginal populations are often above capacity already and have limited capacity to transfer patients to neighbouring hospitals.

Urban and regional communities

The Aboriginal and Torres Strait Islander population is becoming increasingly urbanised, especially in jurisdictions such as the ACT, Victoria and NSW. Specific issues in urban settings include:

- a. Access to patient information: if a patient with multiple chronic conditions moves between services (ACCHS, general practice, testing facility or hospital) the patient's health care information may not be available to allow best quality of care in consideration of their broader health needs.
- b. Lack of respiratory clinics in ACCHS: clients may need to be referred to mainstream clinics where they are not familiar or comfortable.
- c. Lack of cultural safety in mainstream settings: which are likely to be managing the majority of specialised respiratory clinics and hospitalisations for severe cases of COVID-19.

- d. Isolation of suspected and confirmed cases: Due to overcrowded and inadequate housing, adequate quarantine and self-isolation may not be feasible in the home for many Aboriginal and Torres Strait Islander people, and alternate housing may be needed.
- e. Access and Transport: of patients from ACCHS to mainstream settings, including risk of transmission to drivers, who may often be taxi drivers. Mainstream services may not offer the same transportation services that ACCHS do.
- f. There are particularly vulnerable cohorts in this setting too with higher burden of disease and may require outreach. For example high rates of homelessness and mobility of clients – including to regional and remote settings.

Other settings

Specific issues in other settings, such as hostels; prisons; detention centres; aged care facilities; town camps; homeless populations and private residential schools include:

- a. Potential exposure in some settings due to shared spaces for sleeping, eating and bathrooms provide limited ability to self-isolate.
- b. Short stay (24 to 48 hours) and transience between facilities, unclear pathways for release into the community and loss to follow up.
- c. Other high-prevalence risk factors such as mental health conditions which require management while in care, but may also reduce likelihood to engage with services

APPENDIX B: Information for community leaders and local communities

Who is this information for?

This fact sheet applies to community leaders and community members. It outlines key questions, information and actions you, your family and your community can take to reduce the spread of COVID-19.

Sometimes it can be hard to follow the actions to stop the spread of COVID-19, so this fact sheet also includes some **practical examples** of how you could adapt these actions in your local community. It is important communities work in partnership with health workers to find ways that work to prevent spread of COVID-19 and look after those that are unwell.

What is coronavirus/COVID-19?

COVID-19 (also commonly called “coronavirus”) is a new virus that originated in Wuhan, China in 2019. In many people COVID-19 will look like a normal cold (fever, a cough, sore throat, tiredness and/or shortness of breath). However, **most people with these symptoms will probably not have COVID-19**. Other people with COVID-19 will be much sicker. Some might have a chest infection and might need to go to hospital.

As it is a new disease we are still learning and this may change in the future.

How do you catch COVID-19?

COVID-19 spreads between people from our coughs, sneezes or when we wipe our nose. You can catch it directly from people who are sick with COVID-19 or by touching something that someone with COVID-19 has also touched after coughing, sneezing or wiping their nose.

What do I do if I get sick?

Go to your local health service for help only if you have a fever, cough, sore throat, tiredness and/or shortness of breath AND (1) if you have travelled overseas or (2) been close by someone that has been confirmed at the doctors to have COVID-19. Being close by means living in the same house or hostel, spending two hours or longer in the same room, or having face-to-face contact for more than 15 minutes. If you are sick with fever, cough, sore throat, tiredness and/or shortness of breath but haven't had (1) or (2) above, you probably have another cold or flu virus.

If you can, call the health service before you go. This is because it is important the health service knows you might be sick with COVID-19 so they can make sure you don't give the virus to others. If you can't call in advance, it is even more important to:

- cover your coughs and sneezes – but not with your hands – with a mask, other clothing or materials as long as you don't use them twice, or use your elbow
- try not to be close to other people
- keep a safe distance from other people, at least 1.5m and be outdoors or on an open veranda (an undercover area with only one side wall) - being outside in the fresh air is safest
- sit / stand at the back of the group

- avoid being with other people indoors

If the doctor has confirmed you have COVID-19, it is important to also follow the advice below – to stop yourself, your family and your community from catching COVID-19.

How do I stop myself, my family and my community from catching COVID-19?

The best way not to get COVID-19 is to:

- wash your hands often with soap and water
- cover your coughs and sneezes – but not with your hands – with a mask, other clothing or materials as long as you don't use them twice, or use your elbow
- avoid touching your eyes, nose, and mouth with unwashed hands
- try not to shake hands with others

You can also encourage others to do the same.

Even though many people feel like they have a normal cold when they have COVID-19, as it can be more serious for Elders and people that are already sick it is important to try not to give it to others.

It is also important to show understanding that other people may be worried and anxious about what will happen to them, their family and community, and so might behave differently.

Some practical examples:

At home and around other people

- Reduce the chance of giving COVID-19 to others by eating and sleeping alone in your own bedroom or donga. If your home is not suitable for quarantine or self-isolation, talk to the health service about alternative housing options.
- Clean surfaces with soap and water or detergent
- Reduce shared hygiene items – sharing towels, toilets, laundry and consumables such as drinks and cigarettes.
- Avoid being with other people indoors, e.g. office, meeting room or dining room, or any other enclosed spaces, e.g. motor vehicle
- Help kids to wash their hands - ask and remind them often
- Consider alternative ways of connecting with other family members, including sick people or people in quarantine, such as FaceTime.

Attending cultural commitments

- You should keep up to date on national restrictions about going to group events (which could include law, sorry camps, funerals and cultural ceremonies).
- If you can, use other methods of communication (e.g. video calling)
- If you attend a group event, ensure there is hand gel, tissues and bins
- Only be in a room with others for less than two hours. Being outside in the fresh air is preferred., at least 1.5m and be outdoors or on an open veranda (an undercover area with only one side wall)

You may have lots of other questions about helping or visiting family members who are ill or what your options are if you get sick. Always talk to your health care worker about any questions you may have.

Where can I get more information?

For the **latest advice, information and resources**, go to the Australian Department of Health www.health.gov.au

If you have concerns, go to HealthDirect www.healthdirect.gov.au or call the National Coronavirus Helpline on 1800 020 080. The line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The contact details from the **NIAA regional network** are available at <https://www.niaa.gov.au/contact-us/regional-network-addresses>

The phone number of your **state or territory public health agency** is available at www.health.gov.au/state-territory-contacts

APPENDIX C:

Key Resources

1. International

World Health Organization: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

2. National

Australian Government, including important updates and resources such as the Emergency Response Plan; Series of National Guidelines for Public Health Professionals; and Fact Sheets: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

National Aboriginal Community Controlled Health Organisation, including COVID-19 Advisory Group Communiques and other key information relating to the Aboriginal and Torres Strait Islander health sector <https://www.naccho.org.au/home/aboriginal-health-alerts-coronavirus-covid-19/>

3. State and Territory

New South Wales:

<https://www.health.nsw.gov.au/Infectious/diseases/Pages/covid-19-latest.aspx>

Victoria:

<https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>

Queensland:

<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19>

<https://assetlibrary.health.qld.gov.au/web/1df8be3cb80ca716/covid-19-aboriginal-and-torres-strait-islander-audiences/>

Northern Territory:

<https://health.nt.gov.au/health-alerts/novel-coronavirus-covid-19>

South Australia:

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+to+pics/health+topics+a+-+z/novel+coronavirus>

Tasmania:

https://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases/coronavirus

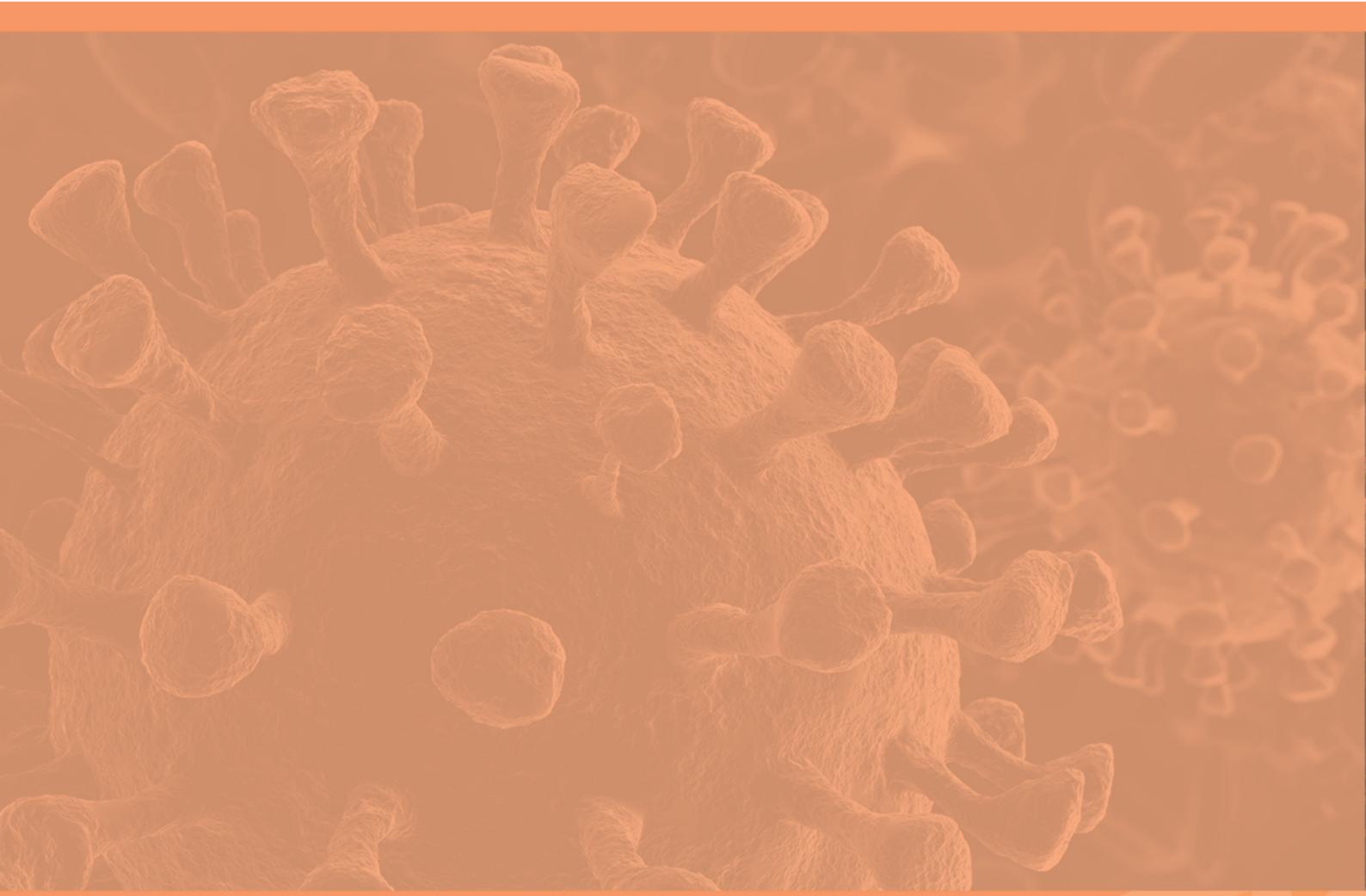
Western Australia:

<https://www.wa.gov.au/government/coronavirus-covid-19>

https://healthywa.wa.gov.au/Articles/A_E/Coronavirus/Coronavirus-information-for-Aboriginal-people

Australian Capital Territory:

<https://health.act.gov.au/about-our-health-system/novel-coronavirus-covid-19>



www.health.gov.au