Public Health
Continuous Quality Improvement
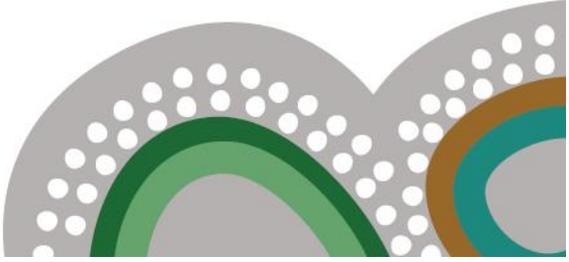
AHCWA
Aboriginal Health Council of Western Australia

Aboriginal Health Council of Western Australia Coronavirus (COVID-19) Response Toolkit for Member Services.

March 2020

Contents

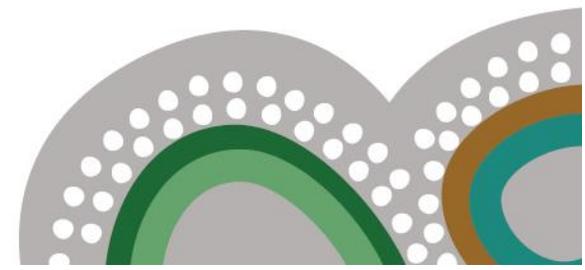The Aboriginal Health Council of Western Australia (AHCWA) acknowledges that we operate and function on the Lands of the Wadjuk Tribe of the Noongar Nation. We pay our respect to these Lands that provide for us and acknowledge and pay respect to the Elders past, present and emerging.

Background:

This AHCWA Coronavirus (COVID-19) Response Toolkit for Member Services has been devised to assist in planning and responding to the current Coronavirus (COVID-19) outbreak.

This Toolkit should be used in conjunction with:
- The advice from the Western Australia Health Department; Public Health Emergency Operations Centre (PHEOC) and the Commonwealth Communicable Disease Network Australia
- The local Aboriginal community; regional Population / Public Health units and emergency response teams, with reference to local emergency plans.

Coronavirus (COVID-19) Response Toolkit:

It is important that Aboriginal Medical Services and Aboriginal Community Controlled Health Services are prepared to deal with an outbreak of Coronavirus (COVID-19) in their community and can follow an appropriate framework to ensure they are in the best position to deal with an outbreak. The information provided here is of a general nature to be utilised as a framework and should be considered in line with relevant advice from state and national authorities. Furthermore, this guide is not necessarily comprehensive and may not include all relevant considerations. As the situation evolves advice may change rapidly. It is the responsibility of the individual health service to regularly seek updates from state and national health authorities, including WA Health and the Australian Government Department of Health, to guide their response to a potential or actual pandemic. Advice about the management of specific cases or suspected cases should be sought from the WA Health Public Health Emergency Operations Centre (PHEOC).

Acknowledgements: This Toolkit was developed with input from the Winnunga Nimmityjah Aboriginal Health Service Influenza Pandemic Plan (2015); the Royal Australasian College of General Practitioners Pandemic Influenza Preparedness Toolkit (2014); the NSW Health Influenza Pandemic Plan (2016); Aboriginal Health Council of South Australia Pandemic planning guide for health services (2020) Communicable Disease Network Australia; Public Health Emergency Operations Centre (PHEOC) and Australian Government Department of Health Pandemic Response Information.
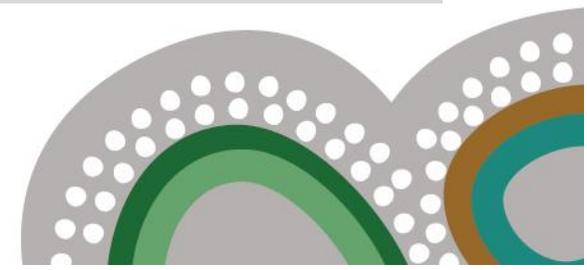
Coronavirus (COVID-19) Disease

What is Coronavirus (COVID – 19):

Coronaviruses are a large family of viruses that can make humans and animals sick. They cause illnesses that can range from the common cold to more severe diseases. This new Coronavirus originated in Hubei Province, China and the disease outbreak is named COVID-19. Coronavirus (COVID-19) was first reported in December 2019 in Wuhan City in China. Other Coronaviruses include Middle Eastern Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

What are the symptoms:

Symptoms can range from very mild illness to pneumonia symptoms. Some people will recover easily, others may get very sick very quickly and it can be fatal. People with Coronavirus (COVID-19) may experience:
* fever
* coughing, sore throat and fatigue
* headaches
* shortness of breath

How is it transmitted:

The virus spreads from person to person through:
* close contact with an infectious person
* contact with droplets from an infected person's cough or sneeze
* touching objects or surfaces (like doorknobs or tables) that have cough or sneeze droplets from an infected person, and then touching your mouth or face

How can we help prevent the spread of Coronavirus (COVID-19)?

Practising good hand and sneeze/cough hygiene is the best defence against most viruses. You should:
* wash your hands frequently with soap and water, before and after eating, and after going to the toilet
* cover your cough and sneeze with tissues and then dispose of tissues immediately. Immediately wash your hands or use hand sanitiser.
* If no tissues available, cough or sneeze into your elbow NOT YOUR HANDS and use alcohol-based hand sanitiser
* and if unwell, avoid contact with others (touching, kissing, hugging, and other intimate contact).

(Adapted from Australian Government, 2020)
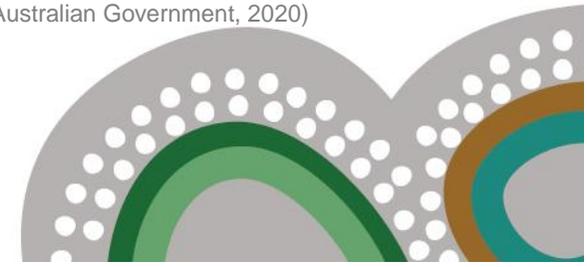
Aboriginal and Torres Strait Islander Communities Special Considerations for Coronavirus (COVID-19) Management.

The Communicable Disease Network Australia published the following considerations for the key drivers of increased risk of transmissions and severity, and the key response strategies to these for Aboriginal communities.

Key drivers of increased risk of transmission and severity:

- *Mobility*: Aboriginal and Torres Strait Islander peoples are highly mobile, with frequent travel often linked to family and cultural connections and community events involving long distances between cities, towns, and communities. In addition, remote communities have a high flow of visitors (e.g. tourists, fly-in fly-out clinicians and other workers). This increases the risk of transmission even in generally isolated communities.

- *Remoteness:* A fifth of the Aboriginal and Torres Strait Islander population lives in remote and very remote areas. There is often reduced access health services, these are usually at capacity in normal circumstances and are often reliant on temporary staff. Limited transport options may further inhibit presentations and delay laboratory testing.

- *Barriers to access:* Unwell people may present late in disease progression for many reasons including lack of availability of services, institutional racism, and mistrust of mainstream health services.

- *Overcrowding*: Many Aboriginal and Torres Strait Islander communities have insufficient housing infrastructure, which results in people living in overcrowded conditions. This facilitates disease transmission and makes it difficult for cases and contacts to maintain social distance measures and self-quarantine.

- *Burden of disease*: Aboriginal and Torres Strait Islander people experience a burden of disease 2.3 times the rate of other Australians. This may increase the risk of severe disease from SARS-CoV-2.
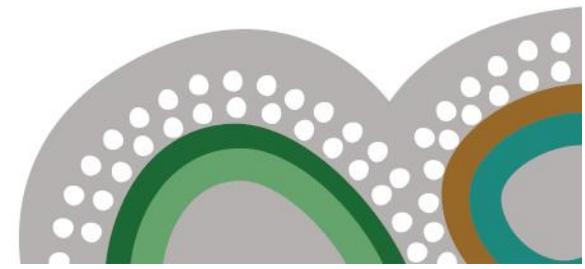
Key response strategies:

- *Shared decision-making and governance:* Throughout all phases, COVID-19 response work should be collaborative to ensure local community leaders are central to the response. Further risk reduction strategies and public health responses should be co-developed, and co-designed, enabling Aboriginal and Torres Strait Islander people to contribute and fully participate in shared decision-making.

- *Social and cultural determinants of health*: Public health strategies should be considered within the context of a holistic approach that prioritises the safety and well- being of individuals, families and communities while acknowledging the centrality of culture, and the addressing racism, intergenerational trauma and other social determinants of health.

- *Community control*: The Aboriginal Community Controlled Health Services (ACCHS) sector provides a comprehensive model of culturally safe care with structured support and governance systems. The network of ACCHS and peak bodies should be included in the response as a fundamental mechanism of engagement and communication.

- *Appropriate communication*: Messages should be strengths-based and encompass Aboriginal ways of living, including family-centred approaches during both prevention and control phases. They should address factors that may contribute to risk such as social determinants of health, including living arrangements and accessibility to services.

- *Flexible and responsive models of care*: Consider flexible health service delivery and healthcare models (e.g. pandemic assessment centres, flexible ACCHSs clinic hours/location with additional staffing, and home visits). Consider employing the use of point of care influenza tests, where available, to help determine whether influenza is implicated in presentations in the community.

- *Isolation and quarantine*: Families should feel empowered and be part of decision-making around quarantine. This can be achieved through exploring with families what quarantine looks like, working through how it might impact on their family and way of living, and identifying ways around it. Family members will want to visit unwell people in hospital. It should be made clear that there are other ways to be with sick family members in hospital, maintain communication with families and communities in lieu of gatherings (e.g. staying socially connected through the internet and video calling).

(Communicable Disease Network Australia, 2020).
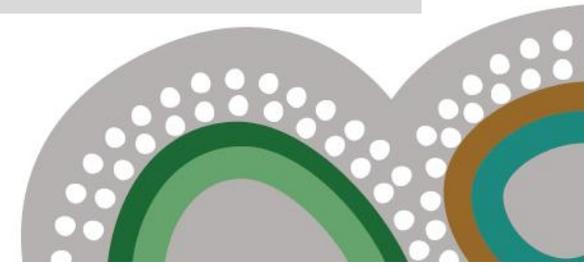
Coronavirus (COVID-19) Response Plan:

Across all activities the strategic objectives of this plan will be to:
- Minimise transmissibility, morbidity and mortality;
- Support and minimise the burden on Aboriginal health services; and
- Inform, engage and empower Aboriginal communities.

Each individual member service should develop their own Coronavirus (COVID-19) response plan.

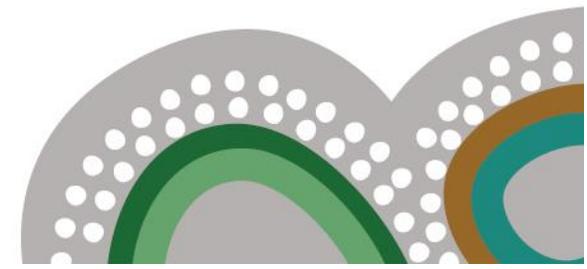Services should also link in with services in the local, regional and national-level responses. Plans should include action at each stage of the pandemic response (*Figure A,*):

- Prevention
- Preparedness
- Response, including Standby, Initial Action, Targeted Action, and Stand Down phases
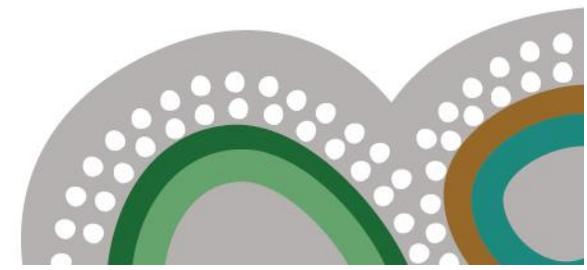- Recovery

Figure A: Pandemic Response Phases adapted from Australian Health Protection Principal Committee, 2019.

Leadership, coordination and decision-making		Designated responsibility/status
Preparedness	Assign a Coronavirus (COVID-19) response coordinator see **Appendix 5** for ideas for Role Responsibilities	
	Assign a 'back up' Coronavirus (COVID-19) response coordinator in case the designated person is not available	
	Consider assigning a planning committee to address Coronavirus (COVID-19) response preparedness for the service; document names, roles and contact details. Consider assigning specific roles to committee members e.g. communicator coordinator, infection control coordinator See **Appendix 5** for suggested roles and responsibilities of Coronavirus (COVID-19) response coordinator and planning committee	
	Develop a preparedness plan for the service which may be guided (for example) by this document and/or other pandemic preparedness guides see "Useful links and Resource" list	
	Ensure all staff are aware of the service's Coronavirus (COVID-19) response preparedness plan and who to contact for further information (e.g. Coronavirus (COVID-19) response coordinator)	
Standby	Review 'preparedness' steps as above	
	Ensure that Coronavirus (COVID-19) response coordinator and Coronavirus (COVID-19) response planning committee meet regularly	
	Hold a practice meeting to review Coronavirus (COVID-19) response plan, clarify arrangements and discuss issues	
Action	Review 'preparedness' and 'standby' steps as above	
	Ensure that staff are regularly updated and that opportunities exist for feedback and discussion of concerns, including updating the Coronavirus (COVID-19) response plan as required	

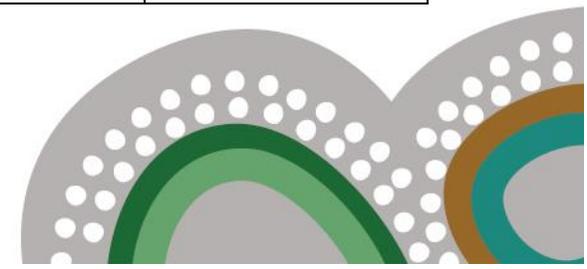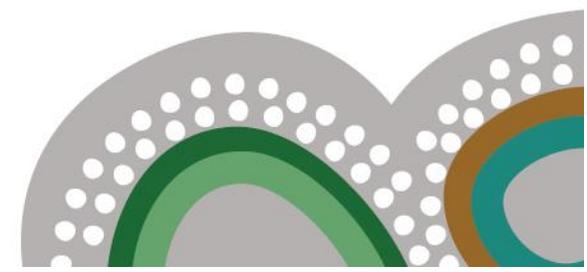| Communication		Designated responsibility/status
Preparedness	Assign a designated person to monitor public health alerts and update the Coronavirus (COVID-19) response planning committee and other staff as required	
	Compile a contact list for staff and other healthcare services and ensure it is kept up to date and readily available (electronic and hard copy) e.g. community health services, General Practitioner (GP) clinics, local hospitals and nursing homes, WA Health, pathology service providers, allied health, ambulance, Royal Flying Doctor Service (RFDS), local social and community support groups, pharmacies, funeral service providers, AHCWA.	
	Establish and maintain communication channels with relevant external organisations e.g. AHCWA, PHEOC, other WA Health departments, Western Australia Primary Health Alliance (WAPHA), RFDS, referral hospitals, other clinics/health services, pharmacies, laboratories, social support groups, RFDS, mortuary/funeral service providers. See **Appendix 2** and **Appendix 3**	
	Establish a process by which to communicate information relevant to the Coronavirus (COVID-19) response to staff e.g. regular staff meetings, signs in staff areas, email updates	
	Establish a process by which to communicate information relevant to the Coronavirus (COVID-19) response to the board, clients (and the wider community, if appropriate) e.g. posters/signs, social media, phone/text, email updates, on-hold recorded telephone message, website updates. (*Do not print material such as brochures that would be left in waiting rooms as this is an infection control issue.)* • Potential communication topics: • Overview of Coronavirus (COVID-19) response situation • Recognising symptoms • Preventing infection (e.g. hand hygiene, respiratory etiquette) • Care options according to severity of illness (e.g. attending the health service vs. emergency department) • Information about quarantine and isolation • Encouraging routine vaccination e.g. seasonal influenza, pneumococcal	
	Obtain and display language-appropriate communication materials e.g. posters about hand hygiene and cough etiquette (see **AHCWA Quick Reference Resources**)	
	Consider opportunities for Coronavirus (COVID-19) response-related communication with the wider community e.g. promoting hand hygiene and cough etiquette through signs/posters displayed at local shops, schools and services	
	Consult with Board members, elders and other key community members to identify how best to communicate information about a Coronavirus (COVID-19) outbreak to the wider community	

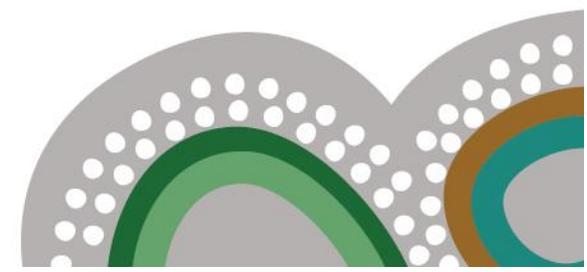|		
Standby	Review 'preparedness' steps as above	
	Ensure staff contact details are up to date	
	Continue to monitor communication networks e.g. AHCWA, WA Health, PHEOC, WAPHA, Australian Government Department of Health	
	Ensure that Coronavirus (COVID-19) response information updates are received and reviewed regularly; note that the Coronavirus (COVID-19) situation may change rapidly and information/alerts need to be updated on a regular basis	
	Ensure all staff are regularly updated as to Coronavirus (COVID-19) status and recommendations for management e.g. regular staff meetings, email updates	
	Maintain regular communication with external organisations	
	Continue to promote health information to clients and broader community – consider local radio, health promotion programs, sporting and school avenues for information sharing	
	Notify clients that some regular clinic services may be delayed or suspended due to Coronavirus (COVID-19) response situation	
Action	Review 'preparedness' and 'standby' steps as above	
	Continue to monitor communication networks - AHCWA, WA Health, PHEOC, WAPHA, Australian Government Department of Health	
	Ensure all staff are regularly updated	
	Maintain regular communication with external organisations (see above)	
	Continue to promote health information to clients and broader community (see above)	
	Notify clients of changes to regular clinic services (e.g. suspension of routine screening or health checks) and changes to clinic processes (e.g. if separate Coronavirus (COVID-19) response clinic is established)	

Workforce	Designated responsibility/status
Preparedness — Establish a contingency plan for staffing capacity during the Coronavirus (COVID-19) response, allowing for: • A potential influx of clients • Staff shortages due to illness • A lack of availability of temporary staff and locums Consider: • Minimum number and priority roles of staff needed to keep the service open on any given day • Whether closure of the service or recruitment of temporary staff may be necessary in the event of a staffing crisis • Options for sharing workloads/taking on new roles or responsibilities in case of staff illness or unavailability, and what staff training this may require • Potential demands on staff during a Coronavirus (COVID-19) outbreak and the stress this may cause	
Train staff in alternative roles (if required) to enable sharing of workload in case of staff illness or unavailability	
Identify potential sources of additional staff for Coronavirus (COVID-19) surge (e.g. recently retired, local hospital casual staff, agency/locum staff) and address any administrative needs (e.g. indemnity, provider numbers)	
Designate a staff member to manage rosters, staff availability, and potential risks to staff health and wellbeing	
Consider provisions for staff at increased risk of serious illness (e.g. pregnant women, people who are immunocompromised) during a Coronavirus (COVID-19) response e.g. leave arrangements, alternative duties/work location	
Establish policies for employee compensation and sick leave absences, if not already in place	
Develop processes for managing staff illness, e.g. management of staff who become ill at work, ensuring staff absence during illness, and when staff may return to work after recovering. State/national health authorities may provide specific advice during a Coronavirus (COVID-19) outbreak, such as how long infected or exposed staff should be away from work	
Encourage staff to develop their own family Coronavirus (COVID-19) response plan for care of dependent children and elders in the event of illness or community containment measures (e.g. school closures)	
Consider mental health and psychosocial support options for staff affected by a Coronavirus (COVID-19) outbreak	

Standby	Review 'preparedness' steps as above	
	Designated staff member to review rosters, identify staff availability and manage risks to staff health and wellbeing; ensure adequate staffing and allow for absenteeism	
	Monitor staff for symptoms; ensure that unwell staff do not attend work and do not return to work until well (see relevant state/national guidance for specific information about isolation requirements)	
Action	Review 'preparedness' and 'standby' steps as above	
	Ensure staff are aware of any changes to roles, duties or rosters	
	Continue to review staff availability in case of surge or staff illness	
	Monitor staff for symptoms; ensure that unwell staff do not attend work and do not return to work until well (see relevant state/national guidance for specific information about isolation requirements)	

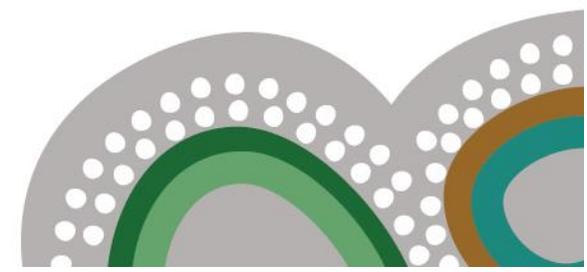| Practice environment and infection control	Designated responsibility/status
Preparedness	
Ensure standard infection control procedures are in place	
Ensure hand hygiene facilities are available in all clinic areas especially entry and exit points to areas e.g. reception, waiting rooms, consultation and treatment rooms, staff areas	
Display language-appropriate signage on cough etiquette and hand hygiene (see **AHCWA Coronavirus (COVID-19) Quick Reference Resources**)	
Identify dedicated clinic and waiting areas for potentially infectious clients	
Ensure that surface that are frequently touched e.g. hand rails, door handles are cleaned regularly (at least daily)	
Provide non-touch (e.g. foot pedal) bins to facilitate easy disposal of waste such as used tissues	
Ensure that all staff (including non-clinical staff such as reception and drivers) are trained in use of personal protective equipment (PPE) and infection control procedures	
Perform fit testing of N95/P2 masks for all relevant clinic staff (at least yearly)	
Stockpile four (4) weeks supply of necessary medical items/equipment and PPE, including gloves, gowns, masks, eye protection, tissues, hand hygiene resources and pathology specimen collection supplies (e.g. swabs); perform regular expiry date checks. See Appendix 1 for example list	
Establish a plan for management of clinical waste during the Coronavirus (COVID-19) response	
Review infection control processes during transport, e.g. through training of drivers on use of PPE, ensuring vehicles are equipped with supplies such as tissues, hand gel and masks, vehicle cleaning processes	
Ensure Staff Immunisation is up to date and seasonal influenza and pneumococcal immunisations given according to National Guidelines.	
Give staff vaccine's related to COVID-19 strain if one becomes available.	

| Standby	Review 'preparedness' steps as above	
	Ensure all staff are aware of PPE requirements and trained in PPE use	
	Recheck stockpiles of equipment and order if required. See **APPENDIX 1** for resource list	
	Ensure that state/national guidance around appropriate infection control measures, including management of suspected/confirmed cases, is implemented	
	Consider allocation of specific staff to assessment/management of Coronavirus (COVID-19) clients, if possible (to minimise transmission risk)	
	Ensure that language-appropriate signage is in place directing clients to notify reception staff if they have symptoms of Coronavirus (COVID-19) illness, and to advise these clients to wear a surgical mask, observe cough etiquette/hand hygiene, keep at least 1.5 metre from other clients, and move to designated waiting area	
	If your health service decides to continue patient transport as a part of your Coronavirus (COVID-19) response consider designating a specific vehicle for pandemic clients only; ensure cleaning processes are in place for cleaning vehicles between patients; ensure vehicles are equipped with supplies such as tissues, gloves, masks, alcohol hand gel, waste disposal facilities. If possible chose a vehicle with vinyl / leather seats that can be easily wiped down.	
	Provide a 'hygiene station' at clinic entrance with surgical masks (adult and paediatric sizes if possible), tissues, alcohol hand rub and non- touch waste bins	
	Ensure that tissues, hand hygiene facilities and non-touch waste bins are provided in all clinic areas	
	Remove toy box, books and magazines from waiting and consultation areas	

|		
Action	Review 'preparedness' and 'standby' steps as above	
	Ensure that a four (4) week supply of PPE and other critical resources is maintained	
	Ensure that staff have ongoing access to PPE and are aware of appropriate use	
	Establish separate triage/waiting and examination areas for clients who are potentially infectious (e.g. for waiting/triage - front of clinic in a separate room, outside clinic in a shaded area, or in clinic car park)	
	Allocate specific staff to assessment/management of Coronavirus (COVID-19) clients, if possible	
	Implement one-way client flow through clinic if possible	
	Maintain 1.5 metre distance between clients (e.g. in waiting areas) where possible	
	Ensure that symptomatic clients wear a surgical mask while at the service and during transport	
	Remove toy box, books and magazines from waiting and consultation areas	
	Ensure that appropriate waste management strategies are in place	
	Communicate Quarantine Guidelines to affected Clients. See **Appendix 4**	

Clinic processes and surge capacity

		Designated responsibility/status
Preparedness	Consider options for re-scheduling non-urgent appointments such as health checks, screening and routine chronic disease management in the event of an elevated status of the Coronavirus (COVID-19) outbreak to a pandemic	
	Review visiting specialist's clinics and consider cancellation of the same if appropriate.	
	Review arrangements for management of vulnerable clients e.g. elderly, people with chronic disease, pregnant women, infants, people who are immunocompromised, people with a disability, people who are socially isolated or vulnerable for other reasons • Ensure adequate supply of regular prescriptions/medications • Consider strategies to prevent infection and manage concurrent illness • Promote seasonal influenza and pneumococcal vaccination	
	Identify strategies to minimise unnecessary client visits to the service, e.g. home delivery of ongoing scripts or medications, home visits for people with suspected Coronavirus (COVID-19)-related illness, telehealth consultations if available	
	Consider arrangements for managing clients at home, if possible	
	Ensure staffing arrangements are in place to cope with increased demand (see section on Workforce above)	
	Review capacity of systems (e.g. transport, IT, telephone, security) to cope with increased demand during an increased Coronavirus (COVID-19) surge.	
	Ensure clinic is stocked with appropriate supplies (including PPE) and ordering processes are in place	
	Collaborate with local providers in planning for increased demand (e.g. pharmacies responding to increased prescription needs)	
	Ensure that pathology specimen collection and referral processes are in place; consider establishment of point-of-care testing services if available	
	Review referral pathways for unwell clients (e.g. local hospitals, ambulance services) and management of deceased clients (e.g. funeral service providers)	
	Ensure client contact details are up to date (where possible) to facilitate contact tracing if required	
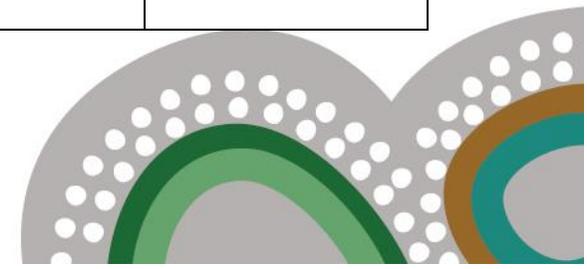
Standby	Review 'preparedness' steps as above	
	Prioritise available services and consider reducing non-essential services	
	Consider home visits to reduce risk of transmission	
	Consider options to allocate separate blocks of clinic time for Coronavirus (COVID-19) related care (e.g. afternoon flu/fever clinics)	
Action	Review 'preparedness' and 'standby' steps as above	
	Postpone non-essential services	
	Allocate separate blocks of time for Coronavirus (COVID-19) related care (e.g. afternoon flu/fever clinics)	
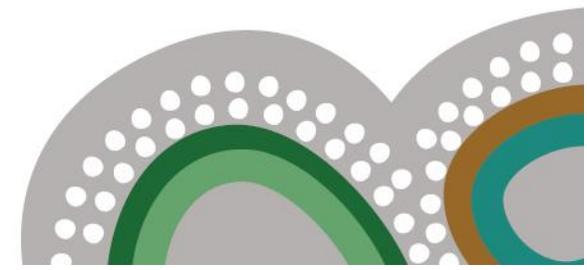
Screening, triage and management of clients

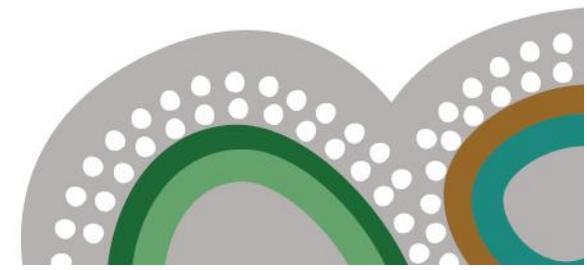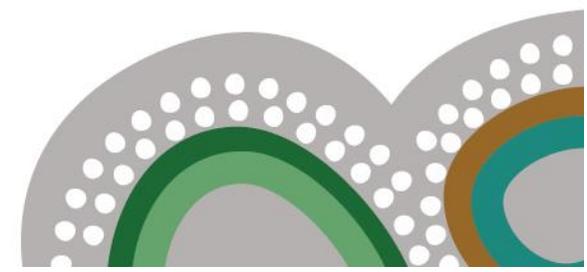|		Designated responsibility/status
Preparedness	Establish a screening and triage process (for use via telephone or upon presentation to clinic) to enable early recognition of potentially infected clients.	
	Establish a process for screening of all staff and visitors to the clinic (e.g. couriers), in case this becomes necessary	
	Discuss arrangements for management of unwell clients with local services, e.g. hospital, ambulance, RFDS	
	Establish a system by which to notify cases (and suspected cases as required) to Communicable Disease Control Directorate (see useful Links for contact details)	
	Ensure that staff are aware of pathology specimen collection processes, which may vary depending on nature of Coronavirus (COVID-19) agent	
Standby	Review 'preparedness' steps as above	
	Prepare to commence screening and triage system, and ensure all staff are aware of screening and triage processes; allocate rooms, staff and resources	
	Ensure staff are aware of case definitions and necessary infection control measures when seeing potentially infected clients	
	Ensure all clinical staff are aware of notification requirements for suspected/confirmed cases (as per SA Health Communicable Disease Control Branch)	
Action	Review 'preparedness' and 'standby' steps as above	
	Activate screening and triage processes; consider triaging outside (e.g. in car park) to minimise risk of transmission	
	Manage suspected and confirmed cases in accordance with relevant protocols and public health advice	
	Perform contact tracing as per WA Public Health requirements	
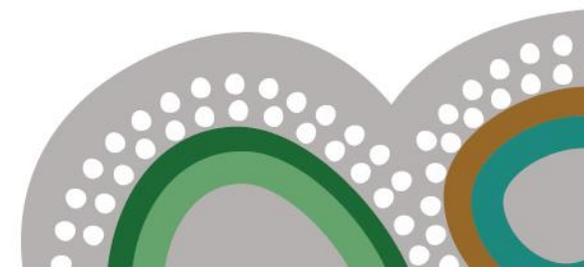
Immunisation		Designated responsibility/status
Preparedness	Promote, stock and provide seasonal influenza and pneumococcal vaccines to staff, and wider community as per National Guidelines	
	Identify protocol for obtaining Coronavirus (COVID-19) vaccine from WA Health, should one become available	
	Develop a plan for administration of Coronavirus (COVID-19) vaccine to staff and clients, should one become available, in accordance with state/national guidance	
	Appropriate vaccine storage conditions for extra vaccines.	
	Link with appropriate external vaccine providers to ensure an adequate supply of vaccines when available	
Standby	Review 'preparedness' steps as above	
	Prepare for potential receipt of Coronavirus (COVID-19) vaccine, should one become available	
	Continue to promote and offer seasonal influenza and pneumococcal vaccines as per National Guidelines	
Action	Review 'preparedness' and 'standby' steps as above	
	Obtain and administer Coronavirus (COVID-19) vaccine (if available) as per state/national protocols	
	Inform WA Health/Therapeutic Goods Australia of any adverse events following administration of Coronavirus (COVID-19) vaccine	
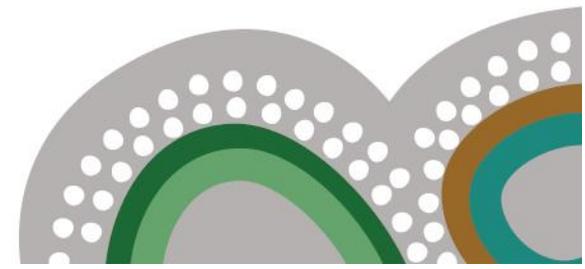
| Antiviral medications:			Designated responsibility/status
Preparedness		*If Antiviral Medications become a treatment option:* Appointment of staff member to: • Receive antivirals delivered to the service by WA State Distribution Centre (if required) • Supervise storage of antivirals in a secure area with restricted access • Monitor and record distribution of antivirals • Notify the relevant agency of any adverse events in relation to antiviral use	
Standby		Review 'preparedness' steps as above	
		Identify protocol for obtaining antiviral medications from WA Health or Australian Government Department of Health, if available	
Action		Review 'preparedness' and 'standby' steps as above	
		Obtain and distribute antiviral medications as per state/national advice, if required	

Education, training and support		Designated responsibility/status
Preparedness	Designate a person to coordinate and maintain records of Coronavirus (COVID-19)-related education and training activities	
	Provide education and training to all staff on Coronavirus (COVID-19)-related topics such as: • Signs and symptoms of Coronavirus (COVID-19) illnesses • Hand hygiene • Standard precautions, transmission-based precautions (contact, droplet, airborne) • Appropriate use of PPE • Biohazard waste management • Decontamination and cleaning of clinical areas and equipment • Quarantine and isolation protocols • Notifiable disease reporting	
	Ensure that all staff are aware of relevant resources and information sources e.g. the health service's Coronavirus (COVID-19) response plan, WA Health website and public health alerts, Australian Government Department of Health website	
	Provide culturally appropriate information materials (e.g. posters) for staff and clients	
	Ensure that all staff are aware of the health service's Coronavirus (COVID-19) response plan, and perform testing of the plan e.g. through a staff training day using Coronavirus (COVID-19)-related scenarios	
Standby	Review 'preparedness' steps as above	
	Ensure that all staff training is up to date; arrange refresher training if required	
	Perform a 'practice run' of service's Coronavirus (COVID-19) plan using scenarios	
	Identify opportunities to provide mental health support to staff and clients	
Action	Review 'preparedness' and 'standby' steps as above	
	Continue to deliver education/training to staff if required (e.g. use of PPE, infection control procedures, clinical management of suspected cases)	
	Where possible, provide mental health support to staff and clients	

Monitoring and reporting			Designated responsibility/status
Preparedness		Consider establishment of a system to collect Coronavirus (COVID-19)-related data, e.g. case register, and ensure clinicians are aware of data input processes	
		Document implementation of Coronavirus (COVID-19) response plan to facilitate communication and review processes	
Standby		Review 'preparedness' steps as above	
		Review implementation of Coronavirus (COVID-19) response plan to date and identify outstanding issues or opportunities to strengthen clinic processes	
Action		Review 'preparedness' and 'standby' steps as above	
		Continue to monitor response and adjust as required, e.g. screening and triage processes, infection control measures, physical layout of clinics/client flow, resource use and stockpiles, clinical management, communication strategies	
		Ensure staff have opportunity to raise concerns that arise during Coronavirus (COVID-19) response	
		Monitor for a 'second wave' of Coronavirus (COVID-19) cases and prepare accordingly	
		Monitor state and national guidance as to when Coronavirus (COVID-19) response activities can be scaled back and return to usual activities can occur	
		Develop a process by which to assess the impact of a Coronavirus (COVID-19) response on the service so that any lessons learned can inform future planning	

The Stand down stage is triggered when the Communicable Disease Network Australia (CDNA) advises that the pandemic has reached a level where it can be managed under seasonal arrangements, and "Recovery" concentrates on returning the Health Services to back to normal functioning.
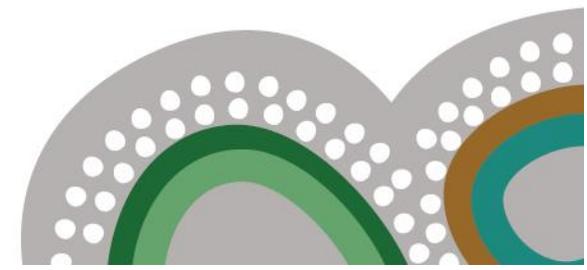
References:

Communicable Disease Network Australia (2020). Coronavirus Disease - CDNA National Guidelines for Public Health Units. Available: https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm

Commonwealth of Australia (2020). Department of Health: Novel Coronavirus (COVID – 19) Fact Sheet. Available from: https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-pathology-providers-and-healthcare-managers

Commonwealth of Australia (2019). Australian Health Management Plan for Pandemic Influenza. Canberra. Australia. Winnunga Nimmityjah Aboriginal Health Service. (2016). Influenza Pandemic Response Action Plan. Australian National

University Press. Canberra. Aboriginal Health Council of South Australia (2020). Pandemic planning guide for health

services

Aboriginal Health and Medical Research Council of NSW (2020). Seasonal Influenza Preparedness Toolkit for NSW ACCHSs.
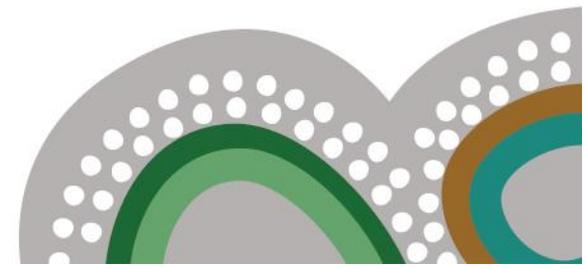
Useful Links and Resources

Government of Western Australia: Department of Health. Coronavirus Website. Important information all gathered into one website. Gives information on state, commonwealth and global developments. Contains CDNA Song updates for public and primary health settings. Resources such as posters and infection control guidelines.
https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus

Government of Western Australia: Department of Health. Clinical Alerts and Updates for hospitals and Primary Health
https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus

Australian Government Department of Health: CDNA National guidelines for public health units. https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm

Australian Government Department of Health Coronavirus (COVID-19) resources. A collection or resources for all on coronavirus. Some different language and resources and resources are aims at different levels of health professionals and community.
https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources

Government of Western Australia: Department of Health. Notifying Infectious Diseases https://ww2.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions

World Health Organisation Coronavirus information. Collection of information and up to date developments of coronavirus outbreak.
https://www.who.int/emergencies/diseases/novel-coronavirus-2019

The Australian Health Management Plan for Pandemic Influenza (AHMPPI)
The AHMPPI is a national plan for the health sector and is based on international best practice and evidence for responding to an influenza pandemic. The principles can be applied to the coronavirus pandemic. It is recommended that the pandemic coordinator be familiar with the AHMPPI to ensure that they are able to effectively respond in the event of a pandemic.
https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmppi.htm
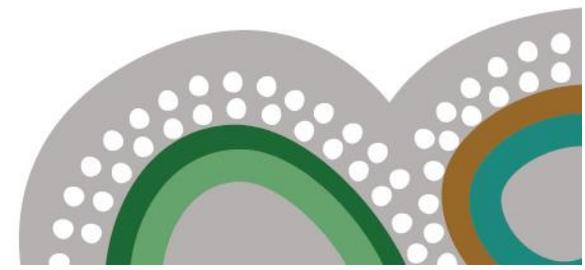
PPE Donning and Doffing Poster *Shows correct order for donning and doffing PPE equipment.*
https://www1.health.gov.au/internet/main/publishing.nsf/Content/6C98191BEBE4B05ECA257E35007F6926/$File/correct_order.pdf

Transport recommendations.
https://www.health.gov.au/sites/default/files/documents/2020/02/coronavirus-covid-19-information-for-drivers-and-passengers-using-public-transport_0.pdf

Infection Control Guidelines for Primary Health: NSW Health. *Clinical practice information for infection control and procedures.*
http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0007/567988/Infection-Control-Primary-and-Community-Care-2019-nCoV.pdf

RACGP: Managing pandemics
https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-pandemics

RACGP: Managing pandemic influenza in general practice (Pandemic Flu Kit)
https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-pandemics/managing-pandemic-influenza-in-general-practic-1

Australian Government Department of Health https://www.health.gov.au/

Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)
https://nhmrc.govcms.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-201
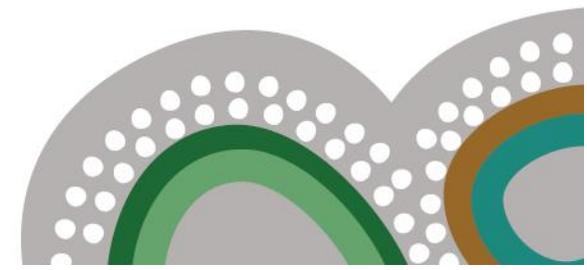
APPENDIX 1: Useful Resources Check List.

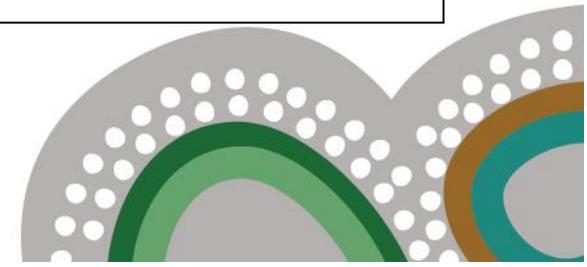| Clinical Item	Quantity	Expiry Date
Plastic Aprons		
Gowns		
P2 Masks		
N95 Masks		
Goggles / glasses		
Face Shields		
Gloves		
Respiratory Viral Swabs		
Alcohol Rub		
Tissues		
Paper linen for examination couches		
Cleaning products detergents and disinfectants		
Rubbish Bins		
Bin Liners		
Trolleys to set up PPE equipment ready for use in isolation rooms		
Any other items…… add lines		

APPENDIX 2 – Communication and governance outside of your Service

This appendix provides further information on communication and governance structures between you and other stakeholders outside your Service. Effective communication during an emergency is vital to relieving stress and ensuring an efficient and structured response.

Between you and the community

Be clear, concise and consistent with all communication with Community. Community consultation after the 2009 Influenza pandemic emphasised the importance of giving information in a clear and simple way, while showing respect for local culture. You know the best ways that your Community will respond to messaging. Just remember the most important thing is to be consistent to avoid confusion.

Another key theme that arose from Community consultation after the last pandemic was the importance of having a 'go to' contact person. This could be your Communications Coordinator. A project in Wiradjuri country found that having a local contact person for people meant that there was someone that the community knew, trusted and could access easily if unsure about treatments or if someone was really sick.

You may need to check in with people in the Community who are more at risk of getting the flu or associated complications. These are: pregnant women, babies and children, people with other chronic diseases (heart disease, kidney disease, respiratory disease) and our Elders. It is also important to note that some people may have chronic diseases that have not been diagnosed. Creating a list of people who may need additional support during a pandemic or adding a check box into your PIMS may be helpful.

### Between you and other health services in your area

Having a partnership and understanding of other health services plans in an emergency can help to alleviate stress and confusion. When you have finished your coronavirus Preparedness Plan arrange a time to meet with the local health services and services with in your emergency preparedness plans.

Between you and the AHCWA

The AHCWA PHCQI team will be your main point of contact at AHCWA for up-to-date details on the pandemic. AHCWA will liaise, correspond and disseminate important information to member services, and assist with resources and any questions you may have. The PHMO is a member of vital meeting groups during a pandemic and will endeavour to advocate for Aboriginal Health Services and the Aboriginal population to ensure pandemic planning and preparedness is up to date. The PHCQI team will feedback to Member Services with updates via email and organized meetings if applicable.

Between you and government health services

CDNA, WA Health PHEOC, AHCWA will assist Aboriginal Health Services and ACCHSs in WA to support local communities to implement the national and WA Health policies and plans specifically to Aboriginal people. Collaboration is intended to support the ACCHSs to work effectively together in a coronavirus pandemic.
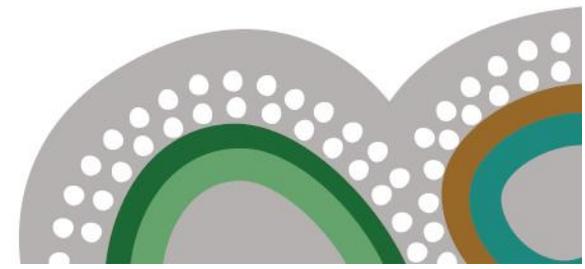
APPENDIX 3 – Cultural Considerations

We know how contagious the Coronavirus (COVID-19) is and that distancing from other people is a key way to reduce the risk of spreading viruses. This is often difficult in Aboriginal communities given the strong connection to family and social ways of life. However, these family and social linkages are important assets and help build resilience so as health professionals we need to think of ways that keep this connection while also reducing the spread of diseases. Be conscious and respectful of the different family and community ways of doing things. Work with them to identify ways to reduce the risk of transmission.

A team in Wiradjuri Country worked with Aboriginal Communities to develop the following strategies for reducing the risk of influenza spread: These same principles can be applied to Coronavirus (COVID-19). It is also important to have the same conversations with local community to obtain their input into other strategies which may assist and can be communicated with the Community support.

Strategies for families to reduce the risk of spreading pandemic disease

Keeping families safe: ways that can help to reduce the risk of spreading disease for families
- Vaccination against flu is safe and will help to protect your family, go to your local health service such as AMS or GP. If a Coronavirus (COVID-19) vaccine becomes available – get your mob to be protected,
- Cough and sneeze into tissues and throw them out – Catch 'em, Bin 'em, Kill 'em.
- If you don't have tissues, cough or sneeze into your arm, this keeps your hands safer and protects the people around you
- Washing hands with soap and water often will reduce the spread of flu and other germs
- Hand gels are great at getting rid of germs from hands
- Keeping healthy helps to avoid the flu: eat plenty of fruit and veggies, and get some exercise
- If you get a fever and a cough or think that you have the flu:
- don't hesitate, don't wait, get to the doctor and ask for a mask when you arrive to stop the spread
- keep a couple of steps away from others
- stay away from work and school until you are better
- get some rest; it's good for healing
- drink plenty of water

If you are sick with flu like symptoms and have to go to an important family or community gathering, here are some things you can do to protect others:
- stand back if you can, keep a couple of steps away from others, let elders know you are sick so that if you are standing back it is not seen as disrespectful
- if you cough or sneeze use a tissue or cough into your arm
- where possible talk with people out in the open, on the verandah or in the fresh air
- take plenty of tissues and some hand gel with you and use them often
- less kissing, less hugs, less flu bugs can spread
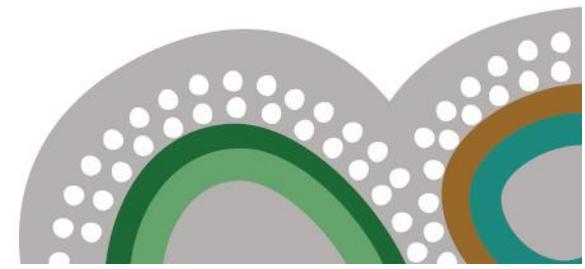
Appendix 4: Quarantine measures

Should control measures such as isolation and or quarantine be required in a community's risk mitigation strategy and decisions should be done in collaboration with Aboriginal and Torres Strait Islander families.

Key messages for the following settings should be considered:

Reducing risk at home – promote home based infection control principles:
- o Messages should be family-centered and from a strengths-based approach. Rather than protective control measures, which has historical and negative connotations, approaches that focus on ways of keeping families safe, building empowerment by engaging families to be part of identifying solutions to the problems, rather than having prescribed control measures. For example; family members moving to another shelter – camp (Massey et al.)
- o Flexible approaches to service delivery should be explored with families, understanding that approaches and strategies will need to be tailored to each community based on the setting and location.
- o Families should feel empowered and be part of decision-making around quarantine, and exploring with families what quarantine looks like, and working through how it might impact on the family and ways of living and identifying ways around it.
- o Communication strategies should include:
- o distance, fresh air
- o clean surfaces
- o clean hands
- o Reducing shared hygiene items – sharing towels, toilets, laundry etc.

Reducing risk at family and community gatherings - risk mitigation for family/community gatherings
- o Families will want to visit sick people in hospital – explore other ways using face time with sick family members in hospital, and for sick person to say its ok
- o Thinking practically about other ways to be able to maintain communication with families and stay socially connected in the online environment.

Reducing risk actions – in the workplace:
- o Public health professionals, clinicians, and AHW having conversations with families that foster values of self-determination and empowerment
- o Families experience of conversation with clinicians, public health professionals and Aboriginal Health Workers have a ripple effect in families and communities. Framing the conversation to be more positive, working with families to identify and problem solve together could help facilitate more open and engaging conversations.
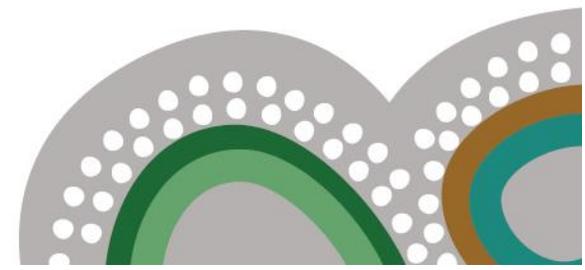
Appendix 5: Ideas for Roles for Coronavirus (COVID-19) Response Leadership Roles, Suggested Partnerships and Committee Members.

Ideas for Role Descriptions of a Coronavirus (COVID-19) Response Team:

Coronavirus (COVID-19) response coordinator

Roles may include:

- o Develop the Service's plan and integrate the Coronavirus (COVID-19) response plan into the Service's overall business continuity plan
- o Undertake appropriate education or training to fulfil the role and review relevant and current state and national Coronavirus (COVID-19) response guidelines and material
- o Monitor latest developments through communication with AHCWA, WA Health and PHEOC and obtain regular advice from Department of Health regarding management of the Coronavirus (COVID-19) outbreak
- o Manage stockpiles for clinical and non-clinical equipment (including Personal Protective Equipment – PPE)
- o Establish and maintain infection control measures and principles
- o Hold regular practice team meetings to discuss Coronavirus (COVID-19) response planning and management, including identifying barriers to an effective response such as through a SWOT (strengths, Weaknesses, Opportunities, Threat analysis
- o Identify key stakeholders, initiate contact and maintain relationships (see 'partnerships' below)
- o Identify and establish processes for communicating with the public and at-risk patient groups.
- o Provide the member service team with ongoing training regarding the Coronavirus (COVID-19) response plan

Coronavirus (COVID-19) response Leader

Roles may include:

- o Assume leadership; assume overall management of staff safety and support
- o Provide assistance to the Coronavirus (COVID-19) response coordinator
- o Identify key stakeholders, initiate contact and maintain relationships (see 'partnerships' below)
- o Establish systems to collect Coronavirus (COVID-19) surveillance data and management systems
- o Ensure infection prevention and control guidelines are implemented
- o Activate triaging of patients
- o Facilitate post-Coronavirus (COVID-19) review of response
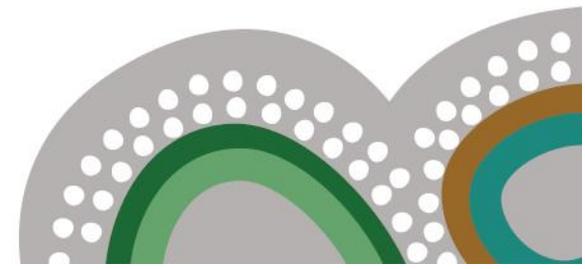
Communication coordinator

- o Monitor appropriate communication networks, including AHCWA information, WA Health and PHEOC for clinical alerts
- o Communicate and coordinate with other healthcare and community organisations
- o Establish processes for communicating with staff, the public, and at-risk patient groups
- o Display communication posters in the health service

Ideas for Suggested Partnerships the Coronavirus (COVID-19) Response Team should engage with:

Partnerships to establish may include:

- o Elders, Land Councils, social support groups, local champions
- o AHCWA
- o WA Health Public Health Emergency Operations Centre
- o Local Aboriginal Communities
- o Other ACCHSs in the region
- o Population / Public Health Units
- o Local hospitals and emergency departments, GPs, pharmacies, community nursing teams
- o Local diagnostics and pathology services
- o Primary Health Network
- o Royal Flying Doctors Service
- o Clinical and non-clinical supplies companies
- o Local "Emergency Response Preparedness Teams" i.e. police, ambulance, DFES, etc
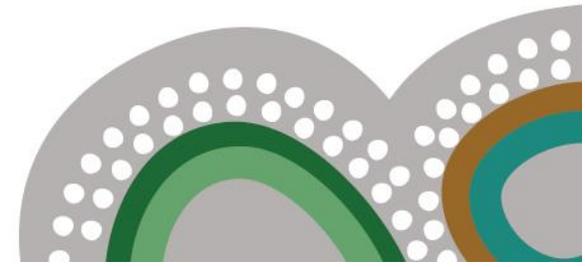
Coronavirus (COVID-19) Response Planning Committee: Suggested Members

Members of the planning committee may include:
- o Aboriginal health worker/ practitioners
- o Medical staff
- o Nursing
- o Reception personnel
- o Health service Board member
- o Police
- o CEO Hospital
- o CEO District Council
- o Ambulance personnel
- o Clinic Transport Drivers