Government of **Western Australia**
WA Country Health Service

Checklist for Remote Clinics in Aboriginal Communities

PURPOSE

This checklist draws on the Northern Territory policy documents including the *Northern Territory Interim Pandemic Plan* and the *Coronavirus (COVID-19) Public Health COVID-19 Remote Communities Plan* to assist clinicians working in WA Country Health Service (WACHS) remote clinics to identify and respond to Aboriginal people living who may be at risk of or diagnosed with COVID-19.

KEY CONSIDERATIONS

Planning the COVID-19 response requires close and ongoing partnerships with Aboriginal people and communities to develop effective and culturally appropriate strategies for reducing the risk of disease transmission and managing cases. Key considerations include:

- Working in collaboration with Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal community leaders and local decision makers
- Providing culturally appropriate information for families that consider social determinants and Aboriginal way of living; including living arrangements, and accessibility to services
- Showing respect and acknowledgement of Aboriginal land when undertaking planning and during response.

GOVERNANCE

The response to COVID-19 in remote communities will align with the regional management structure currently in place for WACHS remote clinics. All communications should be directed to your line manager who will contact the Regional Emergency Operations Centre (REOC) and escalate issues to the WACHS Incident Control Group as required. The REOC can provide advice on communication and public messaging and assist you in preparedness and response. Regional Public Health Units (PHUs) can be contacted for advice on suspect and confirmed cases, pathology testing, isolation and quarantine measures, follow up of pathology results and contact tracing.

If self -isolation and/or quarantine is required to reduce disease transmission, WACHS will work with the Department of Communities and key agencies to prioritise short- and long-term welfare requirements and disease control measures of the community. Please use local escalation processes to activate this.

COMMUNICATION AND ENGAGEMENT

Aboriginal community participation in local emergency management planning is an essential element in providing culturally safe and responsive approaches. Key actions to support communication and engagement in remote communities include:

- Initiating and maintaining regular meetings with ACCHOs and other key stakeholders to plan the response
- Engaging with local Aboriginal Health Workers and Practitioners to explore mechanisms that make information easily available to communities.
- Ensuring timely and culturally appropriate communication and resources are available in communities
- Establishing key contacts with people from the community (Aboriginal elders, community groups, NGOs and other Government agencies)
- Considering how to reduce risk of COVID-19 transmission at funerals and other community gatherings
- Exploring flexible models of health care for Aboriginal people in regards to seeking medical assistance.

HEALTH PROMOTION MESSAGING

Staff have an important role in empowering communities to protect against COVID 19 by providing health promotion messaging including: hand hygiene cough etiquette, social distancing, staying at home when unwell, and environmental cleaning. To ensure consistent messaging, all flyers and information sheets (including Aboriginal specific messages) must be sourced directly from the WA Health website. If additional resources are required, requests should be directed to REOC through Regional Health Disaster Coordinator (RHDC).

SUPPLIES

All PPE and clinical equipment supplies will be provisioned through usual ordering processes and escalation of supply issues should be made to your regional supply manager. Due to global shortages, supply teams are working to source supplies of alternative product and this may result in different products to normal being supplied. Please ensure the clinic is aware of any updated practise guidelines that may be issued to reduce usage of some products. All PPE supplies are to be secured and monitored weekly by clinic managers.

MANAGEMENT OF INITIAL CASES

WACHS remote clinics will follow CDNA National Guidelines for management of suspected COVID-19. The first suspect case that meets the case definition of COVID-19 in a community will need to be immediately isolated and tested. Key steps in the initial management of suspected cases include:

- Placing a surgical mask on patient
- Asking patient to perform hand hygiene
- Isolating person to a separate area
- Asking key questions of travel and monitoring clinical signs and symptoms as per current Clinician Guideline
- Performing hand hygiene and if taking pathology specimens donning appropriate PPE

- Conducting primary assessment
- Collecting respiratory specimens
- Completing and sending notification form
- If admission is not required, assess the capacity for self-isolation and/or quarantine.
- Consider evacuation from the community if there is a likelihood of deterioration associated with comorbidities or other risk factors (chronic disease, pregnancy).

SUPPORTING ISOLATION AND QUARANTINE

Self- Isolation of cases and contacts in remote communities presents challenges and may require the provision of welfare support services for individuals, their family households. All self-isolation and quarantine measures need to emphasise infection control measures (such as cough etiquette, hand hygiene and cleaning) and need to occur in a culturally acceptable way in collaboration with families, community agencies and Department of Communities. Options that be explored include:

- Utilising community buildings for isolation purposes
- Provision of essential material requirements including: food, prescribed medications, hygiene requirements
- Provision of home-visiting to provide ongoing chronic disease management support
- Provision of home visiting to monitor symptoms (including escalation for transfer if person is deteriorating)
- Use of telehealth technologies to monitor symptoms
- Monitoring of household situation through telephone contact or through family support
- Providing follow up to monitor suspected cases via telephone or through family support
- Selectively quarantining at risk individuals.
- Provision of support for early cases to leave community

Regional PHUs can provide assistance to engage with Department of Communities and other agencies if isolation, quarantine measures are required.

The Public Health Emergency Operations Centre (PHEOC) is developing a guideline for responding to breaches of self- isolation or quarantine. This guideline will provide a risk assessment for assessing the risk of transmitting infection and risk of high exposing risk populations.

OUTBREAKS IN REMOTE COMMUNITIES

Efforts should be made to determine the cause of respiratory disease outbreaks in remote communities by ensuring appropriate diagnostic tests are performed early. Clinical and public health response to suspected or confirmed COVID-19 outbreaks should:

- Aim to work in collaboration with community leaders,
- Encourage early presentation and identification of all respiratory illnesses,

- Test, treat and isolate all respiratory cases who fit the epidemiological and clinical case criteria and their close contacts.

Note - During outbreaks, it is recommended that the identification of vulnerable community members should include all individuals with risk factors. Vulnerable individuals may choose to self-relocate outside of remote communities during a pandemic.

CONTACT TRACING

All Aboriginal people who have been in close contact with a confirmed case of COVID-19 need to self-isolate and monitor their symptoms , clinicians need to ensure that the definition of 'close contacts' (CDNA National Guidelines) is communicated with Aboriginal communities and is agreed to and implemented. Your local Public Health Unit will assist in providing follow up with contact tracing.

OPTIONS FOR USE OF TELEHEALTH TO ENABLE CLINICAL CARE

The use of telehealth modalities via the Emergency Telehealth Service (ETS) will provide support for clinicians working in remote clinics to deliver effective and efficient treatment to patients presenting with symptoms of COVID-19. This model provides an opportunity to assess patients without a doctor being physically present and will support inter regional transfer where indicated.

RETRIEVAL FROM COMMUNITIES

Prioritisation of patient transfer from remote communities is required to minimise expose to COVID-19 and enable an effective response. Therefore, there may be an increase in the number of adults, children and neonates requiring transport and medical retrieval. Consideration for escorts and accommodation for displaced persons is also required. The clinical coordination for (aero) medical retrieval and transfer of patients from remote communities is based on clinical need with early evacuation of higher risk people prioritised. Evacuation of COVID-19 cases should be escalated to your line manager and RHDC as required. It is essential that the receiving hospital is made aware if COVID-19 is suspected.

MANAGEMENT OF THE DECEASED

The risk of infection from a deceased person is low and will be minimised by appropriate infection control measures. Standard precautions and droplet and contact transmission-based precautions for staff handling persons who have died while infectious are to be applied. Usual cultural protocols for management and transport of deceased from the community will continue to apply. If you require additional support for management of deceased for managing mortuary capacity, please escalate to REOC via usual communication channels.

REMOTE CLINIC CHECKLIST				
	Resources	Yes/No	Date completed	Site Comments
PREPARATION				
SITE/FACILITY				
Is there agreed signage and information about COVID-19 at entry to clinic?	Poster for EDs			
Is videoconferencing available for consults to be completed using Telehealth?				
Is hand washing and/or hand sanitising gel available at the entry and exit?				
Can the entry/waiting area/room be converted or partitioned for patients presenting with COVID-19?				
Have non-essential items been removed from waiting areas?				
Is there a separate room available to see possible and confirmed cases of COVID-19?				
Is there sufficient spacing (1 to 1.5metres) in waiting and treatment areas?				
Are surgical masks available at entry area for patients presenting with respiratory symptoms?				
EQUIPMENT				
Clinical guidelines				
Are the CDNA guidelines on surveillance, infection control, laboratory testing and contact available in clinic?	CDNA guidelines			
Pathology				

Is information on specimen collection available?	PathWest			
Are there sufficient supplies of PCR swabs?				
Are staff aware of transport processes for delivery of specimens?				
Are standard precautions in place for handling of specimens?				
Documentation				
Are printable and online notification forms available?	Printable notification form Online notification form			
Personal Protective Equipment (PPE)				
Is there sufficient PPE available? (Masks N95/P2 and surgical , gowns, face wear, goggles, gloves)	PPE calculator			
Is PPE secured with processes in place for weekly monitoring of PPE supply and stocks?				
Is process in place for centralized ordering of PPE?				
Are there processes in place for breaches in Infection Control protocols				
Is there an escalation pathway in place for Infection Control queries?				
Cleaning Products				
Are there sufficient cleaning products and hand hygiene stocks?				
Has an increased regime for cleaning during an outbreak been advised?				

Have staffed been trained on cleaning protocols?				
Waste management and linen				
Are yellow infectious bins available?				
Are there processes in place for regular disposal of contaminated wastes?				
Has waste disposal company been informed of possible demand for emptying bins if outbreak occurs.				
WORKFORCE				
Education				
Do staff know where to source up to date information and clinical resources on COVID-19?	COVID-19 Information			
Have staff been trained to take swabs for PCR testing (nasopharyngeal and throat)?				
Are staff trained in appropriate use and fitting of N95/P2 masks?				
Are staff trained in donning and doffing of PPE?	Sequence for donning and doffing			
Have staffed been trained on cleaning protocols?				
Are processes for staff exclusion from working in place?				
Are contingency plan in place for replacing sick or isolated staff?				
Can staff work remotely?				

Do staff know how and where to seek public health guidance?	Public Health Units			
RESPONSE				
Do staff have access to clinical guidelines for triage, primary assessment and case management of patients presenting with suspected COVID-19?				
Do you have a contingency response to deal with sudden influx of patients and/or a depleted workforce?				
ESCALATION				
Are staff aware of escalation processes for notifying manager regarding persons is suspected of COVID-19?				
Does manager know escalation process to RHDC and REOC?				
Are staff aware to contact local Public Health Unit for assistance with isolation and quarantine and contact tracing?				