

# COVID-19 Protection and Containment Considerations for First Nations Communities

## Information Resource

Last updated: 20 March 2020



**Queensland  
Government**

## Key points

Being prepared and acting now can help to contain and minimize the impacts of COVID-19 for the protection of First Nations communities.

### **Having a *preparedness plan* to protect the community includes:**

- Restricting access to communities from non-essential visitors with specific strategies for returning residents.
- Social distancing to prevent transmission by keeping 1.5 m away from another person, especially when they are coughing and sneezing.
- Discussions on how community events can be conducted or if necessary cancelled, taking into account restricted access of non-residents and returning residents.
- Strong focus on promoting and enabling frequent cleaning of hands and commonly touched surfaces
- Communicating key messages to community members through a range of existing methods e.g. Community Facebook pages, radio, TV and Notice Boards.

### **Having a *containment plan* that includes:**

- Identifying locations for isolating and quarantining people with and without symptoms who have had contact with a confirmed or suspected COVID-19 case, including anyone who has returned from overseas or interstate travel.
- Working with health services to be able to:
  - Triage unwell people with flu-like symptoms before they enter health services may become necessary – by establishing fever clinics, identifying different entry points or triaging outside the clinic in carparks to perform an initial assessment.
  - Provide medical care to people that may have increased vulnerability from a COVID-19 infection.
- Utilising ancillary services to assist in delivering care and support to people who are in isolation or quarantine, or to follow-up those who have been in contact with a COVID-19 case or to staff a fever clinic if this needs to be established.
- Regular meetings and messages with key stakeholders and community to stay abreast of the evolving COVID-19 situation and how to seek help.

## Purpose

The aim of this document is to provide community leaders, Mayors, community organisations and health services with key considerations in the containment of COVID-19. This document is to be used in conjunction with any local or regional preparedness planning undertaken with your Hospital and Health Service (HHS) or Disaster Management Group (DMG).

Queensland Health recognises the leadership and influence that Mayors and community leaders, including Elders, hold and we encourage you to share the information in this document with all members of community. Queensland Health acknowledges that community protocol and social norms may need to be adapted during this time to reduce the risk of transmission.

## COVID-19 pandemic

We are now in the midst of a global COVID-19 pandemic. Queensland is currently in the containment stage of the pandemic with most of the known cases in the state having occurred in those recently arrived from overseas and their direct contacts. However, this is an evolving outbreak in which there will be person to person transmission that is not related to overseas travel. Activity at the moment is focused on (FIT): early identification of cases (finding), isolation, contact tracing (testing) and quarantine.

**Now is the time to be making decisions that can help protect the health of your community.**

## How can COVID-19 affect First Nations people?

COVID-19 (also called coronavirus) is a virus that can cause sickness ranging from the common cold to more severe sickness that affects the lungs and can cause death. First Nations people are particularly vulnerable when it comes to COVID-19, including for the following reasons:

- Living arrangements and social connectedness, particularly where a large number of people are living or gathering in one household;
- First Nations people have higher levels of pre-existing health conditions, particularly diabetes, cardiovascular and respiratory conditions, which makes people at risk of the more severe or critical COVID-19 outcomes, and
- Increased remoteness and other characteristics that make access to resources, primary, secondary and tertiary health care more difficult.

**COVID-19 can spread quickly—it will only take one person coming into the community with the sickness to put the whole community at risk.**

## What do we know about COVID-19?

In the general population, 4 in 5 people with COVID-19 have a mild cold or flu-like illness. However, 1 in 5 will have a more serious sickness needing hospitalisation, and some cases

may be fatal. Those most at risk of serious complications from COVID-19 are people with lung disease, diabetes, heart disease, a weaker immune system and older people.

Common symptoms of COVID-19 include:

- fever
- cough
- sore throat, fatigue and headaches (flu-like symptoms)
- difficulty breathing.

The best protection from COVID-19 is:

- **social distancing** to prevent transmission by keeping 1.5 m away from another person, especially when they are coughing or sneezing;
- **limiting exposure:** isolation of sick people, covering mouth and nose when sneezing and coughing, no shaking hands;
- **good hygiene:** frequent hand washing, throwing used tissues in the bin, sneezing into elbow or shoulder, wiping down commonly used surfaces (door handles, toilet flushes, mobile phones etc).

COVID-19 can be spread between people in the community when an infected person coughs or sneezes near others. It can also be spread if an infected person has coughed or sneezed onto a surface that might be used by others (like a door handle or mobile phone).

## Planning for COVID-19 in your community

To help protect and prepare for COVID-19 there are a series of strategies that you can implement now. To contain and minimize the impact of COVID-19, communities will need to take into consideration a number of factors which include, but are not limited to, those outlined below.

### Protection plan considerations

#### Restricting access

- COVID-19 was declared a Public Health Emergency on 29 January 2020. Under the Public Health Act 2005, section 333, the Chief Executive can appoint an emergency officer who has the authority to restrict access to communities. This means the emergency officer has the authority under Section 345 to restrict access to non-essential visitors or require a person to go to a stated location.
- Local Government powers to issue community notices restricting non-essential related travel into their communities.
- When restricting access considerations in relation to how returning residents, including children returning from boarding school, are to be managed to minimize local transmission of COVID-19.

## Social distancing

Social distancing, depending on your local context, includes ways to stop or slow the spread of infectious diseases. It means less contact between you and other people, including:

- Prevent transmission by keeping 1.5 m away from another person. *If two people stretch out their arms and they don't touch, then they are in the correct distance from one another. If visitors come over discourage them from coming into the house or getting to close. Sleeping arrangements may need to be reconsidered to keep those most vulnerable in your home protected.*
- Avoid handshaking and kissing. *Use a virtual 'high five' where hands don't meet.*
- Regularly disinfect high touch surfaces, such as tables, kitchen benches, toilet flushes and doorknobs. *Have a disinfectant spray or wipes readily available or if in short supply consider natural sources e.g. soap leaves.*
- Increase ventilation in the home, school, or office by opening windows or adjusting air conditioning.
- Visit shops sparingly and buy more goods and services online. *Consider an ordering system where people can drop off shopping lists and the goods are delivered.*
- Consider whether outings and travel, both individual and family, are sensible and necessary. *Keeping people aged 50+ years with chronic conditions away from people with flu-like symptoms is very important, so limiting their exposure by going to outstations, camping could be a good thing.*
- Sanitise your hands wherever possible, including when entering and leaving buildings. *Supplies may become limited, consider other natural sources e.g. soap leaves.*
- Use your card or phone to pay rather than handling money when there is an option.
- Try and travel at quiet times and try to avoid crowds. Public transport workers and taxi drivers should open vehicle windows where possible, and regularly clean and disinfect high touch surfaces.

## Community events and cultural ceremonies

On 17 March 2020, the Australian Government advised that non-essential indoor gatherings should be limited to less than 100 people; and non-essential meetings of critical workforces such as healthcare workers and emergency service workers should be limited. Advice from local health authorities should be sought on the size, timing and location of an event as the situation on public gatherings is likely change over time.

Therefore, if you are organising a gathering (funeral, ceremony) you should consider whether you can postpone, reduce size/frequency or cancel the event. If you decide to go ahead, you should assess the risks and consider strategies to reduce the risk of transmission. This could be done by:

- expanding the space of the event so that people can be 1.5 m away from one another;

- holding events outdoor so that there is adequate ventilation;
- considerations of who should attend (particularly those from outside of the community), remembering that people aged 50+ years with chronic conditions or those younger with medical conditions need to be protected from people with flu-like symptoms.

### Containment plan considerations

If a suspected or confirmed COVID-19 case is identified in community the following considerations need to be planned for so that the response can be implemented in the most effective way to contain community transmission.

#### Location of isolation or quarantine buildings

Isolation and quarantine methods are an important public health measure to contain and minimise the transmission of COVID-19. Local and returning residents need to be separated from other community members in self-isolation or self-quarantine **if they have symptoms or have been in contact with a confirmed COVID-19 case**. The barriers to effective home isolation measures in communities in which overcrowding exists are recognised. Communities are encouraged to work within their constraints to effectively isolate people who need to be separated from family and other community members. Special considerations will need to be made in the case of a child requiring isolation or quarantine or in the event of community-wide spread, having safe houses for those most vulnerable (aged 50+ years with chronic conditions or other persons with serious medical conditions). Self-isolation and self-quarantine both require a person to be separated from other community members. The difference in terminology is described below.

**Self-isolation:** people are asked to self-isolate in their homes or a designated location if they have fever and cough or other flu-like symptoms and have been in contact with a confirmed case of COVID-19 or have returned from travel overseas. If you are in self-isolation you are not able to come out of isolation until you have had no symptoms for 72 hours and it is at least 7 days since the symptoms started. You are not able to share a room with other family members and after using the bathroom/toilet need to practice good hand and surface hygiene by wiping down any taps/door knobs/toilet flushers/surfaces that the isolated person has come into contact with. Meals need to be placed outside the isolated person's closed door and collected by the isolated person when the delivery person has left.

**Self-quarantine:** people are asked to self-quarantine in their homes or a designated location if they have no flu-like symptoms but have been in contact with a confirmed case of COVID-19 or have returned from travel overseas. If no symptoms develop in 14 days the person can come out of self-quarantine and have contact with their family and the community.

To keep people in community whilst they are awaiting the outcomes of COVID-19 testing or quarantine, it is recommended that four locations are identified for the different health presentations listed below. These locations need to be away from the Health Services (including PHC service) but within a reasonable distance (5-10km) and with easy access to the service, in the event that the person's condition deteriorates. These buildings or

locations could be: motel, church hall, stadium, transition housing, portable dongers, erection of tents, vacant buildings, outstation etc. If these locations are established, how and by whom the people in the isolation facilities are cared for will need to be considered. Care can be provided by ancillary services that have been identified in your preparedness plan. It is important to avoid combining suspected cases with confirmed cases and people with symptoms and no symptoms.

In the event that self-isolation or quarantine in a person's home is not possible, the community will need to consider different buildings/rooms/locations for:

- 1) contacts that have no symptoms
- 2) contacts with symptoms
- 3) confirmed cases with symptoms.

If a confirmed case is identified in community and there are concerns that local transmission could occur, it would be beneficial for a fever clinic or COVID-19 24-hour clinic to be stood up to limit potentially infectious people from attending a health facility with non-infectious patients. Planning for where and how these would be staffed (Aboriginal and Torres Strait Islander Health Practitioners, remote area nurses/midwives, doctors, community workers, local disaster management groups, SES, rangers, fireman, ambulance officers, child care workers, teachers) and stocked need to be planned with appropriate lists of what will be required (medical supplies, protective clothing, specimen collection materials, communication devices i.e. laptop, phone, intercom cleaning products, handwashing and toilet facilities).

When a case has been identified contact tracing of close and household contacts need to be conducted. Depending on the workload at the health service this can be conducted by ancillary services (teachers, police, fireman, childcare workers) who have been identified when preparing for an outbreak. A short on-line training program is available through the health protection branch to become an authorised contract tracing officer.

### ***Transportation to the allocated isolation locations***

Plan on how you will transport suspected or confirmed cases to the isolation locations if not within walking distance.

- If vehicle transport is used, consider protection of the driver and cleaning of the vehicle after dropping off the patient.
- If walking, put a face mask on the suspected or confirmed case.
- Limit contact with other community members during transportation and isolation.

### **Triaging and assessing people with symptoms**

Separating people with flu-like symptoms will be important in preventing transmission. This can be performed by ancillary staff so that health service practitioners are able to care for those requiring more intensive assessment. Ideally this initial assessment would occur prior to the person entering the clinic and could be conducted in a 'fever clinic' established nearby in a carpark or open space or designated building.

The ancillary service would determine through questioning and taking temperatures if:

- there are any flu-like symptoms, i.e. fever, cough, sore throat, difficulty breathing and if yes;
  - if the person has travelled overseas or interstate in the past 14 days or to a known COVID-19 hotspot;
  - if the person has been in contact with a confirmed COVID-19 case or someone suspected of having COVID-19;

if yes,

- put a face mask on the patient and discuss with the health service regarding self-isolation or self-quarantine procedures, testing for COVID-19 and contact tracing.

Examples of different triaging from other locations could include:

- triaging people in the carpark or entrance to the clinic so that those with flu-like symptoms do not enter;
- talking to people on the phone or intercom system before allowing access to the health service;
- establishing a 'fever clinic' so that people with flu-like symptoms or fever only access this location for screening and testing;
- judicious use of PPE to ensure limited resources are only used in accordance with the recommendations in the COVID-19 infection control guidelines.

## Retrieval and evacuation plans

- Consider how severe cases can be managed in community (a COVID-19 treatment clinic) if retrieval or evacuation is not possible and they require medical care that includes: oxygen therapy, IV fluids and/or antibiotics. This may require 24 hour care and considerations regarding how and by whom this care could be delivered including infectious control measures.
- Critical cases will need to be evacuated and will follow normal protocols for the transportation of a critically and infectious patient.
- Open communication with the very sick and frail aged about their wishes in regard to end of life care and considerations for end of life care if retrievals aren't possible.

## Other activities to increase your community's preparedness

- Have open communication with your health centres, and community members, particularly your Aboriginal and Torres Strait Islander Health Community Controlled Organisations and other community organisations. Health promotion materials are available on the Queensland Health First Nations resources link below.
- Ensure community members are aware of the process to follow when they think they or a member of their family may be sick with COVID-19.

- Encourage households to start making their own plans for what they will do in the case of a member needing to be isolated or becoming sick (e.g. making safe spaces in homes or going to a designated location).
- Plan for possibility of community/council leadership or health staff becoming ill.
- Ensuring the community has access to cleaning and hygiene products (e.g. soap, tissues, sanitizer, home cleaning products).
- Plan for the maintenance of food, hygiene and essential supplies to community, including distribution to isolated households.
- Where possible expedite essential repairs to households and community infrastructure where maintenance issues could pose environmental health risk.

If you need more information you can go to these websites.

Queensland Health <https://www.health.qld.gov.au/>

Queensland Health First Nations resources

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

Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0030/946182/COVID-19-management-healthcare-settings.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0030/946182/COVID-19-management-healthcare-settings.pdf)

Social distancing

<https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-on-social-distancing.pdf>

Public gatherings

[www.health.gov.au/covid19-resources](http://www.health.gov.au/covid19-resources)

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

You can also call 13HEALTH or your local health service if you have questions or would like to discuss suitable options for your community.