

COVID-19 HHS preparedness checklist for Queensland's First Nations people



Queensland
Government

Purpose

Queensland's First Nations people are particularly vulnerable when it comes to COVID-19. The risk of transmission and risk of severe outcomes are very high for this population, and there is a significant possibility of it disproportionately impacting First Nations people and communities.

This checklist aims to detail specific considerations for optimising the preparedness of the health system for a COVID-19 outbreak among First Nations people, particularly in remote and discrete communities. This checklist is intended to be used alongside a broader whole-of-population regional preparedness plan.

As part of Queensland Health's Hospital and Health Service (HHS) preparedness planning for a COVID-19 outbreak, it's essential to encompass the specific needs of First Nations people to ensure that the public health response is proportional to heightened risk.

COVID-19 risk for First Nations people

Aboriginal and Torres Strait Islander people (First Nations people) are particularly vulnerable due to:

- pre-existing disease burden making people at risk of the more severe COVID-19 outcomes
- living and social conditions
- social connectedness that make transmission more likely
- increased remoteness and other characteristics that make access to primary, secondary and tertiary health care more difficult.

As with all planning of health services with First Nations people, cultural considerations and partnerships are highly important throughout all stages—there needs to be focus on two-way communication, understanding and respect in developing COVID-19 preparedness planning and policies.

Key considerations and challenges for First Nations communities	Mitigation strategies
<p>1. Assumptions made regarding distribution of mild/moderate/serious cases likely to be different for First Nations people with a higher proportion of cases likely to be severe.</p>	<ul style="list-style-type: none"> • Encourage all First Nations people, especially the more vulnerable, to seek help early should they suspect COVID-19 infection. • Collaborate with communities to build awareness and reduce fear/panic. • Clearly communicate the pathway to care if they become unwell (due to COVID-19 or other condition) – keeping in mind that the regular pathway may be disrupted or changed in an outbreak situation.
<p>2. Limited health services for testing, treating, isolating suspected and confirmed cases.</p>	<ul style="list-style-type: none"> • Enable and encourage local clinics to develop local responses.
<p>3. Communities can have limited access to:</p> <ul style="list-style-type: none"> – Utilities such as clean water and suitable cleaning facilities. – Hygiene products including affordable soap and hand sanitiser. – Reliable food supply. 	<ul style="list-style-type: none"> • Enable suitable/reliable supply of cleaning, food and other necessary goods.
<p>4. Social distancing can be difficult.</p>	<ul style="list-style-type: none"> • Communicate the messaging regarding hand washing, coughing etiquette, social distancing in a culturally appropriate way. • Ensure there is clear messaging to community about disease and modes of transmission. • Maintain open communication with community leaders so informed decisions can be made about holding community and social events. • Account for the need to attend community events, including cultural events and Sorry Business, in any quarantine policy. Quarantine policies used in the broader community may need to be adapted and a risk minimisation approach taken.

Key considerations and challenges for First Nations communities	Mitigation strategies
<p>5. Larger families living in smaller homes - crowded housing affects feasibility of quarantine measures, including access to individual bedroom and bathroom.</p>	<ul style="list-style-type: none"> • Encourage households and communities to start making their own plans for what they will do if a member of the house needs to be quarantined.
<p>6. In-home isolation in multigenerational households with a high number of people is likely to place more people at risk due to the high secondary infection rate.</p>	<ul style="list-style-type: none"> • Ensure the elderly and those with conditions that put them at high risk are up-to-date with their health-related appointments, and medications. • Take advice from patient and family about suitable arrangements for protecting their household.
<p>7. Evacuation of serious cases – what this means for HHS/RFDS and families.</p>	<ul style="list-style-type: none"> • Plan for what will happen if multiple medical evacuations are necessary.
<p>8. There is a level of distrust of authority, including of health services, for some First Nations people.</p>	<ul style="list-style-type: none"> • Utilise the Ask, listen, share framework for communication (what do you need to know, how can we support you, listen to the community's needs, share knowledge and resources). • Engaging with communities around decisions regarding the movement and protection of their people. • Work closely with local Aboriginal and Torres Strait Islander Community Controlled Organisations (A&TSICCHOs) and other Aboriginal and Torres Strait Islander organisations to distribute information. • Share accurate knowledge and information with community members. • Focus on calm and considered care for patients that may be scared of COVID-19, and distrustful of the mainstream health system.

Checklist of considerations in preparedness planning for First Nations people

The following is a checklist of considerations that need to be made to protect the health of your HHS's First Nations people in the event of a COVID-19 outbreak in the local HHS area.

It is not an exhaustive list but is a prompt for preparedness planning for First Nations people in your HHS. You may need to adapt or add to this list to suit your HHSs circumstances.

Decision making and governance	
Governance	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure roles and responsibilities of Department of Health, HHSs, Primary Health Networks, local councils, health services (particularly A&TSICCHOs) community Elders, healthcare professionals, community members are defined in preparation and response to COVID-19. <input type="checkbox"/> Establish clear lines for governance and co-ordination and disseminate to health services, council and community leaders. <input type="checkbox"/> Engage your HHS Indigenous Health Lead in incident management team. <input type="checkbox"/> Initiate and maintain regular meetings between key HHS staff, community health services, AMSs and community councils. <input type="checkbox"/> Communication with communities through key people from the community: e.g. Aboriginal Health Workers, Elders, Mayors, community groups or other leaders.
Decision making	<ul style="list-style-type: none"> <input type="checkbox"/> Ask communities what information and support is needed. <input type="checkbox"/> Support community to develop community plan with consideration for: <ul style="list-style-type: none"> <input type="checkbox"/> Isolation and quarantine protocols for suspected and confirmed cases – location (within or outside community), delivery of supplies and personal items, medical care. This needs to consider feasibility of isolation with existing housing constraints. <input type="checkbox"/> Community strategies (e.g social distancing) to minimise exposure through limiting community events and large social gatherings where possible, including Sorry Business. <input type="checkbox"/> Continuity of operation for local businesses and services – including changes to regular operation. <input type="checkbox"/> Process of seeking care for suspected cases, progression of care with mild, moderate and severe cases, including prospect of transfers off Country. <input type="checkbox"/> Contingency plans for possibility of community/council leadership becoming ill. <input type="checkbox"/> Contingency plans for possibility of key clinical staff becoming ill.
Planning	<ul style="list-style-type: none"> <input type="checkbox"/> Engage with A&TSICCHOs, community clinics and community councils to facilitate local plans. <input type="checkbox"/> In collaboration with First Nations staff and partners, identify any additional issues that are likely to increase the risk of COVID-19 for the First Nations people of your HHS region, or those that may need to access the services of your HHS if they become unavailable within their own HHS. <input type="checkbox"/> Keep families as a central component to the strategies.



Workforce	
Using existing workforce	<ul style="list-style-type: none"> <input type="checkbox"/> Consider the role of IHLOs, Aboriginal Health Workers and other Aboriginal and Torres Strait Islander staff in supporting COVID-19 patients and families. <input type="checkbox"/> Implement arrangements for clinical staff to continue working via telehealth/phone checks if they are quarantined, but not ill, in the event of significant workforce shortages.
Contingency planning	<ul style="list-style-type: none"> <input type="checkbox"/> Plan for staffing in the case that staff members need to self-isolate as a result of COVID-19.

Health promotion	
Awareness and prevention	<ul style="list-style-type: none"> <input type="checkbox"/> Promote and support early seasonal influenza and pneumococcal vaccinations for all staff and vulnerable groups. <input type="checkbox"/> Promote and support culturally appropriate infection control, hand hygiene, and respiratory hygiene messaging and resources. <input type="checkbox"/> Develop community resources to support awareness of COVID-19 and possible responses. <input type="checkbox"/> Ensure community is aware of process for seeking care for suspected COVID-19 cases – where to go, what to do. <input type="checkbox"/> Support positive messaging about the safety of the hospital environment and the need for care for severe cases of COVID-19.
Resources development and distribution	<ul style="list-style-type: none"> <input type="checkbox"/> Develop culturally appropriate resources to support correct usage of PPE for community members and health service staff. <input type="checkbox"/> Ensure availability of culturally appropriate resources to support effective hygiene practices – hand hygiene, environmental hygiene and social distancing.

Communication	
Dissemination	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure communication is disseminated in a medium suitable for individual communities – i.e. radio, TV etc. <input type="checkbox"/> Ensure all communication messages and resources are culturally appropriate. <input type="checkbox"/> Communication strategy – engage and update all IHLO, Aboriginal and Torres Strait Islander Health leads, other relevant HHS staff, A&TSICCHOs and clinic staff, GPs regularly. <input type="checkbox"/> Disseminate communication to community through community leaders, local councils, Aboriginal and Torres Strait Islander Health Workforce.

Health service preparedness	
Availability of resources	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure facilities have appropriate tools and resources to prepare appropriately. <input type="checkbox"/> Check local community medical stock levels – PPE, medications. <input type="checkbox"/> Ensure PPE supply chain to communities is intact and availability of supply at immediate notice. <input type="checkbox"/> Deploy infection control items to local health services to support the needs of First Nations communities. <input type="checkbox"/> Implement systems for accessing medical supplies and provision of supplies to more remote areas.
Enact infection management processes	<ul style="list-style-type: none"> <input type="checkbox"/> Determine a clear process for a walk-in suspected COVID-19 case – waiting area, PPE, test, post-test process. <input type="checkbox"/> Triage algorithms, recommendations and pathways should include considerations for complex social and cultural needs of First Nations people. <input type="checkbox"/> Ensure all staff including IHLOs are up to date with the latest information regarding COVID-19 and the HHSs. processes around the patient journey for those with suspected/confirmed COVID-19. <input type="checkbox"/> Set up social health team to help patients and their relatives by arranging community services. <input type="checkbox"/> Increase awareness of contact tracing in patients – have forms ready to disseminate, and staff trained in procedure. Consider if your standard contact tracing needs to be adapted for your First Nations people.
Adapt service models	<ul style="list-style-type: none"> <input type="checkbox"/> Explore online and tele communication methods that can be strengthened or commenced. <input type="checkbox"/> Identify communities and regions in HHS with larger Aboriginal and Torres Strait Islander populations who may require additional support. <input type="checkbox"/> Support implementation of flexible health services which may include alternative models of care e.g. fever clinics, flexible clinic times and locations (consider outreach), telehealth and/or home visits.
Patient transport and evacuations	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure communication lines and contact points from clinics to hospitals and HHSs are clear regarding patient transfers. <input type="checkbox"/> Prepare for the potential increased need to evacuate a larger number of people from remote areas to major hospitals within or outside of HHS.

Community considerations	
Managing high risk community members	<ul style="list-style-type: none"> <input type="checkbox"/> Identify and manage at-risk patients with co-morbidities before an outbreak. <input type="checkbox"/> Coordinate self-assessment for medication review and medication. <input type="checkbox"/> Encourage patients with chronic disease to visit their health service providers early to make sure medications and prescriptions are up-to-date and to allow education and communication regarding the processes in the event they suspect they are infected. <input type="checkbox"/> Ensure medications and prescriptions are available and up-to-date.
Supply of essential goods and services	<ul style="list-style-type: none"> <input type="checkbox"/> Develop and distribute family hygiene products and information. <input type="checkbox"/> Ensure council has plan in place for maintenance of food and essentials supply to community, including distribution to isolated households. <input type="checkbox"/> Ensure availability of household cleaning products to community and subsidise if necessary. <input type="checkbox"/> Ensure council has expedited essential repairs (water, sanitation) to households where maintenance issues could pose environmental health risk.