



COVID-19 (Coronavirus)

Response Framework for Aboriginal Communities on the North Coast

North Coast Primary Health Network (NCPHN)

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While North Coast Primary Health Network recognises and acknowledges that there are people of both Aboriginal and/or Torres Strait Islander descent living across the region, reference is made to Aboriginal in recognition of Aboriginal people being the first people of NSW.

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1. Introduction

Aboriginal people experience higher rates of chronic disease and complex health issues than the non-Aboriginal population. This places Aboriginal people at greater risk of serious illness associated with COVID-19. Approximately 80% of the mortality gap for people aged 35 to 74 years is due to chronic diseases, measured in terms of potential years of life lost. The most common health issues in Aboriginal communities are heart diseases, diabetes, liver diseases, chronic lower respiratory disease, cerebrovascular diseases and cancer (Australian Institute of Health and Welfare 2010).

Due to the risk COVID-19 poses for Aboriginal communities across the North Coast, North Coast Primary Health Network (NCPHN) Aboriginal Health Team has developed a coordinated approach in collaboration with Aboriginal Medical Services on what NCPHN can do to reduce the impact of COVID-19 within Aboriginal communities.

Aboriginal people have extensive kinship systems, cultural obligations and close living situations that will increase the risk of transmission of COVID-19 within Aboriginal families and communities. Aboriginal people can be highly mobile between communities, which can inadvertently put other people, families and

1.1 Purpose

Increase preparedness and awareness around COVID-19 in Aboriginal communities on the North Coast; and to respond effectively and in a timely way when an Aboriginal person tests positive with COVID-19.

1.2 Objectives

1. Provide an effective and timely notification process for an Aboriginal person testing positive to COVID-19.
2. Provide a response procedure in the event of a positive case of COVID-19 within Aboriginal communities on the North Coast.
3. Provide access to temporary isolation accommodation for Aboriginal people who test positive to COVID-19.
4. Provide culturally safe, person-centred care for Aboriginal patients, their families and community when diagnosed with COVID-19.
5. Ensure culturally safe, equitable and accessible COVID-19 service provision.
6. Provide culturally safe education, resources and support with a localised approach to the Aboriginal community on COVID-19.
7. Support Aboriginal people and their families affected by COVID-19 with self-isolation, cleaning, resources and information based on their needs.
8. Provide support for Aboriginal people to remain in community and have access to telehealth services.
9. Work collaboratively with clear communication, coordination and planning between NCPHN, Aboriginal Medical Services and NSW Health (MNCLHD and NNSWLHD) on COVID-19 response for Aboriginal communities across the North Coast.

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2. Rationale

Aboriginal people experience higher rates of chronic disease and complex health issues, which places them at greater risk of serious illness associated with COVID-19 (Australian Institute of Health and Welfare 2010).

Aboriginal people are at a higher risk of transmission and severity of COVID-19 because they are highly mobile and frequently travel to see family and participate in cultural events. There is often limited access and availability to health services, with limited transport options. Due to a lack of equitable access and intergenerational mistrust of mainstream health services, unwell people may present later to be assessed.

Aboriginal people may also live in overcrowded conditions that will make it difficult to self-isolate if someone is suspected to have or is diagnosed with COVID-19 (Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units).

Isolating the person who has tested positive to COVID-19 in short-term accommodation outside of community can assist with the aim of reducing the risk of further spread among the community. This will further limit the external traffic in and out of communities.

2.1 Process Purpose

The purpose of this process is to: ensure Aboriginal communities on the North Coast have access to culturally safe education and resources to enable preparedness and awareness around COVID-19; and to respond effectively and in a timely way when an Aboriginal person tests positive with COVID-19. The process will guide the steps involved in implementing the procedure for COVID-19 for Aboriginal communities across the NSW North Coast.

2.2 Process Scope

This process will include Aboriginal persons who test positive with COVID-19 and their impacted family members across the NCPHN region.

This geographical location is from John's River, south of Port Macquarie, to Tweed Heads in the north. This also includes communities with a large population of Aboriginal and/or Torres Strait Islander people such as Fingal Head, Baryulgil, Malabugilmah, Mulli Mulli, Tabulam/Jubullum, Gundarimbah, Box Ridge/Coraki, Fig Tree, Nambucca Heads, Bowraville and Bellbrook.

2.3 Process Goals

The purpose of this process is to ensure:

1. Development and distribution of culturally safe education and resources to Aboriginal communities on the North Coast.
2. Improvement of network connectivity and provision of IT equipment to enable better access to telehealth services.
3. An Aboriginal person who has tested positive to COVID-19 is supported by the Aboriginal Health Team at NCPHN and the Aboriginal Community Controlled Health Organisation (ACCHO) sector.
4. An Aboriginal person's family and community are supported by the Aboriginal Health Team at NCPHN and the ACCHO sector.
5. Measures for immediate response and actions have been clearly set out and this protocol is established and followed.
6. Aboriginal people who have tested positive for COVID-19 who are not able to self-isolate within their own home are offered accommodation financed by NCPHN.

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3. Implementation

This framework has been developed based on the principles and understanding of cultural safety, Aboriginal kinship systems and cultural obligations, and the geographical locations and close living situations of Aboriginal people and communities.

There have been extensive consultations and input from Aboriginal stakeholders including Aboriginal Medical Services, Local Aboriginal Land Councils, Aboriginal staff from local health districts and staff from the NCPHN Aboriginal Health Team.

NCPHN has worked closely with Telstra to develop a plan to improve the network connectivity within remote/rural Aboriginal communities within the footprint that have been identified as having minimal or no network connectivity (Objective 7). Permanent solutions will be implemented in the identified communities to remedy these connectivity issues. These communities will then be provided with IT equipment by NCPHN to enable access to telehealth services while remaining in community. This process is being undertaken in consultation with the Aboriginal community controlled sector (ACCS) including AMS and Land Councils.

There has been a collaborative approach across the health sector and ACCS to ensure consistent, culturally safe education and resources are being delivered to community.

There will be a clear process to support Aboriginal people across the NSW North Coast who test positive with COVID-19 with temporary accommodation to effectively self-isolate. This will include clear understanding on what supports the different organisations can provide during the period an Aboriginal person is impacted by COVID-19.

The Aboriginal Health Team at NCPHN has developed and will continue to develop culturally safe COVID-19 resources to disseminate to Aboriginal Communities across the NSW North Coast.

There will be regular communication between NCPHN, Aboriginal Medical Services and local health districts in order to have a coordinated, collaborative and planned approach in response to COVID-19 for Aboriginal communities across the North Coast.

3.1 NCPHN COVID-19 Procedure for Aboriginal Communities on the North Coast

The *COVID-19 Response for Aboriginal Communities on the North Coast* procedure will provide guidance if an Aboriginal person tests positive to COVID-19 to effectively implement the procedure in a timely manner to reduce the further spread within the family and community.

The eligibility for activation of the response procedure is an Aboriginal and/or Torres Strait Islander person or; a *non-Aboriginal person who is normally part of the household of an Aboriginal person*, who resides within the NCPHN footprint, and has a positive COVID-19 test.

Notification of a positive result will occur via the following processes:

1. Confirmed case of COVID-19 in an Aboriginal person or person residing in a household with other Aboriginal people on the NSW North Coast needs to be communicated to the AMS or GP responsible as soon as a result is available. This notification will trigger the COVID-19 response for Aboriginal Communities on the North Coast procedure and start a culturally safe communication plan between the services, the patient and their family.
2. NCPHN Aboriginal Health Team members will liaise with the Aboriginal Medical Service, general practice or directly with the person/family to book temporary accommodation to support self-isolation if they are unable to isolate in their usual home (this will be assessed by NCPHN on a case by case basis).
3. Advice and support regarding linen for the accommodation site and cleaning and personal protective equipment (PPE) to motel/accommodation cleaners if required.
4. Assistance will be provided for transport of patient if required – coordinated by local health district (LHD).

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3. Implementation cont.

5. NCPHN will provide 24 hours' worth of essential supplies to each person requiring isolation in short term accommodation. Ongoing support with provision of food, medicine and care packages to be provided by family or other services in conjunction with NSW Health/Public Health Unit (PHU) recommendations.
6. NCPHN will provide advice regarding food/care packages for family members in self-isolation at home if required. Will provide advice and support re: cleaning of accommodation if required.
 - Support for return to community after being cleared by health authorities.
 - NSW Health and PHU, in conjunction with NCPHN, to provide education resources for the recovered patient to assist with return to community and resources for family members who may be ending self-isolation.
 - NCPHN to assist in coordinating transport on return to community
7. Debrief with organisations regarding management of the patient and pathway to identify any gaps and update procedure if required. Video/audio meeting with stakeholders to discuss the experience and agree on any changes required.

Accommodation

Available motels will be sourced in the closest town to the affected person/s. NCPHN's Aboriginal Health Team will liaise with motel management as required.

Hotel management and staff will be provided with the resources *Guidance for managers and staff at hotels and other accommodation facilities hosting people in COVID-19 quarantine isolation and Information for hotels and hotel staff*. This will assist the hotel with necessary COVID-19 infection control measures.

3.2 Roles and Responsibilities

NSW Health (MNCLHD & NNSWLHD)

- Screening and diagnosis of patients
- Ensuring Aboriginality status is confirmed at time of screening
- Notification to AMS or GP
- Activate the action plan of the framework if a diagnosis is made
- Transport of patient to temporary accommodation or to home isolation

PHU

- Ensure notification to AMS or GP if testing/diagnosis outside of LHD facility, ie. private pathology, external respiratory clinic

NCPHN

- Coordination of accommodation
- Provide information/support for accommodation provider re: linen and cleaning
- Development and distribution of resources and education

AMS/General Practice

- Care coordination for telehealth, GP, social work, prescriptions, etc.
- Ensure Aboriginality status clearly identified on pathology requests and referrals (with consent)

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4. Procedures and Policies

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

www.health.gov.au/sites/default/files/documents/2020/03/management-plan-for-aboriginal-and-torres-strait-islander-populations.pdf

Release from isolation

www.health.nsw.gov.au/Infectious/diseases/Pages/covid-19-release-from-isolation.aspx

Guidance for managers and staff at hotels and other accommodation facilities hosting people in COVID-19 quarantine isolation

www.health.nsw.gov.au/Infectious/diseases/Pages/covid-19-hotels-and-accommodation-facilities.aspx

Information for hotels and hotel staff

www.health.gov.au/resources/publications/coronavirus-covid-19-information-for-hotels-and-hotel-staff

Infection Prevention and Control Novel Coronavirus 2019 (2019-nCoV) – Primary and Community Care

www.cec.health.nsw.gov.au/__data/assets/pdf_file/0007/567988/Infection-Control-Primary-and-Community-Care-2019-nCoV.pdf

5. Limitations/Risks Identified

There may be limitations with the procedure within the framework which include but are not limited to:

- Lack of notification via LHD/PHU of positive case of COVID-19 (PPCV) – failure to activate response procedure
- Unavailability of accommodation
- Number of positive cases too large for the number of accommodation available
- Funding exhausted
- Community transfer of COVID-19 at a rate that isolation outside of community is no longer viable

6. Support

This framework will be supported financially and in kind by NCPHN, the Many Rivers Alliance and NNSWLHD.

7. Reporting

1. Reporting on expenditure
2. Reporting on outputs:
 - Quantity of notifications received from PHU
 - Occasions of access to telehealth within Aboriginal communities
 - Quantity of Aboriginal identified cases
 - Quantity of close contacts tested
 - Quantity of persons provided with accommodation
 - Quantity of care coordination occasions
 - Quantity of premises cleaned
 - Quantity of care packages provided
 - Culturally safe COVID-19 resources developed and distributed
 - Delivery of culturally safe, localised education

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8. Privacy and Confidentiality

NCPHN respects and upholds the right to privacy protection under the Privacy Act 1988 (Cth) ("Privacy Act"), the Privacy Amendment (Private Sector) Act 2000, Privacy Amendment (Enhance Privacy Protection) Act 2012, the Australian Privacy Principles (APPs), and the Health Records and Information Privacy Act 2002 (NSW) (*Appendix 2*).

9. Appendices

Appendix 1: COVID-19 Contacts List

In the event of a positive case of COVID-19 in an Aboriginal person within the NCPHN footprint, please phone the relevant numbers in your region to activate the Response Framework.

PHU/AMS/GP to contact NCPHN Aboriginal Health Team member who will ensure support is provided to patients as required.

Noell Burgess 0419 281 068 (Tweed/Ballina region)

Djaan Jarrett 0431 212 009 (Lismore/Grafton/Casino region)

Nicola Barker 0437 031 743 (Coffs Harbour region)

Jessica Morris 0439 568 072 (Port Macquarie/Kempsey region)

After Hours/Weekends/Escalation:

Marni Tuala 0408 968 710 (region wide)

The Public Health Unit and/or the NCPHN Aboriginal Health Team will ensure notification is made to the relevant AMS/GP to activate the Response Framework.

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Appendix 2: NCPHN COVID-19 Privacy and confidentiality procedure for Aboriginal people

1. Procedure Statement

This document describes NCPHN's procedure regarding the collection, hold, use, disclosure of and access to personal information, including health information, to protect the personal privacy of people who receive support through the NCPHN COVID-19 Response Framework for Aboriginal Communities across the North Coast. This document aligns with NCPHN Policy – Information Privacy and Health Record Management. NCPHN respects and upholds the right to privacy protection under the Privacy Act 1988 (Cth) ("Privacy Act"), the Privacy Amendment (Private Sector) Act 2000, Privacy Amendment (Enhance Privacy Protection) Act 2012, the Australian Privacy Principles (APPs), and the Health Records and Information Privacy Act 2002 (NSW).

2. Background

In Australia, information privacy is regulated under the Privacy Act and is complemented by the APPs. The Privacy Act addresses the protection of a person's personal information, that is, information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent or can reasonably be ascertained from the information or opinion. The Privacy Act regulates how personal information is handled. For example, it covers the collection, use, disclosure and accuracy of personal information an organisation holds, including a person's general right to access their personal records.

3. Principles of collection and storing personal information

3.1 Principles

The following principles must be considered when implementing this procedure:

1. The collection and use of personal, health and sensitive information must relate directly to the legitimate purposes of NCPHN.
2. NCPHN Aboriginal Health Team staff will only request information that is entirely necessary to provide support as outlined in the NCPHN COVID-19 Response Framework for Aboriginal Communities on the North Coast.
3. Wherever possible, personal information will be removed from all documentation, accommodation bookings, etc.
4. Information that is required to be stored under accordance with the Privacy Act will be kept in a secure file accessible only by the Aboriginal Health Team.
5. Individuals must be aware of, or informed of, the purposes for which personal and health information is obtained and verbal consent given.
6. NCPHN will take all reasonable measures to store personal and health information securely.
7. De-identified data will be used in all methods of reporting.
8. Third party access to personal and health information may only be granted in accordance with the APPs and NCPHN policy.
9. NCPHN will observe the APPs and the Privacy Act.

Please contact us if you would like a copy of the full policy - *NCPHN Policy – Information Privacy and Health Record Management*.

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Appendix 3: Response Framework for Aboriginal People With Positive Diagnosis of COVID-19 on the North Coast – GP Information

1. Purpose

To ensure Aboriginal communities on the North Coast have access to culturally safe education and resources to enable preparedness and awareness around COVID-19; and to respond effectively and in a timely way when an Aboriginal person tests positive with COVID-19.

2. NCPHN COVID-19 Procedure for Aboriginal Communities across the North Coast

The eligibility for activation of the response procedure is: an Aboriginal and/or Torres Strait Islander person or; a *non-Indigenous person who is normally part of the household of an Indigenous person*, residing within the North Coast Primary Health Network footprint, and has a positive COVID-19 test that **can not** self-isolate in their own home. Level of support assessed on case by case basis by NCPHN Aboriginal Health Team.

Notification and activation of procedure:

Please contact the NCPHN team as soon as a case of COVID-19 in an eligible Aboriginal person or person residing in a household with other Indigenous members is confirmed (this will trigger the COVID-19 response for Aboriginal Communities across the North Coast).

GP to contact North Coast Primary Health Network Aboriginal Health Team member who will ensure support is provided to patients as required.

Noell Burgess 0419 281 068 (Tweed/Ballina region)

Djaan Jarrett 0431 212 009 (Lismore/Grafton/Casino region)

Nicola Barker 0437 031 743 (Coffs Harbour region)

Jessica Morris 0439 568 072 (Port Macquarie/Kempsey region)

After Hours/Weekends/Escalation:

Marni Tuala 0408 968 710 (region wide)

Some examples of support that may be available for eligible Aboriginal and/or Torres Strait Islander people with a positive COVID-19 diagnosis include:

- Temporary accommodation to assist with self-isolation if it's not possible in their usual family home (this will be assessed by NCPHN on a case by case basis).
- Assistance with transport to attend alternative accommodation to self-isolate if required.
- Support on cleaning requirements for the home if a family member has had a positive diagnosis of COVID-19.
- Support with accessing food/medicine and other care required.

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10. References

Australian Institute of Health and Welfare 2010. Contribution of chronic disease to the gap in adult mortality between Aboriginal and Torres Strait Islander and other Australians. Cat. No. IHW 48. Canberra: AIHW.

Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units
www.health.gov.au/?utm_source=health.gov.au&utm_medium=callout&utm_content=404&utm_campaign=digital_transformation

Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements

[www1.health.gov.au/internet/main/publishing.nsf/Content/DD8490093CA39594CA25834D0014EF99/\\$File/Nat-CD-Plan-Nov18.pdf](http://www1.health.gov.au/internet/main/publishing.nsf/Content/DD8490093CA39594CA25834D0014EF99/$File/Nat-CD-Plan-Nov18.pdf)

NSW Health 2020. Guidance for managers and staff at hotels and other accommodation facilities hosting people in COVID-19 quarantine isolation

www.health.nsw.gov.au/Infectious/diseases/Pages/covid-19-hotels-and-accommodation-facilities.aspx

Department of Health 2020. Coronavirus (COVID-19) information for hotels and hotel staff

www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-for-hotels-and-hotel-staff-coronavirus-covid-19-information-for-hotels-and-hotel-staff_2.pdf