



Australian Government

COVIDSAFE

REMOTE FRAMEWORK – CONDITIONS FOR EASING REMOTE AREA TRAVEL RESTRICTIONS

Conditions	Considerations	Key partners
Internal Considerations		
1. Epidemiological Situation		
Surveillance	<p>Focus surveillance efforts on the biosecurity area (i.e. geographical areas with frequent contact, including cross-jurisdictional areas).</p> <p>Well established surveillance mechanism:</p> <ul style="list-style-type: none"> informed by the <i>Interim National Guidance for remote Aboriginal and Torres Strait Islander communities for COVID-19</i>; tailored to community need and readiness; and with good representation of whole community. <p>Zero active cases within community OR zero cases in the community with date of onset in the last 28 days</p> <p>At least two incubation periods (28 days) since last active case in the biosecurity area.</p> <p>No community transmission in the biosecurity area, including at least 28 days since cases without epidemiological links to a confirmed case.</p> <p>Prioritised enhanced testing of all symptomatic people for Aboriginal and Torres Strait Islander and non-Indigenous populations.</p>	<p>State and territory surveillance units</p> <p>Commonwealth</p> <p>Indigenous health sector</p> <p>Public Health Units (PHU)</p>
Modelling	<p>Response plans informed by latest evidence, such as national-level remote community modelling, which found community transmission is likely established in smaller communities when first cases are detected.</p>	<p>Aboriginal Community Controlled Health Services (ACCHS¹)/Health Services Jurisdictions</p> <p>Commonwealth</p>
2. Public Health System Capacity		
System in place for evacuation	<p>Protocols in place for evacuation and repatriation, including low-acuity retrievals between local health services.</p> <p>Access to Royal Flying Doctor Service and/or other aeromedical retrieval from remote communities.</p>	<p>ACCHS/Health Services Jurisdictions</p> <p>Commonwealth</p>
Laboratory capacity and supplies	<p>Testing capacity of laboratories (public and private) under the various surveillance scenarios.</p> <p>Availability of trained staff to undertake testing.</p> <p>Availability of personal protective equipment (PPE) and laboratory consumables to support testing.</p> <p>Also see ‘Testing’ in <i>Section 3. Health Care System Capacity</i> below.</p>	<p>Jurisdictions</p> <p>Public and private laboratories;</p>
Contact Tracing capacity	<p>Staff trained to ensure culturally safe contact tracing, outbreak response capacity and coordination within ACCHS and PHUs.</p> <p>Ability to commence contact tracing and outbreak response within four hours of first confirmed case being notified to the relevant jurisdictional authority.</p> <p>Transport or telehealth mechanisms to remote communities for contact tracing teams. Identification of community links and establishment of community relationships prior to arrival.</p>	<p>ACCHS/Health Services Jurisdictions</p>

¹ ACCHS is a commonly used acronym for Aboriginal and Torres Strait Islander Health Services

Conditions	Considerations	Key partners
Access to Medicines and PPE	Established and secure supply chains of essential medicines and PPE for business as usual and surge capacity.	ACCHS/Health Services Jurisdictions Commonwealth Primary Health Networks (PHN)
3. Health Care System Capacity		
Health system status	Health system has capacity for usual healthcare needs in addition to COVID-19 related illness.	ACCHS/Health Services Jurisdictions
Response planning	Service Level Pandemic Plans (including surge and recovery) in place, and have been tested and practiced. Plans have been consulted and communicated with community throughout the process, while building and maintaining positive working relationships with key partners at all levels. Plans include risk assessments for continuing/easing restrictions as well as impact on education and other services. Local, regional and jurisdictional plans are: well-coordinated; evidence based; agreed with key partners; sufficiently resourced; and available. Governance arrangements for plans are clear to all including local health services and community members. Commonwealth and jurisdictional roles for outbreak response agreed. Specific plans for vulnerable sub-population groups (e.g. people with disabilities) established and tested, e.g. including risk assessments for continuing/easing restrictions.	ACCHS/Health Services Jurisdictions
Access to Primary Healthcare	Consider implications of current restrictions on access to other types of health care e.g. renal units and support units.	ACCHS/Health Services Jurisdictions
Hospital surge capacity	Jurisdiction has capacity and surge ability on bed states, including Intensive Care Unit (ICU) beds and patients requiring ventilation/ extracorporeal membrane oxygenation (ECMO), where available. Jurisdiction has agreed surge capacity for all Aboriginal and Torres Strait Islander primary healthcare including ACCHSs.	Jurisdiction/Health Services
Surge workforce capacity	Maximise local intelligence, capacity and cultural capability through upskilling existing workforce. Escalation/communication paths and management teams in place to rapidly deploy response, including agreed high-level approach with Royal Flying Doctor Service (RFDS), ASPEN Medical or GP Fly-In Respiratory Clinics. Consideration of Australian Medical Assistance Teams (AUSMAT) / Department of Defence if jurisdiction cannot respond. Ensure cultural safety is maintained. Scale-up safe on site accommodation.	ACCHS/Health Services Jurisdictions Commonwealth
System in place for isolation	Isolation and quarantine arrangements in place. Ensure food security. Support for mental health and social welfare, e.g. Aboriginal Liaison Officers or other check ins.	ACCHS/Health Services Jurisdictions
Workforce training	Identify skill gaps. Resource and provide required training, e.g. infection control and prevention, laboratory testing. Utilise surge capabilities if required.	ACCHS/Health Services Jurisdictions
Provision of health consumables	Ensure adequate stockpiles of pharmaceuticals and PPE for outbreak response and business as usual. Logistics in place (e.g. flights and transport vehicles) for additional pharmaceuticals and PPE.	ACCHS/Health Services Jurisdictions/RFDS PHNs
Testing	Community access to safe and timely collection, transport and processing of COVID-19 specimens. Test results for suspected cases available in 48 hours or less. If test results are not available for 48 hours or more, ability to isolate suspect cases and quarantine contacts, with safe isolation facilities in or outside community (including timely early evacuation) and transport mechanisms agreed and available.	ACCHS/Health Services Jurisdictions Commonwealth

Conditions	Considerations	Key partners
Access to business as usual care	Continued primary healthcare support via telehealth where possible, e.g. methadone, wound care. Availability of influenza and pneumococcal vaccines. Access to treatment, monitoring and support for acute, chronic or mental health conditions.	ACCHS/Health Services Jurisdictions
4. Local Decision Making Capacity		
Identified communities	Community COVID-19 Response Plans informed by recent public health evidence in place. Include risk assessments for continuing/easing restrictions. Plans have been tested and practiced with communities and key stakeholders. Roles and responsibilities with key partners clear. Measures tailored to individual communities based on capacity and situation. Community capacity to swiftly and independently restrict / limit access to community, informed by public health, with support from compliance staff, health and other key partners if cases increase.	Communities ACCHS/Health Services Jurisdictions Land Councils
Acceptability of public health measures	Timely, accessible and consistent community messaging, including a rationale for decisions made. Mechanisms for communication with community e.g. social media, local radio prior to implementation of or changes to measures. Jurisdictions continue to provide transparent public health advice to communities for informed decision-making.	Communities ACCHS/Health Services Jurisdictions
Cultural considerations	Regions and communities have a meaningful say in whether to maintain or enhance restriction measures. Adjustments to restrictions balance public health with funeral, cultural and social practices, including support for social distancing and hand hygiene. Gaps in information are understood and addressed. Encourage Environmental Health input.	Communities ACCHS/Health Services Jurisdictions Commonwealth
Personal practices	Community COVID-19 Response Plans include mechanisms to prevent transmission through physical distancing; personal hygiene practices (hand washing, cough etiquette, health hardware, and soap); compliance with quarantine; and, individuals' ability to recognise / understand signs and symptoms. Jurisdictions to ensure messaging remains consistent on the importance of physical distancing and personal hygiene practices.	Communities ACCHS/Health Services Individuals
External Considerations		
Travel restrictions – border closures	Risk assessment for lifting of interstate border restrictions, e.g. children returning to/from boarding school. Consider additional community restrictions for quarantine and isolation as entry or service engagement conditions.	Communities ACCHS/Health Services Jurisdictions
Travel restrictions – tourism	Plans for easing biosecurity measures in tourist hotspots (in particular Broome, Kimberly, NT national parks) account for community leadership concerns regarding increased risk of transmission from tourists to remote communities and increased burden on local services.	Communities/Regions Jurisdictions
Flu vaccination requirements	Consider mandatory for those travelling into community. Promote widespread community vaccination. Ensure adequate supply and availability of staff qualified to administer vaccinations.	Jurisdictions Commonwealth - NIP
Communication mechanisms	Communication about national and local restriction conditions, including rationale for geographical variation and adjustment or continuation. Local communication to tourists and workers about travel restrictions to certain areas or communities. Communication with community aligns with national and local announcements.	Commonwealth Jurisdictions Affiliates Local Leaders
Public institutions	Risk management plans in public institutions/residential facilities, e.g. hospitals, prisons, shelters, hostels.	Jurisdictions
Governance		
Structures in place	Where applicable, ACCHS engaged in relevant outbreak control structures including PHNs and emergency planning and to strengthen relationships between government and local communities. Clearly established role for Affiliates and Land Councils in emergency planning, community engagement and response.	Jurisdictions Land Councils Affiliates Commonwealth