



# *Aboriginal and Torres Strait Islander Community Controlled Health Services Pandemic Response Toolkit*

**PREPARING A COMPREHENSIVE PLAN AND RESPONSE TO PANDEMICS**

## Acknowledgement of Country

QAIHC would like to acknowledge and honour the Traditional Owners of the land and waterways of Brisbane and Cairns; where our offices are located.

We recognise their continuing connection to these lands and waters, and thank them for protecting this country and its ecosystems since time immemorial.

We acknowledge and wholly support all Traditional Owners for their continuing connection to this country and their communities.

We pay respect to them and to their Elders past, present and emerging.

### *Acknowledgments*

- This Toolkit was initially developed by the Aboriginal Health & Medical Research Council (AH&MRC) with input from the Winnunga Nimmityjah Aboriginal Health Service Influenza Pandemic Plan (2015), the Royal Australasian College of General Practitioners Pandemic Influenza Preparedness Toolkit (2014), the NSW Health Influenza Pandemic Plan (2016) and Professor James Ward. This Toolkit was adapted by the Queensland Aboriginal and Islander Health Council (QAIHC) for use in Queensland.
- Galangoor Duwalami Aboriginal Community Controlled Health Services for their adaptation of the Toolkit.



## Background

The ATISCCHO Pandemic Response Toolkit (the Toolkit) may be useful for Member Services in planning for and responding to pandemics.

### **The Toolkit should be used in conjunction with:**

- Advice from Queensland and Commonwealth pandemic response teams
- Supporting documents from the Queensland Aboriginal and Islander Health Council (QAIHC)
- Supporting documents from AH&MRC
- Local Hospital and Health Service (HHS) and Public Health Unit (PHU) pandemic response teams and guidelines, including with reference to local disaster management plans

## ACTION

Member Services should develop and/or review their own pandemic plans

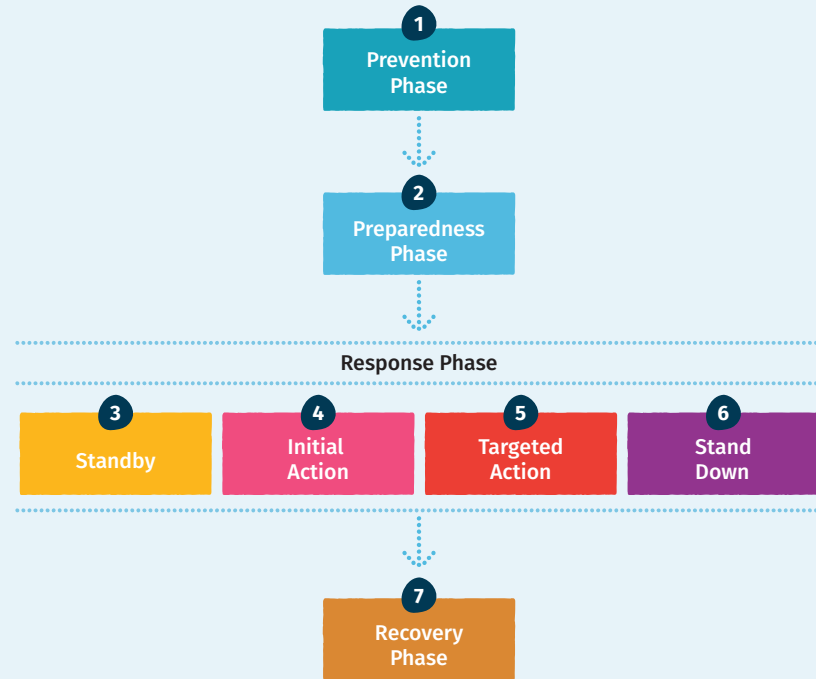
In response to the recent announcement of the Queensland borders reopening on or before 17th December 2021, COVID-19 is soon to be introduced into Queensland and Member Services will need to prepare for 'living with COVID'.

Due to lower COVID-19 vaccination coverage rates for Aboriginal and Torres Strait Islander peoples living in Queensland, COVID-19 is likely to disproportionately impact the Aboriginal and Torres Strait Islander Community Controlled Health Sector. An escalation in pandemic emergency preparedness is urgently required with the need to ensure adequate clinical governance procedures, including policy, procedures and clinical guidelines, are in place to both respond to the pandemic and for business continuity planning.

Inadequate government resourcing to the ATSI CCHO Sector is a major obstacle and the recruitment of workforce remains challenging for many Member Services. This will be further exacerbated by national plans for the triage of COVID-19 positive 'well' patients to be managed by ATSI CCHOs and GPs in the delivery of day-to-day comprehensive primary health care where monitoring of symptoms and escalation of deterioration of patients in the community will be expected.

## ACTION

Services should link in with the HHS, state and national-level responses and include actions for each stage of the pandemic response as per the diagram below:



## Key Contact Details

| DEPARTMENT/TEAM                    | NAME/S | CONTACT DETAILS |
|------------------------------------|--------|-----------------|
| Local Public Health Unit           |        |                 |
| Local Disaster Management Group    |        |                 |
| District Disaster Management Group |        |                 |
| Primary Health Network             |        |                 |
| QAIHC                              |        |                 |

# Checklist Template

Member Services can adapt this checklist to develop their own local response plans to a pandemic.

## 1. Prevention Phase

### 2. Preparedness Phase

- a. Planning
- b. Resources
- c. Identification
- d. Communication
- e. Governance & Business Continuity

### 3. Standby (Response Phase)

- a. Preparing to commence enhanced arrangements
- b. Identification
- c. Communication
- d. Governance & Business Continuity

### 4. Initial Action (Response Phase)

- a. Preparing and supporting initial patients
- b. Identification
- c. Communication
- d. Governance & Business Continuity

### 5. Targeted Action (Response Phase)

- a. Continuation of response
- b. Communication
- c. Governance & Business Continuity

### 6. Stand Down (Response Phase)

- a. Transitioning
- b. Resources
- c. Identification
- d. Communication
- e. Governance & Business Continuity

### 7. Recovery Phase

- a. Resumption of non-pandemic services
- b. Resources
- c. Communication
- d. Governance & Business Continuity

## Pandemic Response Team (TEMPLATE)

| Department/Team                           | Staff Names | Role |
|---|-------------|------|
| Management                                |             |      |
| Medical Triage and Assessment             |             |      |
| Service Delivery                          |             |      |
| Administration                            |             |      |
| Maternal & Child Health                   |             |      |
| Chronic Disease Management & Coordination |             |      |
| CQI / Quality / Risk Management           |             |      |
| Communications                            |             |      |
|   |             |      |
|   |             |      |
|   |             |      |
|   |             |      |
|   |             |      |

# PPE Clinical Supplies

| CLINICAL SUPPLIES                   | QUANTITY | EXPIRY DATE | NOTES |
|-------------------------------------|----------|-------------|-------|
| Plastic aprons                      |          |             |       |
| Gowns                               |          |             |       |
| P2 masks                            |          |             |       |
| N95 masks                           |          |             |       |
| Goggles/glasses                     |          |             |       |
| Face shields                        |          |             |       |
| Gloves                              |          |             |       |
| Respiratory viral swabs             |          |             |       |
| Alcohol hand rub                    |          |             |       |
| Tissues                             |          |             |       |
| Paper linen for examination couches |          |             |       |
| Cleaning products                   |          |             |       |
| Rubbish bins                        |          |             |       |
| Bin liners                          |          |             |       |



## 1. Prevention Phase

- Almost all activities to prevent a new pandemic disease occurs beyond the scope of an individual Member Service.
- At the primary care level, Member Services can contribute to prevention activities by:
  - Contributing to disease surveillance
  - Maintaining infection prevention and control standards

## 2. Preparedness Phase

### 2 A – PLANNING

| ACTION   | DETAILS  | WHEN | WHO |
|--|--|------|-----|
| <p><b>Allocate pandemic leadership roles</b></p> | <p><b>Pandemic Coordinator</b><br/>Roles may include:</p> <ul style="list-style-type: none"> <li>• Develop the Service pandemic plan and integrate the pandemic plan into the Service overall business continuity plan</li> <li>• Undertake appropriate education or training to fulfil the role and review relevant and current state and national pandemic guidelines and material</li> <li>• Monitor latest developments through communication with QLD Health, QAIHC and RACGP and obtain regular advice from QLD Health regarding management of pandemic</li> <li>• Reallocate staff roles based on pandemic response team</li> <li>• Manage stockpiles for clinical and non-clinical equipment (including Personal Protective Equipment – PPE)</li> <li>• Establish and maintain infection control measures and principles</li> <li>• Hold regular practice team meetings to discuss pandemic planning and management, including identifying barriers to an effective response such as through a SWOT analysis</li> <li>• Identify key stakeholders, initiate contact and maintain relationships (see ‘partnerships’ below)</li> <li>• Identify and establish processes for communicating with the public and at-risk patient groups</li> <li>• Provide the practice team with ongoing training regarding the pandemic plan</li> </ul> <p>Partnerships to establish may include:</p> <ul style="list-style-type: none"> <li>• Elders, Land Councils, social support groups, local champions</li> <li>• QAIHC</li> <li>• HHS</li> <li>• Other ATSI/CHOs in the region</li> <li>• PHU</li> <li>• Local hospitals and EDs, GPs, pharmacies, community nursing teams</li> <li>• Local diagnostics and pathology services</li> <li>• PHN</li> <li>• Clinical and non-clinical supplies companies</li> <li>• LDMG</li> <li>• DDMG</li> </ul> |      |     |

## 2 A – PLANNING

| ACTION  | DETAILS   | WHEN | WHO |
|---|---|------|-----|
| <b>Education to minimise spread of infection</b>                | <b>Staff</b><br>Educate all staff on: <ul style="list-style-type: none"> <li>• Clinical features of the pandemic disease and features of the Service pandemic plan</li> <li>• Hand hygiene procedures</li> <li>• Standard precautions when dealing with blood, body fluids, non-intact skin and mucous membranes and transmission-based precautions and correct usage and disposal of PPE, including:               <ul style="list-style-type: none"> <li>• Contact: Gloves, gowns, disposable plastic aprons, distancing</li> <li>• Droplet: Surgical masks, protective eyewear (goggles, face shield), distancing</li> <li>• Airborne: P2/N95 masks, protective eyewear, minimising exposure to other patients by variable scheduling, avoidance of aerosolising procedures</li> </ul> </li> </ul> |      |     |
|   | <b>Patients</b><br>Education / Promotion using: <ul style="list-style-type: none"> <li>• Posters around the practice regarding: Breathing and respiratory hygiene, cough etiquette, and hand hygiene</li> <li>• Encouraging uptake of seasonal flu vaccination</li> <li>• Practical ways they can bring infection control into their own home environments</li> </ul>   |      |     |
|   | <b>Community</b> <ul style="list-style-type: none"> <li>• Promote awareness and key messages to Community wherever possible (see Response Phase for more information)</li> <li>• Regular updates to and consultation with the Board regarding current status and approach</li> <li>• Share key messages on social media</li> <li>• Posters at entrance to service/in waiting room – ensure patients who feel unwell know what to do, where to go, how to care for themselves and others</li> <li>• Consider other options for communication – community radio, school and sporting networks</li> </ul>  |      |     |
| <b>Developing and maintaining a staff immunisation register</b> | <ul style="list-style-type: none"> <li>• Pandemic coordinator should keep a register of staff immunisation for COVID-19 and influenza that is readily available and easy to access</li> <li>• Consultation with all staff about mandatory vaccination requirements for health settings by December 15th 2021</li> </ul>   |      |     |

## 2 A – PLANNING

| ACTION   | DETAILS   | WHEN | WHO |
|--|---|------|-----|
| <b>Patient screening and triage system for COVID-19 patients</b>             | <ul style="list-style-type: none"> <li>• Develop and maintain treatment algorithm or checklist, including for early recognition by patients and reception staff</li> <li>• Please see QLD Health website for further information about COVID-19</li> <li>• Changes are emailed to staff updating on changes in COVID-19 screening and triage processes</li> <li>• Administration team to ask all patients if they are unwell when they are booking or confirming appointments</li> <li>• All staff aware of COVID-19 screening questions and appropriate management of responses</li> <li>• Update of all signage and questionnaires</li> </ul> |      |     |
| <b>Provision for isolation and quarantining of symptomatic patients</b>      | <ul style="list-style-type: none"> <li>• Arrange a separate, designated reception area for symptomatic patients during a pandemic</li> <li>• Create appropriate posters and signage directing patients to appropriate isolation areas</li> <li>• Designate rooms for managing patients with influenza like symptoms</li> <li>• Designate staff for managing influenza patients during a pandemic</li> <li>• Ensure staff assigned to these duties have appropriate training in use of PPE and cleaning requirements</li> </ul>  |      |     |
| <b>Provision of COVID-19 testing</b>   | <ul style="list-style-type: none"> <li>• Appropriate management procedures in place for patients requesting a COVID-19 test or declaring at-risk symptoms once past screening and triage processes</li> <li>• Management pathway for patients requiring a COVID-19 test who are unable to attend a fever clinic</li> </ul>  |      |     |
| <b>Identification and management of at-risk patients with co-morbidities</b> | <ul style="list-style-type: none"> <li>• Identify at-risk patients and develop strategies to prevent infection and manage concurrent illnesses</li> <li>• Ensure adequate supply of all medications for patients with co-morbidities</li> <li>• Provide phone consultations with specialist services to ensure continuity of care (e.g. telehealth)</li> <li>• Complete QAIHC Family Planning booklet with clients</li> </ul>   |      |     |
| <b>Mental health and psychosocial support</b>                                | <ul style="list-style-type: none"> <li>• Consider avenues for access to mental health and psychosocial support for at-risk groups, including staff</li> <li>• Consider assessment of clients ability to self-isolate if required</li> </ul>   |      |     |

## 2 B – RESOURCES

| ACTION  | DETAILS   | WHEN        | WHO |
|---|---|-------------|-----|
| <b>Establish and review stockpiles of PPE</b> | <ul style="list-style-type: none"> <li>• Have four weeks supply of hand hygiene products, tissues and PPE</li> <li>• Conduct regular expiry date checks (e.g. P2/N95 masks)</li> <li>• Conduct regular audit of PPE stock</li> <li>• Liaise with PHN and QLD Health to ensure adequate supplies</li> <li>• Determine emergency supply protocol for more PPE if needed</li> <li>• Ensure staff are fit tested for P2/N95 masks and adequate supplies of individual requirements</li> </ul>                                   | Fortnightly |     |
| <b>Vaccination supplies</b>                   | <ul style="list-style-type: none"> <li>• Ensure COVID-19 vaccination orders are placed regularly</li> <li>• Ensure COVID-19 supply chain is monitored</li> <li>• Have seasonal vaccine stock for staff and vulnerable patients</li> <li>• Conduct expiry date and vaccination fridge temperature check</li> <li>• Ensure adequate storage and storage conditions</li> <li>• Determine the protocol for obtaining additional COVID-19 vaccine stock from QLD Health or Australian Government Department of Health</li> </ul> | Per legal   |     |
| <b>Anti-viral supplies</b>                    | <ul style="list-style-type: none"> <li>• Monitor progress if supplies become available for primary care</li> <li>• Liaise with QLD Health regarding protocols if required</li> </ul>  |             |     |
| <b>Hand gel</b>                               | <ul style="list-style-type: none"> <li>• Convenient location of hand wash dispensers e.g. workstations, reception and patient waiting areas, consultation and treatment rooms, staff meeting rooms</li> </ul>   |             |     |
| <b>Community resources</b>                    | <ul style="list-style-type: none"> <li>• Collaborate with other health care providers to ensure continuity of care and sufficient equipment in the event of a shortage during a pandemic</li> <li>• Maintain relationship with pharmacies for extra prescription load</li> <li>• Pathology services in the event of increased load during a pandemic</li> </ul>   |             |     |

## 2 C – IDENTIFICATION

| ACTION  | DETAILS  | WHEN | WHO |
|---|--|------|-----|
| <b>Preparation for patients with COVID-19</b> | <ul style="list-style-type: none"> <li>• Ensure timely receipt of the QLD Health or</li> <li>• Review and optimise collection and referral processes for pathology laboratories</li> <li>• Consider obtaining point-of-care testing if viable, and conducting the necessary training</li> <li>• Consider creating a policy regarding safe delivery of vaccines from a multi-dose vial based on guidelines released by QLD Health and RACGP, and conduct training if appropriate</li> </ul> |      |     |
| <b>Data collection</b>                        | <ul style="list-style-type: none"> <li>• Establish and maintain systems to collect pandemic infection data within your Service, including a case register</li> <li>• Educate other clinicians and staff about processes in place to collect data</li> <li>• During the pandemic 'standby' phase, recommend the creation of de-identified weekly reports</li> </ul>   |      |     |

## 2 D – COMMUNICATION

| ACTION   | DETAILS   | WHEN | WHO |
|--|---|------|-----|
| <b>Communication strategy</b>  | <ul style="list-style-type: none"> <li>• Develop a strategy for establishing and maintaining communication with staff, patients, and external stakeholders (see 'systems for communication' below)</li> <li>• Standardise the format of communication, including for example: what we know; what we don't know; what we're doing; when the next update will be released; time and date</li> </ul> |      |     |
| <b>Contact lists of other healthcare providers in multiple formats</b> | <ul style="list-style-type: none"> <li>• Maintain up-to-date contact lists in multiple formats (electronic and hard copy) of key stakeholders.</li> </ul>   |      |     |

## 2 E – GOVERNANCE AND BUSINESS CONTINUITY

| ACTION                             | DETAILS  | WHEN | WHO |
|------------------------------------|--|------|-----|
| <b>Integration into the system</b> | <ul style="list-style-type: none"> <li>• Maintain contact with QAIHC and QLD Health for advice regarding: Planning, laws and regulations, and data collection during a pandemic</li> <li>• Understand the roles and responsibilities that the different agencies and organisation play with regards to governance and management during a pandemic</li> <li>• Ensure that the Service plan correlates with national and QLD guidelines</li> <li>• Review and update the Service plan</li> <li>• Community evaluation to ensure interventions are acceptable to the Aboriginal and Torres Strait Islander community</li> <li>• Identify local pandemic response committees and governance structures, and ensure ATSIICCHO sector engaged</li> <li>• QAIHC support to consider informing funding bodies of potential need to pause reporting and business as usual arrangements to allocate resources to pandemic management</li> </ul> |      |     |
| <b>Human resources</b>             | <ul style="list-style-type: none"> <li>• Train staff in alternative roles to prevent interruption to service delivery due to staff absenteeism</li> <li>• Establish policies for employee compensation and sick leave absences</li> <li>• Manage staff exposed to the pandemic and develop policies regarding return to work for previously infected staff members</li> <li>• Identify services that can be downsized or closed if required during a pandemic that will minimise service disruption or postpone non-essential/routine consultations</li> <li>• Incorporate flexible hours and staggered shifts during pandemic</li> <li>• Identify additional potential staff for pandemic surge (e.g. local hospital casual staff, recently retired GPs and nurses)</li> </ul>  |      |     |

### 3. STAND BY (RESPONSE PHASE)

| 3 A – PREPARING TO COMMENCE ENHANCED ARRANGEMENTS |  |      |     |
|---|--|------|-----|
| ACTION  | DETAILS  | WHEN | WHO |
| <b>Await trigger of this phase by QLD Health</b>  | <ul style="list-style-type: none"> <li>This phase is triggered when warning of a pandemic has been received and is communicated by QLD Health</li> </ul>   |      |     |
| <b>Monitoring changes in disease</b>              | <ul style="list-style-type: none"> <li>Monitor appropriate communication networks regarding Australian pandemic alerts (e.g. QLD Health, RACGP health alerts, Department of Health website)</li> <li>Obtain regular advice from the QLD government regarding the management of pandemics</li> </ul>  |      |     |
| <b>Practice meeting</b>                           | <ul style="list-style-type: none"> <li>Review the pandemic plan, obtaining feedback and discussing pertinent issues with staff</li> <li>Reinforce the need for future staff meetings to review the pandemic status and provide updates on progress</li> </ul>  |      |     |
| <b>Check resources</b>                            | <ul style="list-style-type: none"> <li>Re-check the stockpiles of equipment (see Preparedness: Resources), and order if required</li> <li>Stockpiles should be sufficient for a 'severe' pandemic</li> <li>Become familiar with the protocol for obtaining pandemic vaccine (if available)</li> <li>Maintain updates in education including COVID-19 management, infection control and usage of PPE</li> </ul> |      |     |
| <b>Training for clinical staff</b>                | <ul style="list-style-type: none"> <li>Ensure staff training in infection control and pandemic protocols are up-to-date; undertake refresher courses, mini-drills, and 'dry runs' if necessary (see 'Preparedness')</li> </ul>   |      |     |
| <b>Triaging system and quarantining</b>           | <ul style="list-style-type: none"> <li>Prepare arrangements for triaging system, including allocation of staff, rooms and resources</li> </ul>   |      |     |
| <b>Patient transfer</b>                           | <ul style="list-style-type: none"> <li>Set-up patient transfer teams with equipment appropriate for pandemic</li> <li>Allocate vehicles and resources to use for transporting COVID-19 patients only</li> <li>Ensure cleaning procedures are in place for cleaning vehicles between patients</li> </ul>  |      |     |



### 3 B – IDENTIFICATION

| ACTION                               | DETAILS  | WHEN | WHO |
|--------------------------------------|--|------|-----|
| <b>At-risk patients</b>              | <ul style="list-style-type: none"> <li>Identify people at highest risk of infection to contact in the event of escalation to the 'action' phase. Depending on the pandemic infection, this may include community members with other co-morbidities.</li> </ul>   |      |     |
| <b>Case notification and tracing</b> | <ul style="list-style-type: none"> <li>Prepare to notify the Public Health Unit (PHU) of notifiable cases – know your key local contacts.</li> <li>Prepare to support PHU with contact tracing in the community</li> </ul>   |      |     |
| <b>Surveillance</b>                  | <ul style="list-style-type: none"> <li>Undertake surveillance in the practice, screening for symptoms of disease in patients</li> <li>Monitor the interstate, national and international status of the pandemic</li> </ul>   |      |     |
| <b>Managing patients at home</b>     | <ul style="list-style-type: none"> <li>Set up a system for contacting sick patients who are at home, including a computerised record of details, with referral processes to HHS and other community supports as needed</li> <li>Monitor updates in state and national guidelines for managing COVID-19 patients at home and appropriate referral pathways</li> </ul> |      |     |

### 3 C – COMMUNICATION

| ACTION                               | DETAILS  | WHEN | WHO |
|--------------------------------------|--|------|-----|
| <p><b>Patients and community</b></p> | <ul style="list-style-type: none"> <li>• Topics of communication</li> <li>• Recognising symptoms</li> <li>• Infection prevention advice</li> <li>• Differentiating when it is appropriate for an appointment at the Service or when to present to ED</li> <li>• Quarantine and home isolation advice</li> <li>• Team approach with staff and patients</li> </ul> <p><b>Maintain systems for communication (considering cultural backgrounds, any sensory impairments, level of literacy and numeracy, and technological capabilities). Consider:</b></p> <ul style="list-style-type: none"> <li>• Posters and signs</li> <li>• Fact sheets</li> <li>• Email and mailing systems</li> <li>• Website and social media bulletins</li> </ul>   |      |     |
| <p><b>Mental health support</b></p>  | <ul style="list-style-type: none"> <li>• Consider mental health support for both patients and staff, especially in dealing with anxiety and stress and including issues around quarantine or home isolation.</li> <li>• Prepare to institute a system once a pandemic has been confirmed and the action phase commences</li> <li>• Encourage self-reporting of mental health concerns</li> <li>• Set up mental health support clinics consisting of a psychologist and mental health nurse</li> <li>• Identify groups (including staff) that may need psychosocial support and refer them to support organisations that could assist (e.g. Elderly and food support agencies, community nurse service)</li> <li>• Using online resources including Australian Psychology Society (APS) tip sheets for information about how to psychologically prepare for a disaster</li> </ul> |      |     |

### 3 D – GOVERNANCE AND BUSINESS CONTINUITY

| ACTION                      | DETAILS   | WHEN | WHO |
|-----------------------------|---|------|-----|
| <b>Human resources</b>      | <ul style="list-style-type: none"> <li>Review 'Preparedness: Business continuity'</li> <li>Dedicate a staff member to oversee work rosters, obtain staff availability in the event of escalation to 'action', and manage risks to staff health and wellbeing</li> <li>Ascertain the best time to schedule staff meetings to ensure maximum attendance</li> <li>Maintain systems for communication (considering cultural backgrounds, any sensory impairments, level of literacy and numeracy, and technological capabilities).</li> </ul> |      |     |
| <b>Staff roster</b>         | <ul style="list-style-type: none"> <li>Ensure adequate staffing and allow for absenteeism of staff who are sick or have sick relatives</li> </ul>   |      |     |
| <b>Services</b>             | <ul style="list-style-type: none"> <li>Prioritise available services and consider cutting back non-essential services to deal with increased demand</li> </ul>  |      |     |
| <b>Financial management</b> | <ul style="list-style-type: none"> <li>Develop a weekly financial report and seek support from QAIHC or QLD Health if required</li> </ul>   |      |     |

## 4. Initial Action (Response Phase)

### 4 A – PREPARING AND SUPPORTING INITIAL PATIENTS

| ACTION   | DETAILS  | WHEN | WHO |
|--|--|------|-----|
| <b>Await trigger of this phase by QLD Health</b> | <ul style="list-style-type: none"> <li>This phase is triggered when warning of a pandemic has been received and is given by QLD Health</li> </ul>  |      |     |
| <b>Triaging</b>                                  | <ul style="list-style-type: none"> <li>Activate triaging of patients</li> <li>Consider triaging outside or in cars to assess and reduce risk of cross-infection</li> <li>Continue phone and reception triaging and display this information to patients</li> </ul> |      |     |

### 4 B – IDENTIFICATION

| ACTION                                   | DETAILS   | WHEN | WHO |
|--|---|------|-----|
| <b>At-risk patients</b>                  | <ul style="list-style-type: none"> <li>Confirm list of vulnerable patients and ensure they receive information about COVID-19 symptoms and what action to take if unwell</li> <li>Screen these patients for symptoms</li> </ul>   |      |     |
| <b>Data collection and case register</b> | <ul style="list-style-type: none"> <li>Commence collection of relevant pandemic data within the practice</li> <li>Update case register created in 'Preparedness' with new and suspected cases</li> </ul>  |      |     |
| <b>Contact tracing</b>                   | <ul style="list-style-type: none"> <li>Consider commencement of contact tracing and reporting of COVID-19 if requested by QLD Health</li> <li>Identify persons who have been in close contact with the person diagnosed with COVID-19</li> <li>Take action depending on 'case definition' issued from QLD Health</li> <li>Action may include:               <ul style="list-style-type: none"> <li>Issuing of post-exposure prophylaxis</li> <li>Patient education of hand hygiene and symptoms to look out for</li> <li>GP/ATSIICCHO follow up for vulnerable patients</li> <li>Possible referral to hospital</li> </ul> </li> </ul> |      |     |

## 4 C – COMMUNICATION

| ACTION                             | DETAILS  | WHEN | WHO |
|------------------------------------|--|------|-----|
| Maintaining up to date information | <ul style="list-style-type: none"> <li>Continue maintaining relationships with key external stakeholders</li> <li>Receive alerts and updates from QLD Health</li> <li>Regular communication and collaboration with Aboriginal Health Workers, Aboriginal Liaison Officers</li> <li>Obtain information regarding Service patients that have been diagnosed</li> <li>Discuss with Elders in the community about stage and likely course of pandemic</li> </ul> <p><b>Staff</b></p> <ul style="list-style-type: none"> <li>Regular meetings to discuss updates and to ensure all staff are aware of the pandemic stage</li> <li>Acknowledge efforts of staff</li> <li>Identify challenges or areas for improvement or staff reallocation</li> </ul> <p><b>Patients</b></p> <ul style="list-style-type: none"> <li>Delay non-urgent or routine appointments when necessary</li> <li>Reassure and support patients to reduce anxiety</li> <li>Continue and update communication through avenues listed in Preparedness – Communications</li> </ul> <p><b>Board</b></p> <ul style="list-style-type: none"> <li>Identify and engage with local pandemic committees and governance structures</li> </ul> |      |     |

## 4 D – GOVERNANCE AND BUSINESS CONTINUITY

| ACTION                      | DETAILS   | WHEN | WHO |
|-----------------------------|---|------|-----|
| Staff allocation            | <ul style="list-style-type: none"> <li>Appoint one GP and nurse to solely manage suspected cases, with back-up staff if required</li> <li>When appointing staff for this position consider the following questions:</li> <li>Do you or your immediate family have health restrictions that may affect your ability to work during the pandemic while being exposed to suspected and confirmed cases of COVID-19?</li> <li>Are you prepared to be exposed to suspected cases of COVID-19?</li> </ul>                                 |      |     |
| Workplace health and safety | <ul style="list-style-type: none"> <li>Follow PPE escalation advice from QLD Health</li> <li>Follow Work Permissions and Restrictions Framework for Workers in Health Care Settings regarding staff management after potential COVID-19 exposure</li> <li>Develop framework supporting safe decision making when determining whether to place work restrictions, independent of quarantine, on employees after COVID-19 exposure in a health care setting in the context of sustained community transmission of COVID-19</li> </ul> |      |     |

## 5. Targeted Action (Response Phase)

### 5 A – CONTINUATION OF RESPONSE

| ACTION               | DETAILS  | WHEN | WHO |
|----------------------|--|------|-----|
| <b>Await trigger</b> | <ul style="list-style-type: none"> <li>This phase may be triggered when enough is known about the disease to tailor measures to specific needs. Targeted action is a proportionate response based on pandemic severity.</li> <li>Liaise closely with QLD Health; targeted actions may include specialty clinics, mass vaccination exercises, pre- and post-exposure prophylactic and treatment with antivirals, or pandemic-specific immunisation</li> </ul> |      |     |

### 5 B – COMMUNICATION

| ACTION          | DETAILS   | WHEN | WHO |
|-----------------|---|------|-----|
| <b>Feedback</b> | <ul style="list-style-type: none"> <li>Source feedback from staff, patients, external stakeholders</li> <li>Update patients through communication avenues utilised in the initial plan</li> </ul> |      |     |

### 5 C – GOVERNANCE AND BUSINESS CONTINUITY

| ACTION                      | DETAILS  | WHEN | WHO |
|-----------------------------|--|------|-----|
| <b>Analysis of response</b> | <ul style="list-style-type: none"> <li>Review pandemic plan, obtain and discuss feedback – are the measures appropriate to the level of response required? Should they be scaled up or down?</li> <li>Consider: triage, physical layout of clinic and patient flow, staffing PPE, stockpiles, clinical management and communication strategies.</li> </ul> |      |     |

## 6. Stand Down (Response Phase)

| 6 A – TRANSITIONING                   |  |                      |     |
|---------------------------------------|--|----------------------|-----|
| ACTION                                | DETAILS  | WHEN                 | WHO |
| Await trigger                         | <ul style="list-style-type: none"> <li>There is a QLD Health decision that the pandemic can be managed under usual arrangements.</li> <li>Stand Down activities focus on: supporting and maintaining quality care, ceasing activities that are no longer needed, monitoring for a second wave of the outbreak, evaluating systems and revising plans and procedures</li> </ul> | Regularly            |     |
| Triage, quarantine and infrastructure | <ul style="list-style-type: none"> <li>Transition triage system and practice set-up to non-pandemic arrangement; cease quarantine if appropriate</li> </ul>  | Within 2 weeks       |     |
| Patient transfer                      | <ul style="list-style-type: none"> <li>Transition patient transfer to routine processes</li> </ul>   | Within 2 weeks       |     |
| 6 B – RESOURCES                       |  |                      |     |
| ACTION                                | DETAILS  | WHEN                 | WHO |
| Resources                             | <ul style="list-style-type: none"> <li>Assess the status of resource stockpiles and replenish as appropriate</li> </ul>  | Within 2 weeks       |     |
| Vaccination                           | <ul style="list-style-type: none"> <li>Transition from pandemic to seasonal vaccination program</li> </ul>   | Within 2 weeks       |     |
| 6 C – IDENTIFICATION                  |  |                      |     |
| ACTION                                | DETAILS  | WHEN                 | WHO |
| Surveillance and case notification    | <ul style="list-style-type: none"> <li>Monitor for a second wave or viral mutation, and continue case notification system if there is a second wave</li> <li>Attempt to identify any pandemic patients that have missed follow-up due to strain on resources</li> </ul>  | For at least 1 month |     |
| At-risk patients                      | <ul style="list-style-type: none"> <li>Endeavour to contact patients at higher risk to inform of state of pandemic and encourage reporting of any new symptoms of influenza</li> </ul>   | Immediately          |     |
| Contact tracing                       | <ul style="list-style-type: none"> <li>Complete any unfinished contact tracing if needed in collaboration with QLD Health</li> </ul>   | Within 1 month       |     |
| Affected patients                     | <ul style="list-style-type: none"> <li>Follow up any diagnosed patients and review current symptoms and management</li> </ul>  |                      |     |

## 6 D – COMMUNICATION

| ACTION                | DETAILS   | WHEN             | WHO |
|-----------------------|---|------------------|-----|
| Staff                 | <ul style="list-style-type: none"> <li>Advise the transition to normal non-pandemic arrangements</li> <li>Thank staff for their engagement in the response</li> </ul>   |                  |     |
| Patients              | <ul style="list-style-type: none"> <li>Notify the community that services will transition to normal arrangement and why this is so</li> <li>Thank community for their understanding and engagement in the response</li> <li>Ensure the community understands the virus is still circulating and they should continue personal protective measures</li> <li>Communicate through avenues previously utilised in pandemic</li> <li>Remove posters and signage</li> </ul> |                  |     |
| Mental health support | <ul style="list-style-type: none"> <li>Continue mental health support</li> </ul>  | At least 1 month |     |
| Social health team    | <ul style="list-style-type: none"> <li>Continue social worker support for the community</li> </ul>  | At least 1 month |     |

## 6 E – GOVERNANCE AND BUSINESS CONTINUITY

| ACTION              | DETAILS   | WHEN           | WHO |
|---------------------|---|----------------|-----|
| Staff roster        | <ul style="list-style-type: none"> <li>Reduce staff load to seasonal arrangement and allowing staff to take leave when appropriate</li> </ul> | Weekly         |     |
| Business continuity | <ul style="list-style-type: none"> <li>Resume non-urgent work, and non-essential services that were cut back</li> </ul>                       | Within 1 week  |     |
| Financial report    | <ul style="list-style-type: none"> <li>Generate financial report and review expenditure during the pandemic</li> </ul>                        | Within 1 month |     |



## 7. Recovery Phase

### 7 A – RESUMPTION OF NON-PANDEMIC SERVICES

| ACTION                   | DETAILS   | WHEN          | WHO |
|--------------------------|---|---------------|-----|
| <b>Await trigger</b>     | <ul style="list-style-type: none"> <li>QLD Health will notify of de-escalation from the response phase.</li> <li>Note the 'Recovery Phase' begins at the beginning of the pandemic – that is, each Service should consider the aspects of recovery throughout each phase of the pandemic response.</li> </ul> | Weekly        |     |
| <b>Services</b>          | <ul style="list-style-type: none"> <li>Recommence community programs, outreaches or involvements that were put on hold during the pandemic</li> </ul>   | Immediately   |     |
| <b>Affected patients</b> | <ul style="list-style-type: none"> <li>Continue follow-up with affected patients and families with regards to mental and physical health</li> <li>Screen for potential complications of COVID-19 infection</li> </ul>   | Immediately   |     |
| <b>Staff</b>             | <ul style="list-style-type: none"> <li>Ensure optimal physical and mental health of staff before returning to normal work routines</li> <li>Consider offering services, compensation, or time in lieu to staff greatly affected from dealing with the pandemic</li> </ul>                                     | Within 1 week |     |

### 7 B – RESOURCES

| ACTION            | DETAILS  | WHEN        | WHO |
|-------------------|--|-------------|-----|
| Infection control | <ul style="list-style-type: none"> <li>Continue assessing PPE stock levels (should have four weeks of stock)</li> </ul>  | Immediately |     |
| Vaccination       | <ul style="list-style-type: none"> <li>Promote vaccination to all patients still yet to receive vaccine, particularly at risk group</li> <li>Advise QLD Health/TGA about any reported adverse events to vaccination</li> </ul> | Immediately |     |

## 7 C – COMMUNICATION

| ACTION                         | DETAILS   | WHEN           | WHO |
|--------------------------------|---|----------------|-----|
| <b>Patients</b>                | <ul style="list-style-type: none"> <li>Resumption of non-pandemic services</li> <li>Communicate through previously used avenues</li> </ul>  | Immediately    |     |
| <b>Staff</b>                   | <ul style="list-style-type: none"> <li>Service staff meeting to discuss the move into the recovery phase, and analyse pandemic planning and response</li> <li>Incorporate suggestions to improve pandemic planning and response</li> <li>Discuss cases that occurred during the pandemic that require social worker support and how they can be assisted in their recovery</li> </ul>   | Within 4 weeks |     |
| <b>Data and statistics</b>     | <ul style="list-style-type: none"> <li>Record pandemic influenza statistics to enable pandemic plan analysis and evaluation, and contribute to research and policies</li> <li>Report statistics to QLD Health</li> </ul>  | Within 6 weeks |     |
| <b>Reporting to government</b> | <ul style="list-style-type: none"> <li>Report to QAIHC and QLD Health and other relevant government bodies regarding the impact of the pandemic on the Service to adapt pandemic guidelines and improve resource distribution in the future</li> <li>Make contact with services responsible for coordinating community recovery from a pandemic</li> <li>Communicate with various volunteer and community organisations designated to assist in the pandemic</li> </ul> | Within 6 weeks |     |

## 7 D – GOVERNANCE & BUSINESS CONTINUITY

| ACTION                      | DETAILS   | WHEN           | WHO |
|-----------------------------|---|----------------|-----|
| <b>Business model</b>       | <ul style="list-style-type: none"> <li>Finalise financial report concerning the impact of the pandemic on service finances and future options to improve business continuity plans and resource consumption during a pandemic</li> </ul>  | Within 6 weeks |     |
| <b>Analysis of response</b> | <ul style="list-style-type: none"> <li>Review pandemic plan, obtaining and discussing feedback – are the measures appropriate to the level of response required? Should they be scaled up or down?</li> <li>Consider triage, physical layout of clinic and patient flow, staffing PPE, stockpiles, clinical management and communication strategies.</li> </ul> | Within 4 weeks |     |