COVID-19 Primary Healthcare Guidance

What needs to be considered to support someone to meet requirements of isolation and quarantine?

Context

- People are required to isolate or quarantine for a range of reasons including when infected or suspected of being infected with SARS-CoV-2/COVID-19, if they have respiratory symptoms, and/or if they have epidemiological risk factors. This may include while waiting for a test result.

- People are tested in a range in different ways and settings and for different reasons. Anyone who gets tested is required to isolate until they get their result unless advised otherwise.

- Anyone with respiratory symptoms is advised to get tested and strongly advised or required to isolate at least until they receive test results unless advised otherwise.

- There are legislative requirements to comply with isolation and quarantine conditions when directed by authorised health personnel. Legal sanctions, including large fines and custodial sentences, may apply if these condition are breached. This guidance aims to help people to comply with the legislation.

- Home isolation may be difficult to comply with in a range of circumstances including:
  - having responsibilities as a carer
  - limitations of housing including a high number of household members/overcrowding and homelessness
  - lack of safety at home
  - requiring care/not enough support at home including living alone
  - unable to get essential services (eg food)
  - economic hardship
  - poor mental health including risk of suicide.

- There are variations between jurisdictions and in different geographical settings in responding to difficulties in meeting isolation and quarantine requirements.

- Clear information, explanation and understanding supports adherence to isolation and quarantine requirements.

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Summary of recommendations

Information

- Provide clear and specific information for all people who are required to isolate or quarantine on what this means for them. Consider impact on other household members, especially if there are people at higher risk of serious COVID-19 illness, and when the person has carer responsibilities.

- Explain the public health reasons (risk of spreading infection to other household and community members), for isolation and quarantine, that this is required by legislation and that legal sanctions, including large fines and custodial sentences, may apply if these conditions are breached.

Assessment and supporting isolation

- Assess *appropriateness of accommodation*
  - whether the person lives alone or with others
  - capacity to maintain physical distancing
  - availability of and means of accessing essential supplies including food and medications
  - safety of home environment
  - whether there are household members at higher risk of serious COVID-19 illness

- Assess *physical capacity to cope with isolation* for the required period including
  - health conditions affecting capacity to manage, or that are likely to require care during isolation
  - disabilities

- Assess *emotional wellbeing and mental health* including
  - mood
  - risk of harmful alcohol and/or other drug use
  - self-harm/suicide risk

- Identify other factors that may impact on individual and household or community capacity to maintain physical distancing and other public health measures, such as funeral rituals and other community obligations

- Check that the person has sufficient supply and/or can access food and medications

- Check availability of and/or provide necessary equipment and products including
  - surgical masks and advise on correct use
  - soap and hand sanitiser
  - cleaning products for shared spaces such as bathroom, toilet, kitchen, etc.
  - bedding and towels

- Check that the person has social contact and where possible make arrangements for the health service to check-in regularly

- Advise the person in isolation to contact the health service if they develop respiratory symptoms especially shortness of breath and provide contact details.

- Consider the specific circumstances and resources of each person who is required to isolate and what will best support them to comply with requirements, eg:
  - availability of health service and community supports such as social contact, provision of food and other necessities, financial assistance, etc
  - alternative location for isolation eg public health unit-funded hotel quarantine

o   possibility of companion in isolation eg family member

These recommendations are not exhaustive. Other key resources are:

- o   COVID-19 information by state and territory, which include sections on many frequently asked questions
- o   National, state and territory coronavirus hot/helplines to discuss options:
  - o   National Coronavirus Helpline 1800 020 080
  - o   Victoria Coronavirus (COVID-19) hotline for health professionals 1800 675 398
  - o   Tasmanian Public Health Hotline 1800 671 738
  - o   Western Australia Coronavirus information helpline 13 COVID (13 268 43)
  - o   Northern Territory Hotlines 1800 008 002
- o   Aboriginal Community Controlled Organisations have made several resources for community members. Some examples are:
  - o   AHMRC resource When do I need to isolate
  - o   AHMRC resource COVID-19: Home-isolation for Patients Factsheet
  - o   AHMRC resource Getting your home COVID-19 ready
- o   For remote communities, there are additional considerations to guide the decision to evacuate suspect and confirmed cases and their close contacts. Table 1 below is taken from the National Guidance for remote Aboriginal and Torres Strait Islander communities for COVID-19
- o   WHO guidance on home care of people with suspected or confirmed COVID-19 13 August 2020.

Table 1: Key Considerations to guide the decision to evacuate suspect and confirmed cases and their close contacts

Key considerations to guide the decision to evacuate suspect and confirmed cases and their close contacts from remote communities	These decisions are likely to be made in consultation with the local Public Health team. Developing a community plan will help guide these decisions.
(Suspect cases only) What will be the time delay until results are received and is there a suitable location for isolation of the case and quarantine of their contacts which can be used in the short term?	Even if longer term isolation in the community is not possible, it may be feasible to isolate a case and their close contacts in temporary accommodation until test results are received if this will be a relatively short period e.g. 24-48 hours
(Suspect cases only) Does the potential benefit to the community of early evacuation of a suspect case (with or without their contacts) outweigh the risks of evacuating a case and their contacts, when the true status of the case is unknown?	Evacuation of a suspect case that proves to be unnecessary has significant implications for the suspect case and their contacts with regards to increasing their risk of disease (via transport and being in an area of higher transmission) and a prolonged absence from their community. This must be balanced against the potential community protection. If a suspect case presents immediately after onset of symptoms, then given the median incubation period it may be feasible to wait for confirmation of diagnosis before considering evacuation of contacts,

Key considerations to guide the decision to evacuate suspect and confirmed cases and their close contacts from remote communities	These decisions are likely to be made in consultation with the local Public Health team. Developing a community plan will help guide these decisions.
	however every attempt should be made to keep contacts isolated within this time frame.
Where is it likely the case acquired disease?	A case who has returned to the community within 14 days of developing symptoms is more likely to be an imported case. This lowers the probability of community transmission and provides a stronger rationale for early evacuation.
For how long has the case been symptomatic and what has their activity been during this time?	If the case has been symptomatic for some time (e.g. 3 days) and has had multiple contacts during this time, there is high likelihood of transmission having already occurred.
Are the case and their contacts likely to adhere to self-isolation?	The case and their contacts need to have a high degree of understanding of the issue and why it is important to self-isolate. Where a case and/or their close contacts are unlikely to adhere to medical recommendations around the need for self-isolation and quarantine in community, medical evacuation should be strongly encouraged.
Can the case have mild illness, and **not** be at high risk of a poor outcome?	Current evidence suggests that clinical deterioration generally occurs in week two of the illness. For cases at particularly high risk [DoH Advice for people at risk of coronavirus] and/or limited access to medical retrieval there may be a preference for early evacuation.
Does the case and their close contacts wish to remain in the community?	It is important to explain why evacuation benefits the case and the community, answer questions and offer evacuation even if clinically the person does not meet the conventional threshold for evacuation. A support person should also be made available to anyone evacuated.
What is the community's preference?	This should include consideration of potential disharmony if cases and their contacts are not evacuated
Is there suitable accommodation for the case to self-isolate in community?	For a case to self-isolate in community, suitable accommodation must be available to ensure the patient is isolated in a house on their own or meets the minimums standards as specified by the WHO; if there is no suitable accommodation in community, early evacuation should be recommended
Are there suitable supports available for the case to self-isolate?	Including provision of food, social and financial supports, regular health needs, cultural supports)

Key considerations to guide the decision to evacuate suspect and confirmed cases and their close contacts from remote communities	These decisions are likely to be made in consultation with the local Public Health team. Developing a community plan will help guide these decisions.
Does the clinic have capacity to safely monitor the case for signs of deterioration, and contacts for signs of developing disease?	If capacity to do this is limited (e.g. clinic staff are sick) then early evacuation should be considered
Is the case able to be medically evacuated safely in the case of medical deterioration?	If there are restrictions on accessing timely medical evacuation, then early evacuation should be considered
Is there suitable accommodation available for evacuated case(s) and their contacts in the evacuation location?	Cases should be admitted to hospital or offered safe accommodation (single room with en suite). Contacts should also be offered safe accommodation. The facility needs to be able to provide close clinical monitoring as well as social and cultural support.
Are there suitable supports available for cases and contacts in the evacuation location?	Supports must be available in regional isolation centres to ensure that cases and contacts are in culturally appropriate and safe environments that maximise the likelihood of the isolation and quarantine period being observed

Recommendations and rationale

Physical examination requirements

Recommendation	Rationale
Advise all people who are tested (suspect cases and others) to isolate while waiting for test results. Provide clear information of what this means. Explain the public health reasons (risk of spreading infection to other household and community members), that this is required by legislation and that legal sanctions, including large fines and custodial sentences, may apply if these condition are breached.	All states and territories have mandatory self-isolation guidelines, along with federal government recommendations, while awaiting test results [1].

Assess appropriateness of accommodation
   o   whether the person lives alone or with others
   o   capacity to maintain social distancing
   o   availability of essential supplies including food and medications
   o   safety of home environment
	There are a number of reasons a person may not be capable of full self-isolation/quarantine at their current residence e.g. overcrowding [1-5]. An appropriate assessment of accommodation will determine the best location for isolation and what supports may be needed.

Recommendation	Rationale
o whether there are household members at higher risk of serious COVID-19 illness	
Assess physical capacity to cope with isolation o health conditions affecting capacity to manage, or that are likely to require care during isolation o disabilities	Persons who may not have the capacity to cope with isolation due to physical impairments may need to attend a managed isolation facility [1].
Assess mental health and wellbeing including mood, self-harm/suicide risk, risk of harmful alcohol and/or other drug use	Isolation can worsen social and emotional wellbeing and mental health conditions with less friend/family contact, decreased exercise, and poor nutrition, etc. [6, 7] There are implications for those with serious mental health conditions that may increase anxiety and paranoid thinking which may worsen the ability to practice isolation and social distancing [8].
Identify other factors that may impact on individual and household or community capacity to maintain social distancing and other public health measures such as funeral rituals and other community obligations	Cultural sensitivity must be employed when instructing about isolation. Some places have exemptions for attending funerals e.g. Northern Territory [9].
Check that the person has sufficient supply and/or can access food and medications	Local health services, family and community members may need to deliver food or medications to the isolating person/s. Social distance should be maintained by people delivering supplies e.g. deliveries can be made to the front door [1, 2, 5, 10]
Check that the person has social contact and/or where possible make arrangements for the health service to check-in	Isolation can worsen mental health conditions with less friend/family contact, decreased exercise, and poor nutrition, etc. [6, 7]. In the Northern Territory a local clinic mob member may perform daily checks [10].
Check availability of and/or provide necessary equipment and products including o surgical masks and advise on correct use o soap and hand sanitiser o cleaning products for shared spaces such as bathroom, toilet, kitchen, etc. o bedding and towels	A face mask should be worn when physical distancing is not possible [11]. Anyone who has trouble breathing, or anyone who is not able to remove a mask/face covering without help should not wear a face mask. Cloth face coverings should not be placed on young children under age 2 years [3]. Individuals will need to use a separate bathroom if they can [1, 2]. If it is impossible not to share a room as someone with probable COVID-19 the following advice may apply, although all reasonable steps to ensure that probable COVID-19 individual has their own space

Recommendation	Rationale
	• Make sure the room has good air flow. Open a window and turn on a fan to bring in fresh air • Place beds at least 6 feet apart, if possible. • Sleep head to toe. Put a curtain around or place another physical divider to separate the bed of the person who is sick from other beds. For example, you might use a shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread [12]
Advise the person in quarantine/isolation to contact the health service if they develop respiratory symptoms especially shortness of breath	Anyone experiencing worsening symptoms needs clinical review, especially shortness of breath which may require urgent medical attention [1].
Be aware of alternatives to home isolation in all settings. Communities need to plan for and may need to provide facilities where the home environment is not adequate.	Depending on jurisdictional requirements (such as those outlined in a Determination under the Biosecurity Act 2015), returned cases and their contacts may need to remain outside of community for a period of time so that entry requirements are met [13]. A holding house may be provided depending on the location of the person/s [10].
Consider alternative accommodation with local public health authority if isolation measures cannot be met (evacuation, hotel, etc.)	Isolation can be performed in own home, such as an apartment, unit or house; staff accommodation; self-contained caravan; or at commercial accommodation, including hotels, hostels and caravan parks. Isolation cannot be performed in a tent, or in dormitory accommodation where this space is shared with strangers [9].

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Related topics and resources

[WHO guidance on home care of people with suspected or confirmed COVID-19](#) 13 August 2020

Department of Health [Protecting self and others from COVID-19](#)

Department of Health [Isolation for coronavirus](#) [Quarantine for coronavirus](#)

Specific State and Territory information, including testing information:

ACT https://health.act.gov.au/health-professionals/chief-health-officer-alerts

NSW https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx

NT https://coronavirus.nt.gov.au/stay-safe/if-you-are-unwell

QLD https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19

SA www.sahealth.sa.gov.au/healthalerts

TAS https://www.coronavirus.tas.gov.au/keeping-yourself-safe/testing-for-covid19

VIC https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

WA https://www.healthywa.wa.gov.au/sitecore/content/Corporate/Articles/A_E/Coronavirus/COVID19-information-for-health-professionals

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Suggested citation: