COVID-19 Primary Healthcare Guidance

What are the key considerations for Aboriginal and Torres Strait Islander community members who need to travel outside their community for healthcare or other reasons?

Context

Assessing need for travel is beyond the scope of this guidance. The advice in this document is directed at **minimising travel-related risk of infection.**

Cultural factors

- Many Aboriginal and Torres Strait Islander peoples travel frequently, often linked to family and cultural connections and community events involving long distances between cities, towns, and communities.
- The nature of this travel often involves gatherings, because of kinship responsibilities, cultural obligations, and or community events. In these situations the sharing of resources, including housing/accommodation, can create high levels of close contact with large numbers of people.
- There is a relatively high proportion of Aboriginal and/or Torres Strait Islander people living in remote and rural areas, many of whom may be required to travel for healthcare or other essential services.

Travel and risk

- Transmission of COVID-19 infection has the potential for catastrophic consequences in Aboriginal and Torres Strait Islander communities.
- **Travel increases the chance of getting and spreading COVID-19.** People travel within and between regions — states, territories, local government areas, etc. — for many reasons including cultural and community events, recreation, work, school and healthcare. There is obviously a range of modes of transport associated with different types and levels of risk of infection.
- Freedom of movement and modes of transport available will, at times during the pandemic, be restricted by state and territory jurisdictional requirements.
- Local communities vary in the level of risk they are prepared to accept and may have additional protocols regarding restrictions on or conditions for travel.
- Risk includes:
  - risk of transmission for self and others
  - risk of severe illness if infected for self and others
- Risk of transmission varies from high (hot spots) to medium to low.

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Summary of recommendations

For GPs and healthcare teams

- Stay up-to-date with state and territory jurisdictional requirements and community protocols regarding travel and infection risk **at the start, along the route**, **at destination** and **on return** including the possibility of having to isolate/quarantine on return. This needs to be considered when referring patients for healthcare.
  - ACT   https://www.covid19.act.gov.au/community/travel
  - NSW   https://www.nsw.gov.au/covid-19/travel-and-transport-advice
  - NT   https://coronavirus.nt.gov.au/travel/quarantine
  - QLD   Travel advice
  - SA   https://www.covid-19.sa.gov.au/emergency-declarations/cross-border-travel
  - TAS   https://www.coronavirus.tas.gov.au/travellers-and-visitors
  - VIC   https://www.vic.gov.au/coronavirus-covid-19-restrictions-victoria
  - WA   Travel advice
  - Department of Health Coronavirus (COVID-19) domestic travel restrictions and remote area access

- Be familiar with the local process for accessing permits to travel outside of the region and between jurisdictions, including to or from a designated *hot spot*.

- When providing advice about travel consider the following:
  - the need to travel versus the risk of COVID-19 infection
  - transmission risk versus risk of severe illness ie the greater the risk of severe illness, the lower the acceptable risk for transmission
    - to self
    - to others
  - transmission risk is impacted by
    - community prevalence at point of origin or destination and/or
    - risk in a specific setting e.g. hospital/aged care setting, prolonged exposure in enclosed spaces e.g. plane travel and/or
    - number of people who are travelling/have travelled and are attending/have attended a community event
  - some people will travel as a single unit e.g. parent-and-child, any-person-and-carer
  - the level of risk of infection and public health requirements at the starting point, along the route, at the destination of travel, and at events or activities that will be attended.

- Given the changing requirements and consequent level of uncertainty for patients/community members who are needing to travel, consider having a nominated staff member to:
  - clarify current travel restrictions and infection risk at the start, along the route, at destination and on return;
  - co-ordinate travel including discussing details of how to minimise travel-related risk of infection with the patient/household group.

- Follow guidance for safe transport of patients for healthcare.

- Promote community messaging about infection prevention that is appropriate, accessible and well understood by community members:

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- o provide clear information about minimising risk of infection to self, family and community
- o provide clear information about higher risk of severe illness associated with age and some chronic conditions
- o involve community members in development of public health messaging.

For individuals and household groups

- Weigh up the need for travel with the risk of coming in contact with COVID-19 and the higher risk of severe illness associated with age and some chronic conditions. This may inform advice about the need for greater precautions to prevent infection.
- Check local jurisdictional requirements and community protocols regarding travel and infection risk **at the start, along the route, at destination** and **on return** including the possibility of having to isolate/quarantine on return. Note that the requirements about quarantine on return may change from the time of planning travel to the time of completing the trip.
- Consider downloading the [COVIDSafe App](#)
- Consider the **details of the journey** including mode of transport, duration of travel, breaks for any reason, time spent at destination including events and activities attended:
  - o take food and drinks on the journey. Plan to not buy food and drinks or collect take-away along the way
  - o avoid shared bathrooms/public toilets as much as possible. Take personal toiletries on the journey
  - o maintain hand hygiene and respiratory etiquette during travel including during breaks in travel
  - o take hand sanitizer and use frequently especially after touching surfaces in public settings such as touchscreens, handrails, door handles, etc.
  - o as much as possible avoid high touch surfaces in public settings like touchscreens, handrails, door handles, etc.
  - o use face masks as per public health jurisdictional directives. Take extra masks. Cloth masks should be washed between each use. Single use surgical masks should be worn once and discarded. Whichever mask is worn, it should be replaced if it becomes wet or contaminated
  - o maintain physical distancing in public or shared spaces
  - o be aware of the local situation when travelling; e.g. listen to local radio for information about outbreak sites.
- If someone develops symptoms, including fever ≥37.5°C or history of fever (e.g. night sweats, chills), acute respiratory infection (e.g. cough, shortness of breath, sore throat, runny nose), loss of smell or loss of taste, or becomes unwell at any time:
  - o seek health care and testing immediately
  - o [self-isolate](#) and avoid close contact with others as much as possible
  - o increase infection prevention measures with household members/carers including physical distancing, hand hygiene, coughing and sneezing safely (respiratory etiquette), minimising shared spaces, wearing a mask in shared spaces, using a separate bathroom if possible, using a separate towel, etc.

[AHMRC COVID-19: Home-isolation for Patients Factsheet](#)

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Recommendations and rationale

Recommendation	Rationale
For GPs and healthcare teams	
Stay up-to-date with state and territory jurisdictional requirements and community protocols regarding travel and infection risk *at the start, along the route, at destination* and *on return* including the possibility of having to isolate/quarantine on return. This needs to be considered when referring patients for healthcare.	Recommendations and jurisdictional requirements are dynamic and different between states and territories[1, 2]. Differing modes of transport may increase risk of infection, e.g. public transport vs. personal vehicle.
Be familiar with the local process for accessing permits to travel outside of the region and between jurisdictions, including to or from a designated hot spot.	Entry processes recommendations and jurisdictional requirements are dynamic, are different between states and territories and should be checked prior to travel. There are sometimes exemptions for travel.[1]

When providing advice about travel consider the following:
 • the need to travel versus the risk of COVID-19 infection
 • transmission risk versus risk of severe illness i.e. the greater the risk of severe illness, the lower the acceptable risk for transmission
    o to self
    o to others
 • transmission risk is impacted by
    o community prevalence at point of origin or destination and/or
    o risk in a specific setting e.g. hospital/aged care setting, prolonged exposure in enclosed spaces e.g. plane travel and/or
    o number of people who are travelling/have travelled and are attending/have attended a community event
    o some people will travel as a single unit e.g. parent-and-child, any-person-and-carer
    o the level of risk of infection and public health requirements at the starting point, along the route, at the destination of travel, and at events or activities that will be attended
	Transmission of COVID-19 infection has the potential for catastrophic consequences in Aboriginal and Torres Strait Islander communities. Biosecurity measures and travel restrictions are in place to help prevent the spread of COVID-19. Travel increases the risk of spreading COVID-19.[3] The consequences of acquiring and spreading COVID-19 need to be considered when providing travel advice. Due to the highly mobile and community-focussed culture of Aboriginal and Torres Strait Islander peoples, an emphasis on the potential risks of community gatherings especially among people with chronic health conditions and among Elders and older people, all of whom may be at higher risk of severe illness if they contract COVID-19 needs to be considered.[4]

Given the changing requirements and consequent level of uncertainty for patients/community members who are needing to travel, consider having a nominated staff member to:	A nominated team member may reduce the demand on all employees and can act as a point of call for patients/community members for all travel related issues.

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• clarify current travel restrictions and infection risk *at the start, along the route, at destination* and *on return*; • co-ordinate travel including discussing details of how to minimise travel-related risk of infection with the patient/household group.	
Follow guidance for safe transport of patients for healthcare	Recommendations may be specific to different modes of transport and to the patient/condition.[5]
Promote community messaging about infection prevention that is appropriate, accessible and well understood by community members: • provide clear information about minimising risk of infection to self, family and community • provide clear information about higher risk of severe illness associated with age and some chronic conditions • involve community members in decisions that impact them	Check for COVID-19 health promotion resources developed by Aboriginal and Torres Strait Islander community-controlled health organisations such as NACCHO and their member services. State and Territory Health Departments also have guidance, health promotion and education materials. The inclusion of messaging from community leaders can act as cultural brokerage between governmental medical advice and the community.[6]
For individuals and household groups	
Weigh up the need for travel with the risk of coming in contact with COVID-19 and the higher risk of severe illness associated with age and some chronic conditions. This may inform advice about the need for greater precautions to prevent infection.	Transmission of COVID-19 infection has the potential for catastrophic consequences in Aboriginal and Torres Strait Islander communities. Biosecurity measures and travel restrictions are in place to help prevent the spread of COVID-19. Travel increases the risk of spreading COVID-19.[3] Consider consequences of acquiring COVID-19 and spread of COVID-19 at community gatherings especially among people with other health conditions and among Elders and older people, all of whom may be at higher risk of severe illness if they contract COVID-19.
Check local jurisdictional requirements and community protocols regarding travel and infection risk *at the start, along the route, at destination* and *on return* including the possibility of having to isolate/quarantine on return. Note that the requirements about quarantine on return may change from the time of planning travel to the time of completing the trip.	Recommendations and jurisdictional requirements are dynamic and often different between states and territories.[1, 2] Differing modes of transport may increase risk of infection e.g. public transport vs. personal vehicle.
Consider downloading the COVIDSafe app	The COVIDSafe app is a tool that has been developed by the Department of Health that helps identify if you may have been in close contact with a person who has tested positive to COVID-19 and is

	recommended for all individuals residing in Australia.[7]
Consider the details of the journey including mode of transport, duration of travel, breaks for any reason: • take food and drinks on the journey. Plan to not buy food and drinks or collect take-away along the way • avoid shared bathrooms/public toilets as much as possible. Take personal toiletries on the journey • maintain hand hygiene and respiratory etiquette during travel including during breaks in travel • take hand sanitizer and use frequently especially after touching surfaces in public settings such as touchscreens, handrails, door handles, etc • as much as possible avoid high touch surfaces in public settings like touchscreens, handrails, door handles, etc • use face masks as per public health jurisdictional directives. Take extra masks and change mask if it loses shape or is contaminated • maintain physical distancing in public or shared spaces • be aware of the local situation when travelling e.g. listen to local radio for information about outbreak sites.	Modes of transport have diverse recommendations and may not be suitable for everyone.[1] Avoiding activities and areas that increase risk of acquiring and spreading COVID-19, such as close contact with others or handling frequently used items, helps to reduce the risk associated with travel.[8] Practice standard COVID-19 infection prevention throughout travel including hand hygiene, respiratory etiquette, wearing a mask and physical distancing.
If someone develops symptoms, including fever ≥37.5°C or history of fever (e.g. night sweats, chills), acute respiratory infection (e.g. cough, shortness of breath, sore throat, runny nose), loss of smell or loss of taste, or becomes unwell at any time: • seek health care and testing immediately • avoid close contact with others as much as possible • increase infection prevention measures with household members/close contacts including physical distancing, hand hygiene, coughing and sneezing safely (respiratory etiquette), minimising shared spaces, wearing a mask in shared spaces, using a separate bathroom if possible, using a separate towel, etc.	Ensure all who travel are aware of signs and symptoms of COVID-19. If anyone has signs or symptoms present at local health service for testing ASAP. Management of signs and symptoms and early recognition/testing may help to reduce the spread and severity of COVID-19 infection.[9] Early isolation or quarantine reduces the spread of COVID-19.

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Related topics & resources

Department of Health: Protecting self and others from COVID-19
                        Isolation for coronavirus
                        Quarantine for coronavirus
Primary healthcare guidance:
                        What needs to be considered to support someone to meet requirements of isolation and quarantine?
                         How do you assess and manage risk of severe COVID-19 illness in primary healthcare workers?

References

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7. Department of Health, Australian Government. *COVIDSafe App*. 2020. [Cited 9 October 2020]. Available from: https://www.health.gov.au/resources/apps-and-tools/covidsafe-app.

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remote-aboriginal-communities-travel#:~:text=There%20are%20more%20than%20200,19%20than%20other%20Western%20Australians.

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1. UQ Poche Centre for Indigenous Health, University of Queensland
2. Thurru Indigenous Health Unit, School of Medicine and Public Health, University of Newcastle
3. Judith Lumley Centre, La Trobe University
4. A joint initiative of the National Aboriginal Community Controlled Health Organisation, Royal Australian College of General Practitioners and Lowitja Institute. Additional contributors to this guidance included: Expert Reviewers Atkinson D, Executive Group Belfrage M, Agostino J, Thurber K, Senior T, Chamberlain C and Freeman K; and Expert Committee

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