



# PAMS Response Plan for Coronavirus (COVID-19)

The PAMS Response Plan for Coronavirus (COVID-19) has been established in conjunction with resources developed by the Aboriginal Health Council of Western Australia and the Royal Australian College of General Practitioners and aims to assist in planning and responding to the current COVID-19 outbreak.

This Plan is to be read in conjunction with the PAMS Business Continuity and Disaster Recovery Plan (internal staff link).

In developing this plan and as the outbreak continues, PAMS has been and will continue to work closely with the local governance of the communities which we serve, specifically:

- Jigalong Community Incorporated
- Parnngurr Aboriginal Corporation
- Kunawarrtji Aboriginal Corporation
- Punmu Aboriginal Corporation

PAMS recognises the right of each community to develop its own localised response plan and that specific plans across these communities may vary.

Further to this, PAMS will continue to seek and adhere to the advice of local, state and federal governments, departments and organisations in response to the COVID-19 outbreak. This will include but is not limited to:

- Shire of East Pilbara
- Western Australian Country Health Service (WACHS)
- Aboriginal Health Council of Western Australia (AHCWA)
- Western Australia Health Department
- Commonwealth Department of Health
- Commonwealth Communicable Disease Network Australia
- Public Health Emergency Operations Centre (PHEOC)

Across all activities the strategic objectives of this plan will be to:

- Minimise transmissibility, morbidity and mortality;
- Support and minimise the burden on Aboriginal health services; and
- Inform, engage and empower Aboriginal communities.

## Key principles

PAMS will be working towards achieving the following key principles in forming its response strategies:

### Shared Decision-making and Governance

Throughout all phases, COVID-19 response work be collaborative to ensure local community leaders are central to the response. All risk reduction strategies and public health responses will be co-developed, and co-designed, enabling Aboriginal communities to contribute and fully participate in shared decision-making.

### Recognition of the Social and Cultural Determinants of Health

Public health strategies will be considered within the context of a holistic approach that acknowledges the social and cultural determinants of health and prioritises the safety and well-being of individuals, families and communities.

### Community Control

The Aboriginal Community Controlled Health Services (ACCHS) and peak bodies will be included in the response as a fundamental mechanism of engagement and communication.

### Appropriate Communication

Messages will be strengths-based and encompass Aboriginal ways of living, including family-centred approaches during both prevention and control phases.

### Flexible and responsive models of care

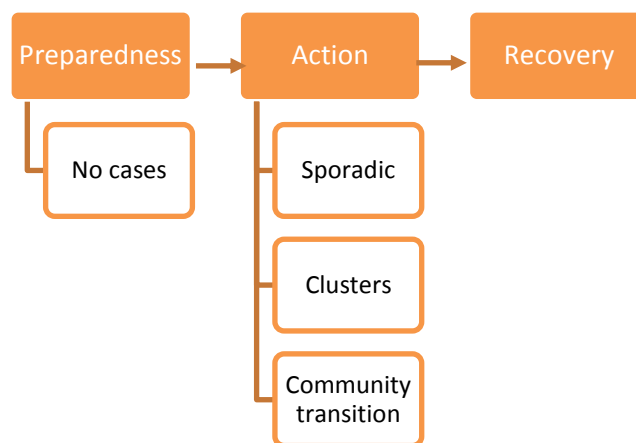
Within available resources response plans will utilise flexible health service delivery and healthcare models (e.g. flexible clinic hours/location with additional staffing, and home visits).

### Isolation and Quarantine

Families will feel empowered and be part of decision-making around quarantine. This will be achieved through exploring with families what quarantine looks like, working through how it might impact on their family and way of living.

## Stages of response

The PAMS Response Plan includes actions for each stage of the pandemic response, per figure 1 below:

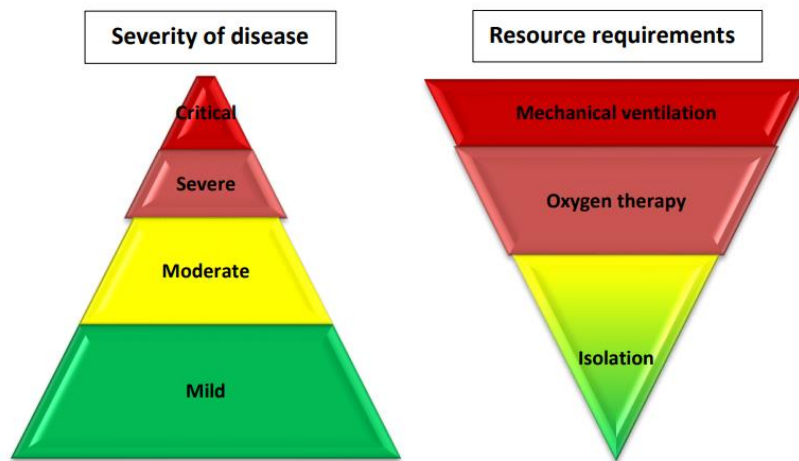


**Preparedness** will require forecasting and taking precautionary measures whilst there are no confirmed cases prior, undertaking tasks and planning for likely scenarios of transmission and ensuring each community has tailored strategies.

**Action** will be required as the pandemic progresses, moving from sporadic cases to clusters of cases and perhaps to community transition. These phases will be unpredictable and demand quick and decisive actions.

**Recovery** Once the pandemic ends there will be a new range of challenges to consider and ensure lessons learnt are captured to support future decision-making.

Figure 2 below illustrates the relationship between the severity of disease and the resources required as the disease increases<sup>1</sup>.



## Key themes for a comprehensive response

The PAMS Response Plan will explore the following themes:

- Leadership, coordination and decision-making
- Communication
- Workforce planning and education, training and support
- Clinic and Practice Management
  - Practice environment and infection control
  - Screening, triage and management of clients
  - Clinic processes and surge capacity
  - Immunisation
  - Antiviral medications
- Monitoring and reporting

<sup>1</sup> World Health Organization 2020 'Operational considerations for case management of COVID-19 in health facility and community Interim guidance, 19 March 2020', viewed online 2 April 2020 [https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF\\_operations-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf)

# 1. Leadership, coordination and decision-making

<p><b>Preparedness</b></p>	<p>A <b>PAMS COVID-19 Action Team</b> will be activated and include:</p> <ul style="list-style-type: none"> <li>• Action Team Leader – CEO</li> <li>• Action Team Coordinator – Clinic Manager</li> </ul> <p>Note that all clinical team members will play a critical role in the preparation and implementation of the Response Plan and have specific responsibilities such as: PPE audit report completion and preparedness checklist.</p> <p>Team roles and responsibilities will be distributed and activated, per attached in Appendix 1.</p> <ul style="list-style-type: none"> <li>• Along with the PAMS Board of Directors, the PAMS Clinical Governance Committee will oversee PAMS general COVID-19 response. All general business of the Committee will be put on hold to ensure meetings focus on outbreak preparedness and response. The PAMS Clinical Governance Committee will be known as the <b>PAMS COVID-19 Response Planning Committee</b>, until further notice.</li> </ul> <p>Suggested Committee roles and responsibilities to supporting the Covid-19 response plan are outlined in Appendix 2.</p> <ul style="list-style-type: none"> <li>• The PAMS Response Plan will be developed with input from staff and distributed to all staff. The Action Team will ensure there are opportunities for introduction and education to the Plan including: education for staff and clients about the signs and symptoms of the virus, hand hygiene and respiratory etiquette.</li> </ul>
<p><b>Action</b></p>	<p>The Action Team Leader and Coordinator will maintain regular communication and meetings as required with the PAMS COVID-19 Response Planning Committee and with staff.</p> <p>Regular review of preparedness actions and be prepared for changes to the response plan.</p>
<p><b>Recovery</b></p>	<p>To be discussed</p>

## 2. Communication

### Preparedness

The Action Team Leader will be responsible for:

- Maintaining communication with:
  - the PAMS Board
  - community elders and local key partners including the CEO of each local Aboriginal Corporation:
    - Jigalong Community Incorporated
    - Parnngurr Aboriginal Corporation
    - Kunawarritji Aboriginal Corporation
    - Punmu Aboriginal Corporation
  - Western Desert Lands Aboriginal Corporation (WDLAC), KJ, Martumilli Arts, Shire of East Pilbara.

This must include how best to communicate with communities regarding information about a COVID-19 outbreak.

The Action Team Coordinator will be responsible for:

- Monitoring public health alerts and updating the PAMS COVID-19 Response Planning Committee and all relevant PAMS staff as required
- Maintaining communication with relevant external organisations including AHCWA, WAPHA, RFDS, local hospital (See COVID-19 Contact List in Appendix 5 as well as the current PAMS Phone Directory available for internal staff)
- Provide support and chairing duties of local community COVID-19 specific group meetings as required including the Jigalong Local Incident Response Group which will meet weekly via teleconference and includes key local stakeholders:
  - PAMS Clinic Manager, Medical Officer and Clinic Coordinator
  - CEO of Jigalong Community Incorporated
  - Local Police Officer
  - Community Store representative
  - School representative
  - Child Protection and Family Support representative
- Maintain communication across and between each community clinic via the
- Developing and maintaining an up to date contact list for use by PAMS staff of relevant healthcare services will be available for use via online and hard copy to support staff as needed (See COVID-19 Contact List in Appendix 5)
- Ensuring COVID-19 will be a key agenda item at any staff meeting including local clinic meetings, team meetings, morning handover meetings and all staff meetings.
- A COVID-19 update will be emailed to all staff at least once a week to ensure factual communication and encourage calm across teams.
- Ensure each PAMS clinic and/or office area will display a variety of culturally appropriate community information by way of posters on walls/doors (**not** brochures) including:
  - Overview of the virus
  - Recognising symptoms
  - Preventing infection (hand hygiene, respiratory etiquette)
  - Information about quarantine and isolation
  - Encouraging routine vaccinations when available including influenza
- Consider updating PAMS website with information and links to trusted information and/or resources.

<b>Action</b>	<p>The Action Team Leader and Coordinator will review preparedness above and will:</p> <ul style="list-style-type: none"> <li>• Maintain communications as outlined in preparedness including <ul style="list-style-type: none"> <li>○ the PAMS Board</li> <li>○ community elders and local key partners including the CEO of each local Aboriginal Corporation; Western Desert Lands Aboriginal Corporation (WDLAC), KJ, Martumilli Arts, Shire of East Pilbara.</li> </ul> </li> <li>• Notify community and clients of any changes or suspension of normal clinic services due to the COVID-19 response.</li> <li>• Continue to promote health information to clients and broader community</li> <li>• If/when communicate the available care options according to severity of illness (Clinic vs hospital, possible RFDS)</li> </ul>
<b>Recovery</b>	To be discussed

### 3. Workforce planning and education, training and support

<p><b>Preparedness</b></p>	<p>The Action Team will develop a contingency plan for staffing capacity and absences allowing for:</p> <ul style="list-style-type: none"> <li>• A potential influx of clients</li> <li>• Management of current clinical staff who are required to work longer than usual swings/rotations fatigue and wellbeing in extreme Maintaining and supporting.</li> <li>• Staff shortages due to illness</li> <li>• A lack of available locums/temp staff</li> <li>• Confirming organisational response for employee compensation and sick leave absences</li> <li>• Developing processes for managing staff illness, management of staff who become ill at work, ensuring staff absence during illness and when staff may return to work after recovering.</li> </ul> <p>The Action Team Coordinator will be responsible for:</p> <ul style="list-style-type: none"> <li>• Identifying possible temporary and/or locum staff available to support if/when needed</li> <li>• Training staff in alternative roles to enable sharing of workload</li> <li>• Managing staff rosters, availability and potential risks to staff health wellbeing taking into consideration staff at increased risk (pregnant women, staff immunocompromised)</li> <li>• Ensuring all staff aware of EAP supports and contact details and encouraging uptake as required.</li> <li>• Provision of education and training to all staff (clinical teams as well as auxiliary staff such as receptionists, cleaners where appropriate) on COVID-19-related topics such as:             <ul style="list-style-type: none"> <li>○ Signs and symptoms of COVID-19 illnesses</li> <li>○ Hand hygiene</li> <li>○ Standard precautions, transmission-based precautions (contact, droplet, airborne)</li> <li>○ Appropriate use of PPE</li> <li>○ Biohazard waste management</li> <li>○ <b>Decontamination and cleaning of clinical areas and equipment</b></li> <li>○ Quarantine and isolation protocols</li> <li>○ Notifiable disease reporting</li> </ul> </li> <li>• Provide culturally appropriate information materials (e.g. posters) for staff and clients</li> <li>• Ensure that all staff are aware of PAMS’s COVID-19 Response Plan, and perform testing of the plan e.g. through a staff training day using COVID-19-related scenarios</li> </ul> <p>See: Appendix 3.</p>
<p><b>Action</b></p>	<p>The Action Team Leader and Coordinator will:</p> <ul style="list-style-type: none"> <li>• Ensure staff are aware of any changes to roles, duties or rosters</li> <li>• Continue to review staff availability in case of surge or staff illness</li> <li>• Monitor staff for symptoms; ensure that unwell staff do not attend work and do not return to work until well (see relevant state/national guidance for specific information about isolation requirements)</li> <li>• Notify community and clients of any changes or suspension of normal clinic services due to the COVID-19 response.</li> <li>• Ensure that all staff training is up to date; arrange refresher training if required and seek support from HR teams as required referring to training registers on LOGIQC</li> <li>• Perform a ‘practice run’ of service’s COVID-19 plan using scenarios</li> <li>• Identify opportunities to provide mental health support to staff and clients.</li> </ul>
<p><b>Recovery</b></p>	<p>To be discussed</p>

## 4. Clinic and practice management

### Preparedness

The Action Team Coordinator will be responsible for:

#### Practice environment and infection control

- Ensuring standard infection control procedures are in place by reviewing and monitoring current practice across all clinics
- All ordering and distribution of PPE, ensuring at all times at least 4 weeks supply available. (See Appendix 4 for full list of PPE)
- Undertaking weekly audit of PPE at each site.
- Issue and monitor Individual Site Preparedness Checklists (See Appendix 4)
- Ensuring all staff (including transport drivers, reception staff) are trained in use of personal protective equipment (PPE) and infection control procedures
- Perform fit testing of N95/P2 masks for all relevant clinic staff (at least yearly)
- Establish a plan for management of clinical waste during the COVID-19 response
- Review infection control processes during transport, e.g. through training of drivers on use of PPE, ensuring vehicles are equipped with supplies such as tissues, hand gel and masks, vehicle cleaning processes
- Ensure Staff Immunisation is up to date and seasonal influenza and pneumococcal immunisations given according to National Guidelines, seek support from HR team if required
- Offer staff vaccine's related to COVID-19 strain if one becomes available.

#### Clinic processes and surge capacity

- Consider options for re-scheduling non-urgent appointments such as health checks, screening and routine chronic disease management in the event of an elevated status of the COVID-19 outbreak to a pandemic
- Review visiting specialist's clinics and consider cancellation of the same if appropriate.
- Review arrangements for management of vulnerable clients e.g. elderly, people with chronic disease, pregnant women, infants, people who are immunocompromised, people with a disability, people who are socially isolated or vulnerable for other reasons
- Ensure adequate supply of regular prescriptions/medications
- Consider strategies to prevent infection and manage concurrent illness
- Promote seasonal influenza and pneumococcal vaccination
- Identify strategies to minimise unnecessary client visits to the service, e.g. home delivery of ongoing scripts or medications, home visits for people with suspected COVID-19-related illness, telehealth consultations if available
- Consider arrangements for managing clients at home, if possible
- Ensure staffing arrangements are in place to cope with increased demand (see section on Workforce above)
- Review capacity of systems (e.g. transport, IT, telephone, security) to cope with increased demand during an increased COVID19 surge.
- Ensure clinic is stocked with appropriate supplies (including PPE) and ordering processes are in place



	<ul style="list-style-type: none"> <li>• Collaborate with local providers in planning for increased demand (pharmacies responding to increased prescription needs)</li> <li>• Ensure that pathology specimen collection and referral processes are in place; consider establishment of point-of-care testing services if available</li> <li>• Review referral pathways for unwell clients (local hospitals, ambulance services) and management of deceased clients (such as funeral service providers)</li> <li>• Ensure client contact details are up to date (where possible) to facilitate contact tracing if required</li> </ul> <p><b>Screening, triage and management of clients</b></p> <ul style="list-style-type: none"> <li>• Establish a screening and triage process (for use via telephone or upon presentation to clinic) to enable early recognition of infected clients</li> <li>• Discuss arrangements for management of unwell clients with local services, e.g. hospital, ambulance, RFDS.</li> <li>• Establish a system by which to notify cases (and suspected cases as required) to Communicable Disease Control Directorate</li> <li>• Ensure that staff are aware of pathology specimen collection processes, which may vary depending on nature of Coronavirus (COVID-19) agent</li> </ul> <p><b>Immunisation</b></p> <ul style="list-style-type: none"> <li>• Promote, stock and provide seasonal influenza and pneumococcal vaccines to staff, and wider community as per National Guidelines</li> <li>• Identify protocol for obtaining COVID-19 vaccine from WA Health, should one become available</li> <li>• Develop a plan for administration of COVID-19 vaccine to staff and clients, should one become available, in accordance with state/national guidance</li> <li>• Ensure appropriate vaccine storage conditions for extra vaccines</li> <li>• Link with appropriate external vaccine providers to ensure an adequate supply of vaccines when available</li> </ul> <p><b>Antiviral medications</b></p> <p>If Antiviral Medications become a treatment option The Action Team Coordinator will organise the appointment of staff member to:</p> <ul style="list-style-type: none"> <li>• Receive antivirals delivered to the service by WA State Distribution Centre (if required)</li> <li>• Supervise storage of antivirals in a secure area with restricted access</li> <li>• Monitor and record distribution of antivirals</li> <li>• Notify the relevant agency of any adverse events in relation to antiviral use</li> </ul> <p>See: Appendix 6: Key clinical activities for different transmission scenarios</p>
<b>Action</b>	<p>The Action Team Coordinator will review preparedness steps as above and:</p> <p><b>Practice environment and infection control</b></p> <ul style="list-style-type: none"> <li>• Ensure that state/national guidance around appropriate infection control measures, including management of suspected/confirmed cases, is implemented</li> <li>• Ensure that a four week supply of PPE and other critical resources is maintained</li> <li>• Ensure that staff have ongoing access to PPE and are aware of appropriate use</li> </ul>

- Establish separate triage/waiting and examination areas for clients who are potentially infectious (e.g. for waiting/triage - front of clinic in a separate room, outside clinic in a shaded area, or in clinic car park)
- If PAMS decides to continue patient transport as a part of the COVID-19 response consider designating a specific vehicle for pandemic clients only; ensure cleaning processes are in place for cleaning vehicles between patients; ensure vehicles are equipped with supplies such as tissues, gloves, masks, alcohol hand gel, waste disposal facilities. If possible choose a vehicle with vinyl / leather seats that can be easily wiped down.
- Allocate specific staff to assessment/management of COVID-19 clients, if possible
- Implement one-way client flow through clinic if possible
- Maintain 1.5 metre distance between clients (e.g. in waiting areas) where possible
- Ensure that symptomatic clients wear a surgical mask while at the service and during transport
- Remove toy box, books and magazines from waiting and consultation areas
- Ensure that appropriate waste management strategies are in place
- Communicate Quarantine Guidelines to affected clients

#### **Clinic processes and surge capacity**

- Prioritise available services and consider reducing non-essential services
- Consider home visits to reduce risk of transmission
- Postpone all non-essential services
- Allocation separate blocks of time for COVID-19 related care (afternoon flu/fever clinics)
- Consider options to allocate separate blocks of clinic time for COVID-19 related care (afternoon flu/fever clinics)

#### **Screening, triage and management of clients**

- Prepare to commence screening and triage system, and ensure all staff are aware of screening and triage processes; allocate rooms, staff and resources. Activate when appropriate.
- Ensure staff are aware of case definitions and necessary infection control measures when seeing potentially infected clients
- Ensure all clinical staff are aware of notification requirements for suspected/confirmed cases (as per WA Health Communicable Disease Control Branch)
- Perform contact tracing as per WA Public Health requirements

#### **Immunisation**

- Prepare for potential receipt of COVID-19 vaccine, should one become available and then obtain and administer COVID-19 vaccine (if available) as per state/national protocols
- Continue to promote and offer seasonal influenza and pneumococcal vaccines as per National Guidelines
- Inform WA Health/Therapeutic Goods Australia of any adverse events following administration of Coronavirus (COVID-19) vaccine

	<p><b>Antiviral medications</b></p> <ul style="list-style-type: none"> <li>Identify protocol for obtaining antiviral medications from WA Health or Australian Government Department of Health, if available</li> <li>Obtain and distribute antiviral medications as per state/national advice, if required</li> </ul> <p>See Appendix 6: Key clinical activities for different transmission scenarios</p>
<b>Recovery</b>	To be discussed

## 5. Monitoring and reporting

<b>Preparedness</b>	<p>The Action Team Leader and Coordinator will:</p> <ul style="list-style-type: none"> <li>Consider establishment of a system to collect COVID-19-related data, e.g. case register, and ensure clinicians are aware of data input processes</li> <li>Document implementation of COVID-19 response plan to facilitate communication and review processes</li> </ul>
<b>Action</b>	<p>The Action Team Leader and Coordinator will:</p> <ul style="list-style-type: none"> <li>Continue to monitor response and adjust as required, e.g. screening and triage processes, infection control measures, physical layout of clinics/client flow, resource use and stockpiles, clinical management, communication strategies</li> <li>Ensure staff have opportunity to raise concerns that arise during COVID-19 response</li> <li>Monitor for a 'second wave' of COVID-19 cases and prepare accordingly</li> <li>Monitor state and national guidance as to when COVID-19 response activities can be scaled back and return to usual activities can occur</li> <li>Develop a process by which to assess the impact of a COVID-19 response on the service so that any lessons learned can inform future planning</li> </ul>
<b>Recovery</b>	To be discussed

## Appendix 1: PAMS COVID-19 Response Action Team Roles and Responsibilities

### COVID-19 Response Action Leader

- Assume leadership; assume overall management of staff safety and support
- Provide assistance to the COVID-19 Response Coordinator
- Identify key stakeholders, initiate contact and maintain relationships
- Establish systems to collect COVID-19 surveillance data and management systems
- Facilitate post-COVID-19 review of response

### COVID-19 Response Action Coordinator

- Ensure infection prevention and control guidelines are implemented
- Activate triaging of patients
- Develop the Service's plan and integrate the COVID-19 response plan into the Service's overall business continuity plan
- Undertake appropriate education or training to fulfil the role and review relevant and current state and national COVID-19 response guidelines and material
- Monitor latest developments through communication with AHCWA, WA Health and PHEOC and obtain regular advice from Department of Health regarding management of the COVID-19 outbreak
- Manage stockpiles for clinical and non-clinical equipment (including Personal Protective Equipment – PPE)
- Establish and maintain infection control measures and principles
- Hold regular practice team meetings to discuss COVID-19 response planning and management, including identifying barriers to an effective response such as through a SWOT (Strengths, Weaknesses, Opportunities, Threat) analysis
- In conjunction with the Leader, identify key stakeholders, initiate contact and maintain relationships
- Identify and establish processes for communicating with the public and at-risk patient groups.
- Provide the member service team with ongoing training regarding the COVID-19 response plan
- Monitor appropriate communication networks, including AHCWA information, WA Health and PHEOC for clinical alerts
- Communicate and coordinate with other healthcare and community organisations
- Establish processes for communicating with staff, the public and at-risk patient groups
- Organise the display of communication posters at all health clinics

### Additional Roles

- Clinical team members
- All clinical team members play a critical role in the preparation and implementation of the Response Plan and have specific responsibilities such as:
  - Completion of PPE audit report
  - Completion of initial and regular reviews of Individual Site Preparedness Checklists (per Appendix 4)

Back-up support for the Response Action Coordinator will include internal assistance from Clinical Team Coordinators in particular to support communication across and within each clinic. Additional back up from appropriate staff will also be available as required and delegated.

## Appendix 2: PAMS COVID-19 Response Planning Committee Roles and Responsibilities

### Membership

Position/Role/Organisation	Name
CEO PAMS	Robby Chibawe
Clinical Manager PAMS	Emma Barritt
Community Programs Manager PAMS	Nicolas Haney
General Practitioner PAMS	Dr Cara Sheppard
Jigalong Clinic Coordinator PAMS	Kim Gossage
RAN from Parnngurr/Punmu/Kunawarritji PAMS	Changeable/As available
CQI Officer PAMS	Katie Pennington
Pharmacist	
Public Health Specialists	Dr Marianne Wood, Dr Bret Hart
Secretariat PAMS	Jo Newham

### Role of the Committee

The PAMS Clinical Governance Committee will take on the role of the PAMS COVID-19 Response Planning Committee. Key role will be to support and guide the response preparedness for the service during the COVID-19 pandemic. Weekly teleconferences may be scheduled for updates, discussion and proposed strategies in response, or as required.

### Appendix 3: PAMS COVID-19 Staffing Contingency Plan for different transmission scenarios

Community	Actions and strategies			
	No cases / Preparation phase	Sporadic cases	Clusters of cases *	Community transmission *
<b>Jigalong</b>	<b>Usual allocation</b> <ul style="list-style-type: none"> <li>1FTE x Clinical Coordinator/RAN</li> <li>1FTE x Med receptionist</li> <li>2FTE x RAN</li> <li>1FTE x Driver Cleaner (contracted)</li> </ul>		Will require outside support	
<b>Parnngurr</b>	<b>Usual allocation</b> 1FTE x RAN	<ul style="list-style-type: none"> <li>2FTE x RAN</li> <li>1FTE x cleaner</li> </ul> Or <ul style="list-style-type: none"> <li>1FTE x RAN</li> <li>1FTE AHP</li> <li>1FTE x cleaner</li> </ul>	Will require outside support	
<b>Punmu</b>	<b>Usual allocation</b> <ul style="list-style-type: none"> <li>1FTE x RAN</li> <li>1FTE x Transport / Admin / Cleaner</li> </ul>	<ul style="list-style-type: none"> <li>2FTE x RAN</li> <li>1FTE x cleaner</li> </ul> Or <ul style="list-style-type: none"> <li>1FTE x RAN</li> <li>1FTE AHP</li> <li>1FTE x cleaner</li> </ul> <p>? Share an extra RAN across the two sites if Punmu and KW if we don't have enough to get 1 extra at each</p>	Will require outside support	
<b>Kunawarritji</b>	<b>Usual allocation</b> <ul style="list-style-type: none"> <li>1FTE x RAN</li> </ul>	<ul style="list-style-type: none"> <li>2FTE x RAN</li> <li>1FTE x cleaner</li> </ul> Or <ul style="list-style-type: none"> <li>1FTE x RAN</li> <li>1FTE AHP</li> <li>1FTE x cleaner</li> </ul>	Will require outside support	
<b>Medical officers</b> (For allocation across all four sites as required)	<ul style="list-style-type: none"> <li>1FTE x Medical officer</li> <li>1FTE x Medical officer (additional)</li> </ul>			Using the new telehealth item numbers the GP based in Perth could run clinics by phone –

				especially to the remote clinics.
<b>Floating RANS</b> (Can be allocated to any site)	1FTE (additional)			
<b>Clinical Programs Staff</b> for Re-direction/Allocation as needed: <ul style="list-style-type: none"> <li>• 1FTE x Child health nurse</li> <li>• 1FTE x Sexual health nurse</li> </ul>	Not yet deployed		Sexual health nurse to be allocated to contact tracing	
Newman	For discussion			

\* Currently under discussion with Pop Health to support

Prompts to consider	Notes
Minimum number of staff and roles required in each clinic to keep service open	
Possible closure of clinic and/or relocation of staff in event of staffing crisis	
Possible re-allocation of tasks to share workloads including training requirements	
Demands on staff and their mental health and wellbeing	
Employee compensation and sick leave absences	
Management of staff who become ill at work	
Ensuring staff absence during illness	
When staff may return to work after recovering	

## Appendix 4: Individual Site COVID-19 Preparedness Checklists

Name of clinic:		
Task / Recommendation	Completed Y/N Comments	Date completed
Stockpile four weeks supply of necessary medical items/equipment and PPE, including gloves, gowns, surgical masks (adult and paediatric sizes if possible), eye protection, tissues, hand hygiene resources and pathology specimen collection supplies (swabs); perform regular expiry date checks. See Useful Resources Check List		
Ensuring hand hygiene facilities are available in each clinic entry/exit points, waiting areas, consultation rooms and workspaces.		
Identifying dedicated clinic space or waiting areas for potentially infectious clients		
Ensuring surfaces that are frequently touched are cleaned regularly (at least daily)		
Each clinic and/or office area will display a variety of culturally appropriate community information by way of posters on walls/doors		
Ensure that language-appropriate signage is in place directing clients to notify reception staff if they have symptoms of COVID19 illness, and to advise these clients to wear a surgical mask, observe cough etiquette/hand hygiene, keep at least 1.5 metres from other clients, and move to designated waiting area		
Ensure there is a non-touch (foot pedal) bins to support easy disposal of waste such as used tissues in each room		
Remove toy box, books and magazines from waiting and consultation areas		
Other		

## PAMS Useful Resources Check List

Name of clinic:		
Clinical Item	Quantity	Expiry Date
Plastic Aprons		
Gowns		
P2 Masks		
N95 Masks		
Goggles / glasses		
Face Shields		
Gloves		
Respiratory Viral Swabs		
Alcohol Rub		
Tissues		
Paper linen for examination couches		
Cleaning products detergents and disinfectants		
Rubbish Bins		
Trolleys to set up PPE equipment ready for use in isolation rooms		
Other		

## Appendix 5: COVID-19 Contact List



Position/Name/Organisation	Contact details
CEO, PAMS – Robby Chibawe	0400 392 489 pams.ceo@puntuturnu.com
Clinic Manager, PAMS – Emma Barritt	0448 008 849 pams.pm@puntuturnu.com
CEO, Jigalong Community Incorporated	9175 7020 Jigalong@iinet.net.au
CEO, Parnngurr Aboriginal Corporation	9176 9009
CEO, Kunawarritji Aboriginal Corporation	9176 9040 / 9176 9967 Kunawarritji@bigpond.com
CEO, Punmu Aboriginal Corporation – John Reudavey	9176 9110 punmucorp@bigpond.com
Community Police	9175 7758
Doctor, PAMS – on-call	0476 843 879
Population Health	9175 8380
Path West	9175 2943
Public Health (Call regarding testing for ALL high-risk settings)	9174 1660
Pathology Path West (Results)	13 72 84
Department of Health WA (Reporting suspected cases)	Suspect COVID-2019 Notification Form <a href="https://cdcwa.health.wa.gov.au/surveys/?s=3PANDLMR84">https://cdcwa.health.wa.gov.au/surveys/?s=3PANDLMR84</a>
Hilditch Pharmacy – Joy	9175 5927/0499 887 144 <a href="mailto:hilditchpharm@gmail.com">hilditchpharm@gmail.com</a>

## Appendix 6: Key clinical activities for different transmission scenarios

	No case	Sporadic cases	Cluster	Community transmission
Facility space, including for triage	Usual space. Enhanced screening and triage at all points of first access to the health system.	Dedicated COVID-19 patient care areas within clinics / community.		
Staffing	Usual staff. Train all staff for safe COVID-19 recognition and care. Activate infection prevention and control (IPC) teams.	Additional staff called in and trained.		
Supplies and resources	On-hand supplies. Equip clinics for COVID-19 treatment. Identify essential equipment and supplies, including oxygen. Prepare expanded local supply chain.	Expanded inventory of supplies with detailed protocols for use. Activate expanded local supply chain.		
Standard of care	Usual care enhanced awareness and recognition of immediate needs for first COVID-19 patients.	Usual care and treatment for all patients including with COVID-19		
Care areas expansion	No requirements for expansion	Designate number of beds per suspected cases		