Information for workers from Australian Government Agencies, services and programs visiting remote communities

This fact sheet **applies** to all workers (employees, contractors, volunteers) of Australian Government agencies and services and programs who are **visiting** remote communities for employment or as part of their work arrangements. For the purpose of this document, Australian Government agencies, programs and services include but are not limited to:

- Government workers visiting a remote community to deliver a service
- Government workers engaging in consultation/information/planning activities
- Visiting and outreach providers delivering an Australian Government program or service (e.g. health professionals engaged through the Medical Outreach Indigenous Chronic Disease Program, a contracted service provider undertaking local area coordination activities for the National Disability Insurance Agency)

This factsheet **does not apply** to workers of Australian Government agencies, services and programs who are **residents** of remote communities in the conduct of their employment.

> Measures to reduce non-essential access to remote/isolated communities and to ensure a simple self-assessment of risk and adherence to public health advice for essential travel can significantly help to protect the health and wellbeing of Australians living in remote communities

Why are remote communities at risk?

Isolation and remoteness offer opportunities for delaying or potentially preventing an outbreak of in those areas. However, high mobility of community members and a reliance on visiting and outreach services for many essential needs increase the risk of COVID-19 occurring in community.

On average, Australians living in remote areas have shorter lives, higher levels of disease and injury and poorer access to and use of health services, compared with people living in metropolitan areas. Poorer health outcomes in remote areas may be due to multiple factors including a level of disadvantage related to education and employment and other social determinants of health, as well as access to health services[1].

Everyone is susceptible to COVID-19, however, older people, people with a compromised immune system, and people with chronic illnesses tend to get more severe disease. In addition, Aboriginal and Torres Strait Islander people experience a burden of disease 2.3 times the rate of other Australians, which may increase the risk of severe infection.

Pre-remote travel check

Before traveling, workers and managers should consider the risks and benefits of their trip. COVID-19, like most infectious diseases, has an incubation period. During the incubation period an infection has occurred but the person has not yet developed any symptom. Current available evidence indicates the incubation period for COVID-19 can be up to 14 days, so it is important precautions are observed so people do not introduce the infection inadvertently to a remote community. Even if they feel healthy.

---

[1] Australian Institute of Health and Welfare 2019. Rural & remote health. Cat. no. PHE 255. Canberra: AIHW. Viewed 09 March 2020, https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health

Information for workers from Australian Government Agencies, services and programs visiting remote communities – Version 1 (17/03/2020) Coronavirus Disease (COVID-19)

1

Is the remote travel essential and/or are there alternatives?

Recommendation: postpone all non-essential travel to remote communities.

Workers should consider whether the remote visit is essential, whether the same objectives could be achieved via tele/videoconference, or whether the trip could be postponed. It is important to maintain essential services in remote communities, so workers should balance community needs with travel risks. For instance, if the planned travel was an engagement visit or a consultation meeting to inform policy development, it might be appropriate to consider alternatives (video/teleconference, online engagement). If the visit is to fulfil an essential function, such as the delivery of Centrelink services or health care, then it might be appropriate to proceed, with the considerations below.

Are you aware of any community access restrictions/COVID-19 management plans in place or additional requirements you need to take into consideration?

Recommendation: seek information and adhere to local guidance on restrictions to access

Communities may consider additional requirements and restrictions to protect themselves during the outbreak. For instance, on 25 February 2020, the Aṉangu Pitjantjatjara Yankunytjatjara (APY) Lands enacted additional conditions for the granting of access permits, and have written to Australian Government agencies exempted from the permit system requesting that they adhere to the new regulations. The additional requirements were set in place for three months.

The National Indigenous Australians' Agency (NIAA) has a network of regional offices that can provide information on local requirements.

Have you travelled internationally in the previous 14 days?

Recommendation: Do not travel to a remote community within 14 days of your return from any international travel.

More than 100 countries are reporting confirmed cases of COVID-19. Current direction form the Australian Health Protection Principal Committee (AHPPC) recommends self-monitoring for any returned international traveller. Additional recommendations apply for returned travellers from higher risk countries. For up-to-date information and list of countries, please visit www.health.gov.au. If you develop symptoms (fever, a cough, sore throat, tiredness and/or shortness of breath) during that period please call National Coronavirus Health Information Line on 1800 020 080.

Do you have symptoms compatible with COVID-19? (fever, a cough, sore throat, tiredness and/or shortness of breath)?

Recommendation: Do not travel to a remote community if you have symptoms.

COVID-19 causes mild illness in about 80% of people infected. Symptoms can be the same as many other respiratory conditions. In order to ensure the risk of exposure is minimised in remote communities, please do not travel if you have fever, a cough, sore throat, tiredness and/or shortness of breath.

Have you had a contact with a confirmed case of COVID-19 in the last 14 days?

Recommendation: Do not travel to a remote community within 14 days of your last contact with a confirmed case of COVID-19. Isolate and self-monitor at home as recommended.

If you have been in contact with a confirmed case of COVID-19 in the last 14 days you should observe isolation at home and monitor your health for the development of symptoms until public health authorities inform you it is safe to return to your usual activities.

Information for workers from Australian Government Agencies,
services and programs visiting remote communities – Version 1 (17/03/2020)
Coronavirus Disease (COVID-19)

2

Have you been tested for COVID-19 and are awaiting results?

Recommendation: Do not travel to remote communities while awaiting for your results.

If you were tested for COVID-19 and are awaiting for your results, you should isolate at home and monitor your health for the development of symptoms. If you were tested and your result was negative, only travel to a remote community if your doctor confirms it is safe for you to do so.

On arriving at a remote location, how can visitors help prevent the spread of COVID-19?

Practising good hand and sneeze/cough hygiene is the best defence against most viruses. You should:

- wash your hands frequently with soap and water, before and after eating, and after going to the toilet;
- cover your mouth and nose when coughing and sneezing, dispose of tissues, and use alcohol-based hand rub; and
- ensure you are up-to-date with the Influenza vaccination (available from mid-April) and other health precautions advised by your doctor and policies of your employer if appropriate.

What should workers do if they develop symptoms (fever, a cough, sore throat, tiredness and/or shortness of breath) after arriving at a remote location?

If you develop symptoms (fever, a cough, sore throat, tiredness and/or shortness of breath), after arriving at a remote community you need to do the following:

1. Be assessed by the community's health service using standard infection control measures and be managed as appropriate for your medical condition.
2. Self-quarantine by eating and sleeping alone in your own bedroom or donga.
3. Avoid being with other people indoors, e.g. office, meeting room or dining room, or any other enclosed spaces, e.g. motor vehicle.
4. Maintain at least 1.5 m distance and be outdoors or on an open verandah (an undercover area with only one side wall)
5. Put on a surgical mask if you are near other people and if you don't have one, cover your cough and sneeze.
6. Wash your hands frequently with soap and water and use alcohol-based hand rub.

Repatriation of people who develop symptoms (fever, a cough, sore throat, tiredness and/or shortness of breath) after arriving at a remote community should be in accordance with the community's occupational health and safety policies.

Where can I get more information?

For the **latest advice, information and resources**, go to www.health.gov.au

If you have concerns, go to www.healthdirect.gov.au **or call the National Coronavirus Helpline on 1800 020 080**. The line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The contact details from the **NIAA regional network** are available at
https://www.niaa.gov.au/contact-us/regional-network-addresses

The phone number of your **state or territory public health agency** is available at
www.health.gov.au/state-territory-contacts

Information for workers from Australian Government Agencies,   3
services and programs visiting remote communities – Version 1 (17/03/2020)
Coronavirus Disease (COVID-19)