



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

This guidance aims to protect people in remote communities by minimising the risk of introduction of COVID-19 into those communities. The guidance provides a risk management approach designed to limit non-essential travel to remote communities and ensure stringent health protocols for Australian Government workers¹ (also referred to as “workers”) engaging in essential travel.

This guidance applies to all workers (employees, contractors, consultants, volunteers) of Australian Government Agencies² 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 or conduct a community meeting/forum;
- Government workers engaging in consultation/information/planning activities; and
- 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 guidance does not apply to workers of Australian Government Agencies, services and programs who are residents of remote communities in the conduct of their employment in their residential community. However, workers of Australian Government Agencies that reside in remote communities must ensure they follow quarantine protocols (i.e. quarantine for 14 days, monitor for symptoms and limit exposure with the community as much as possible) if they are returning from an area with community transmission.

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 being introduced into 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

¹ A Government worker is one who is employed by an Australian Government Agency as outlined in (2) below.

² This includes all Commonwealth entities and companies subject to the PGPA Act.

due to multiple factors including social determinants of health and 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. 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 disease if they acquire COVID-19.

How do we minimise risk related to COVID-19?

To minimise risk related to COVID-19 entering remote communities it is important to prevent access to remote communities for purposes that are not essential.

Australian Government Agencies with essential activities wishing to support employee travel to remote communities should complete and approve at the Secretary, CEO or reasonable delegate level, their own Risk Management Plan based on the example drafted by the Department of Health in consultation with its Human Biosecurity Officers. This can be requested through <mailto:Indigenous.Ops@health.gov.au>. It is up to each agency to adapt the templates to their own circumstances. The Risk Management Plan outlines requirements and considerations and also provides a template for individuals. Individuals will be required to have Senior Executive support to demonstrate commitment to adhering to the Risk Management Plan at the agency level for each trip into a remote community.

Key decision points and health practices to ensure Australian Government Agencies consider and mitigate risks related to employee travel into remote communities are outlined below:

Is travel to the Community permitted?

Are there state or territory travel restrictions in place? 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

Australian Government Agencies may have their own travel protocols and these should be considered concurrently, with adherence to whichever is the most stringent. Communities may have in place permit systems or consider additional requirements and restrictions to protect themselves during the outbreak. It is therefore important to check access restrictions, both at the Commonwealth, state and local levels, as well as consult with leaders of the remote community prior to the proposed visit and only proceed with the trip if prior approval is obtained. The National Indigenous Australians Agency's (NIAA) Regional Network can facilitate this process. Your nearest NIAA Regional Office is available on 1800 079 098.

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

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

Government 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. Consideration should also be given to the number of people required, only people essential to the trip should attend. The more people that enter the higher the chance of introduction of the disease. The minimum number for personal safety should attend.

Have you followed health protocols?

Pre-Travel Check

If you've assessed your need to travel and the purpose is considered essential, then each person travelling will need to do the following:

- obtain or demonstrate a current influenza vaccination as a condition of travel;
- complete the individual Risk Management Plan;
- complete the COVID-19 Infection Control Training module at <https://covid-19training.gov.au/>;
- submit the individual Risk Management Plan for endorsement by your Senior Executive;
- consult with leaders of the remote community prior to the proposed visit (including involving Aboriginal and/or Torres Strait Islander interpreters if required), including about the actions and requirements to protect the community against the introduction of COVID-19, and only proceed with the trip if prior approval is obtained. The National Indigenous Australians Agency's Regional Network can facilitate this process. Your nearest NIAA Regional Office is available on 1800 079 098;
- ensure places of work have the capacity to meet the physical distancing requirements;
- ensure physical distancing requirements are met in transit, including during travel to/from the remote area, e.g. in vehicles;
- ensure you will record the name, time and place of any close contacts³ that occur during the travel for contact tracing purposes; and
- to reduce your risk of transmitting disease in remote communities, you also need to consider the issues below.

³ The definition of a close contact is: (1) face-to-face contact in any setting with a confirmed or probable case, for greater than 15 minutes cumulative over the course of a week, in the period extending from 48 hours before onset of symptoms in the confirmed or probable case; or (2) sharing of a closed space with a confirmed or probable case for a prolonged period (e.g. more than 2 hours) in the period extending from 48 hours before onset of symptoms in the confirmed or probable case. Source: [Coronavirus Disease 2019 \(COVID-19\) CDNA National Guidelines for Public Health Units](#)

Have you travelled to a location where there are community cases of COVID-19 (including internationally) in the previous 14 days?

Recommendation: Do not travel to a remote community within 28 days of your return from a location where there are community cases of COVID-19, including overseas.

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 currently have symptoms or had any of these symptoms in the seven days prior (unless you have tested negative for COVID-19 since the onset of symptoms). If you currently have any symptoms you should get tested.

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 over 37.5 degrees Celsius, history of fever (such as night sweats or chills) OR respiratory infection (cough, shortness of breath or sore throat) OR loss of smell or loss of taste. The [healthdirect Coronavirus \(COVID-19\) Symptom Checker](#) asks questions about your symptoms to see if you need to seek medical help or get tested. This tool is available online at any time.

Before you travel, self-monitor to ensure you do not have a temperature over 37.5 degrees Celsius (equipment to be supplied by your agency) and no respiratory symptoms. You should also carry a surgical mask (supplied by your agency) with you at all times and immediately wear it if you start experiencing signs and symptoms of COVID-19 or when physical distancing cannot be maintained.

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 or suspected case of COVID-19. If you have had contact you will have been instructed to stay in quarantine for 14 days. Do not travel until the quarantine period has been completed.

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 quarantine 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 and you meet all the other requirements of this policy.

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 frequently;
- ensure you take your own supplies of soap, tissues, alcohol-based hand rub, cleaning products including disinfectant wipes or spray, face masks and gloves (supplied by your agency);
- be mindful of how used items are disposed of and consider securing rubbish to take out of community with you for disposal;
- maintain 1.5m of physical distance from others, including when travelling in vehicles;
- not leave my accommodation room except for work, essential shopping and exercise;
- minimise interactions with others; and
- minimise time in the location, stick to absolutely essential activities only and leave as soon as possible.

What should Government 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. isolate yourself in your own room and eat/sleep alone in your own bedroom or donga;
2. if you need to go outside, maintain at least 1.5 m distance from others;
3. carry a surgical mask (supplied by your agency), in case use of a mask is required when physical distancing cannot be maintained (if you don't have one, cover your coughs and sneezes); and
4. wash your hands frequently with soap and water and use alcohol-based hand rub.

If you become unwell (fever, a cough, sore throat, tiredness and/or shortness of breath) after arriving at a remote community, you should:

- contact the health centre for advice;
- do not attend the health centre in person, unless advised to do so;
- isolate as much as possible; and
- wear a mask (supplied by your agency), in case use of a mask is required when physical distancing cannot be maintained.
- Any plan for repatriation should consider the clinical situation and 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 www.niaa.gov.au/contact-us/regional-network-addresses. Remote communities include, but are not limited to, those listed on the National Indigenous Australians Agency Website <https://www.indigenous.gov.au/communities/list-view/A>.

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

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

Last reviewed:

05 August 2020