

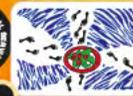


KAMS

Kimberley Aboriginal Medical Services Ltd

Kimberley response to COVID-19 – the importance of community education in disaster management

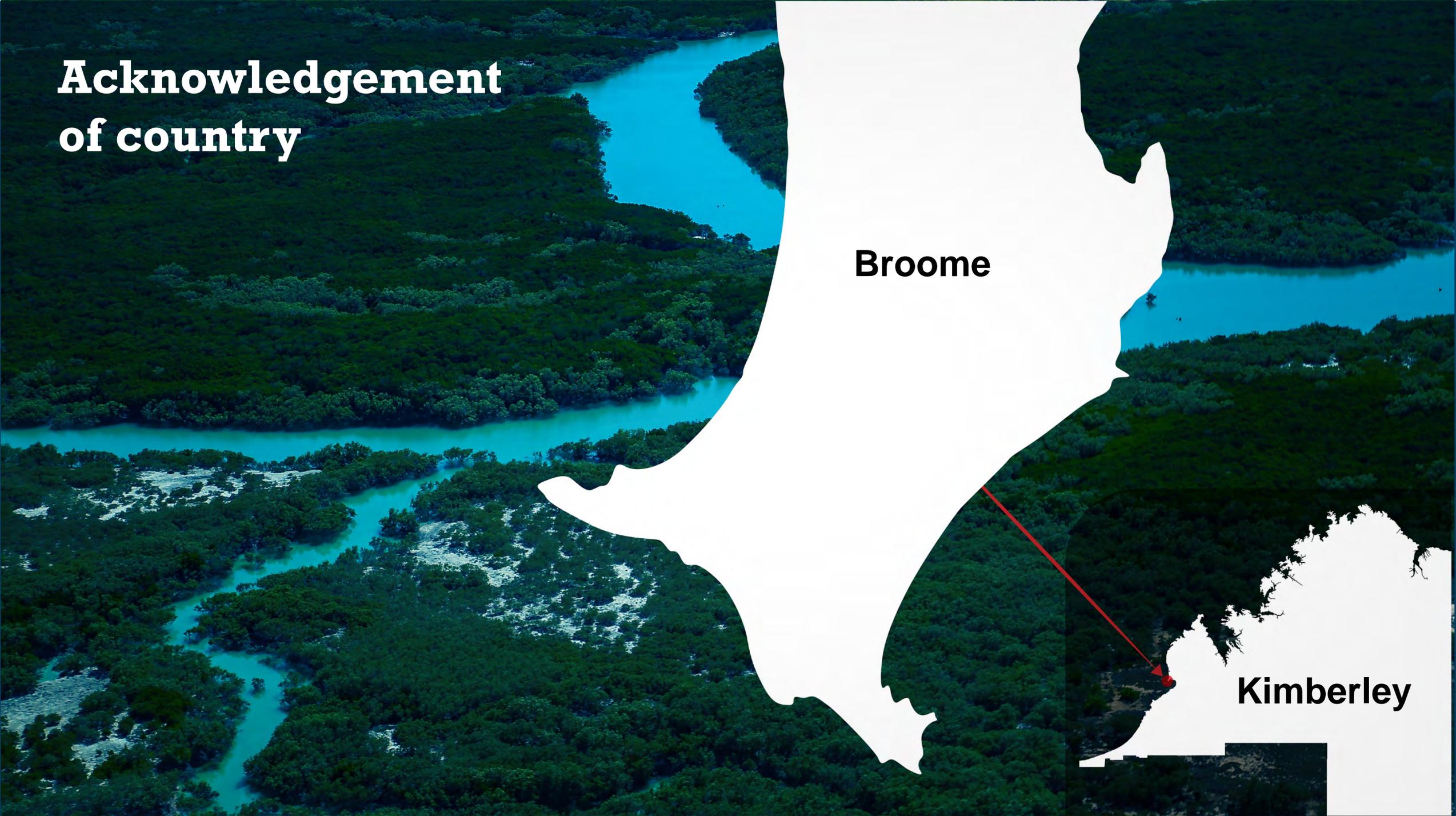
Dr Lorraine Anderson
KAMS Medical Director



Acknowledgement of country

Broome

Kimberley





Ord Valley Aboriginal Health Service



Yura Yungi



Derby Aboriginal Health Service



Nirrumbuk Aboriginal Corporation



Bidyadanga Aboriginal Community



Beagle Bay Community



Wyndham
Kununurra

Beagle Bay Health Centre

Derby

Broome

Fitzroy Crossing

Halls Creek

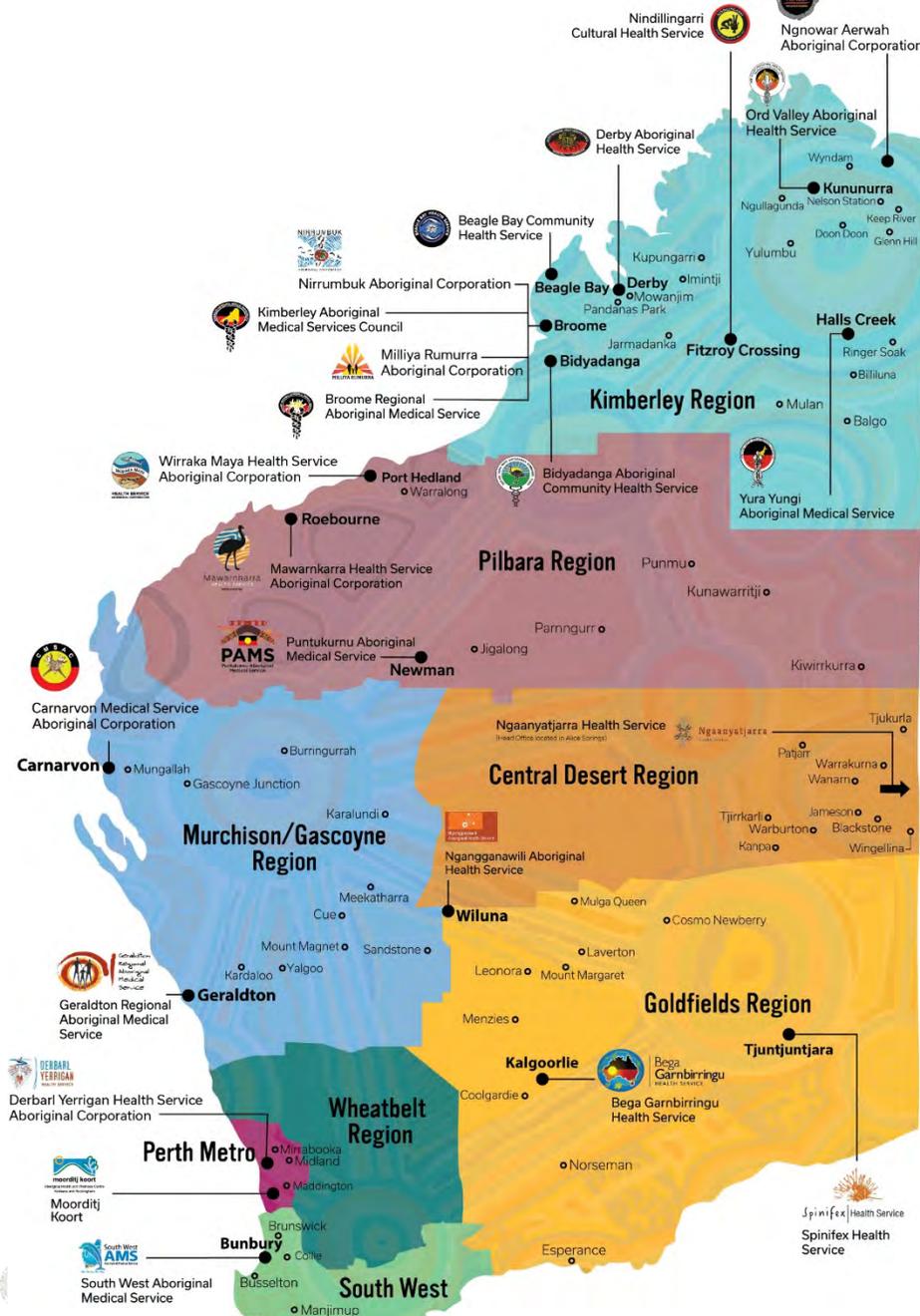
Bidyadanga Health Centre

Bililuna Health Centre

Mulan Health Centre

Balgo Health Centre

0 20kms 40kms 60kms 80kms 100kms 200kms

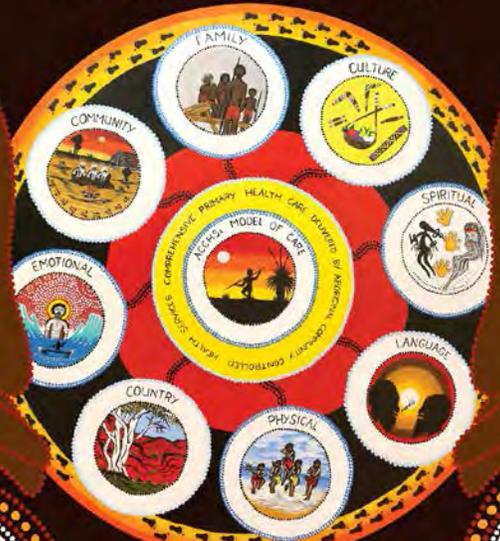


KAMS is a peak organisation for the Kimberley Region and part of a large network of ACCHO providers in the state led by the Aboriginal Health Council of WA (AHCWA)

ACCHS Model of Care

The Aboriginal Community Controlled Health Services (ACCHS) Model of Care is underpinned by eight determinants that are required for the wellbeing of Aboriginal and Torres Strait Islander People and their Communities.

Definition of Health



Community Engagement

Involving local community members in service delivery enables the Practice to engage clients in appropriate healthcare. Aboriginal people must be included in leadership positions and decision making processes.

Multi-disciplinary Team Approach

Utilising the skills and knowledge of a variety of healthcare professionals allows for the complex care needs of clients to be met.

Aboriginal Workforce

An Aboriginal workforce delivering primary healthcare ensures a culturally safe environment.

Roles include: Aboriginal Health Worker/ Practitioners and other Health Professionals, Transport Drivers, Health Promotion Officers, Liaison Officers, Practice Managers, SEWB Workers, Receptionists, and Environmental Health Workers

Cultural Safety

It's important for clients to feel safe, welcome, and empowered.

This can include: Aboriginal staff - familiar faces, Family environment, Layout of clinic, Longer appointments, Use of local artwork/ posters, Communication style, Service is holistic addressing the social determinants of health, Respect for cultural protocols



AHCWA
Aboriginal Health Council
of Western Australia

AHCWA aims to promote and strengthen the ACCHS model of care. A model that is built around the delivery of comprehensive, holistic and culturally secure primary health care services.

ACHHO sector Model of Care

- Underpinned by 8 fundamental dimensions pivotal to the health and wellbeing of Aboriginal people and their Communities



Fundamental Dimensions

Person

Physical

Spiritual

Emotional

Community

Culture

Language

Country



What is community

A **community** is a group of living things sharing the same environment. They usually have shared interests. In human communities, people have some of the same beliefs and needs, and this affects the identity of the group and the people in it.

Wikipedia



What is education

Education is about learning skills and knowledge. It also means helping people to learn how to do things and support them to think about what they learn. It's also important for educators to teach ways to find and use information.

Wikipedia



What is communication

Communication is simply the act of transferring information from one place, person or group to another.

Every **communication** involves (at least) one sender, a message and a recipient. ... These include our emotions, the cultural situation, the medium used to communicate, and even our location



Communication in Remote Aboriginal Communities

To work effectively with, and communicate well with communities, you need to be:

- aware of culture
- skilled with Indigenous concepts
- advanced in theories of justice and human rights
- able to work without racism or other prejudices

Ref: Indigenous Health infonet



Communicating in a crisis – what?

Deliver essential information in a quick, clear, and transparent manner.

Share what you *don't* know, in addition to what you *do* know.

Make it clear what or who people can look to for stability and guidance.



Communicating in a Crisis: When?

Communicate broadly, repeatedly, and through multiple means.

Explain *before* questions and concerns are submitted, when possible.

Answer question and concerns honestly



Communicating in a Crisis: How?

Be human and connect

Get out to community

Listen to understand

Focus on the people, not the problem



COVID-19 pandemic

The crisis is the COVID-19 pandemic

The stage is the Kimberley



What have we been successful at

- Educating community about COVID
- Educating community about vaccination
- Finding out what will work for each community
- Finding out what each community wants
- Getting that information to the communities



What has been most important in our success

- Governance and Leadership and COMMUNICATION within KAMS
- Prioritisation of Aboriginal cultural and spiritual ways and COMMUNICATION within Communities



COVID-19 Operational Response

Guiding Principles

- Engage with community through clear communications
- Comply with government issued advice and directives
- Organisation & clinics align to government directives to operate to the fullest extent possible
- Limit impact to continuity of services
- Limit COVID-19 impact on staff, patients and Kimberley community



Structured approach to communication within KAMS first



KAMS / KRS Board



- Ultimate decision-making authority for all matters related to KAMS and KRS, including the response to COVID-19.
- Meet as required to be updated on COVID-19 and provided with a summary of key COVID-19 related decisions.
- Day to day operational matters are delegated by the Board to the KAMS CEO.





Leadership Group

Decisions related to management and oversight of the KAMS COVID response.



Clinical Response Group

Provide advice to the leadership group on clinical response.



Communications Group

Develop and distribute approved communication materials.



**Communications
Group**

Coordinate the development, distribution and review of accurate, timely and culturally accessible communication materials for KAMS staff, KAMS and KRS clinics and patients, and the broader Kimberley Aboriginal community.





Communications Group

- a mechanism to ensure informed clinical advice and communication between the KAMS COVID response groups
- Developing short, medium and long term strategies to inform the planning process already in place
- Provide practical and specific clinical advice on implementation of the Pandemic Management Plans in play
- Identify and escalate emerging and pressing issues
- Develop, review and inform key documents, guidelines and plans as appropriate
- Review new communication materials to be disseminated through existing channels
- The development and management of risk frameworks in response to existing and emerging risks in order to prevent, minimise and manage risks appropriately
- Effectively managing the demands of key stakeholders such as patients / clients, other KAMS business units, the Executive Management Team, the Board of Directors and others
- Contribute to the flow of information within KAMS and KAMS Member Services

Cyclone alert system

- The usual disaster to hit the Kimberley is Cyclones
- The cyclone warning system is something we are all familiar with, communities recommended we adopt something similar and this became a feature throughout our response
 - Green
 - Amber
 - Red



COVID Alert System – Vulnerable staff

Green Alert

No increased risk of exposure

- All vulnerable staff are identified, meet with HR to discuss actions during amber and red alert and their status communicated to their Manager and Executive Manager
- Vulnerable staff must not be allocated to manage suspect cases of COVID-19, otherwise all other duties to be performed as normal
- Ongoing training and awareness of COVID-19 for all clinic based staff
- HR identify and meet with secondary clinical workforce who may need to be deployed during subsequent alert levels

Amber Alert

Increased risk of exposure

- Risk assessment conducted on vulnerable staff and those who have requested to cease working
- Vulnerable staff must not attend work and will be redeployed or directed to take leave as applicable
- HR complete a disclosure agreement with any vulnerable staff who elect to remain in clinical duties in the event of an amber alert
- Vulnerable staff working from home will be assigned work and provided with a laptop
- Social and Emotional Wellbeing (SEWB) staff provide support to staff as required
- Secondary clinical workforce undertake self-isolation in preparation for deployment into Health Centres

Red Alert

High risk of exposure

- No vulnerable staff working in the Health Centre
- Any remaining secondary clinical workforce undertake self-isolation in preparation for deployment into Health Centres
- Vulnerable staff working from home will continue to be assigned alternative work as appropriate



COVID Alert System – Travel Restrictions

Green Alert

No increased risk of exposure

- Microsoft Teams and telehealth must be used for all work related activity where possible
- Travel to or from a Green site must be justified and will be permitted within Western Australia (including the Kimberley) with Manager approval
- Travel outside Western Australia requires CEO approval

Amber Alert

Increased risk of exposure

- Microsoft Teams and telehealth must be used for all work related activity where possible
- Essential (see below) travel to or from an Amber site can only be approved by the CEO
- Travel outside Western Australia requires CEO approval

Red Alert

High risk of exposure

- All meetings to be conducted through Microsoft Teams
- Telehealth to be used where possible for clinical staff
- All travel must be approved by CEO



COVID Alert System –**KAMS self-isolation requirements**

Green Alert

No increased risk of exposure

Isolation and quarantine in accordance with Government requirements

- If COVID is present in WA (but not in the Kimberley) all staff (including new recruits, agency or locums) that have travelled outside of the Kimberley required to self-isolate for 14 days upon return to the Kimberley.

Amber Alert

Increased risk of exposure

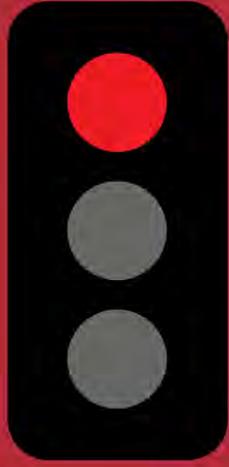
- Secondary clinical workforce undertake self-isolation in preparation for deployment into Health Centres
- Remote Area Staff offered Isolation Leave in Broome with accommodation and car provided
- Essential clinical Staff that FIFO between Broome and Remote communities are required to self-isolate before travelling to work in Remote Health Centres (refer to Travel section also)

Red Alert

High risk of exposure

- Any remaining secondary clinical workforce undertake self-isolation in preparation for deployment into Health Centres
- Remote Area Staff offered Isolation Leave in Broome with accommodation and car provided
- Essential Clinical Staff that FIFO between Broome and Remote communities are required to self-isolate before travelling to work in Remote Health Centres





DON'T

- Go out if you don't need to
- Have big family gatherings
- Go shopping (food is ok)
- Have visitors to your home
- Visit homes of the family
- Share cars with other family
- Share cups or cigarettes with anyone



USE CAUTION

- Visiting grocery store
- Getting take out



SAFE TO DO

- Take a walk
- Read a good book
- Listen to music
- Cook a meal
- Watch your favourite shows and movies
- Call a friend/ family or message them

Other comms used

People coming into the Kimberley by road or plane must **self-isolate** from the general public for **14 days** from the day of arriving



This is to protect family, friends, colleagues & the community from possibly getting the Coronavirus.

What does this mean for me?

From Thursday 26th March 2020, Government has restricted access to the Kimberley to protect the people living here and especially the health and wellbeing of remote Aboriginal communities.

Workers providing essential services to the community are the only exception to this rule.
Example: police, doctors, nurses, food suppliers.

When self-isolating you MUST:

STAY HOME	NO GUESTS	KEEP YOUR DISTANCE	STAY IN YOUR RESIDENCE	CLEANING	WASH YOUR HANDS	STAY IN CONTACT
Immediately go to your home and stay there for 14 days (2 weeks).	Only people who usually live in your home should be with you.	Stay 2 big steps (1.5m) away from people in your home.	Try and stay in an area of your home away from others, this might be a bedroom.	Wash your dishes and other items like towels and frequently touched surfaces with soapy detergent and waste water regularly.	Wash your hands with soap & water.	Stay strong and connect with family in other ways like phone or message.

When you are self-isolating you CANNOT:

Do not have visitors to your home. Even close family that you love - your job is to keep them safe and keep the virus away from them.	Do not share dishes. Drinking glasses, cups, utensils, towels, pillows, cigarettes or other items.	Do not leave your property. Don't go to the shops, to work, walk around, drive anywhere, not even to funerals.
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What does this mean for family or other people I live with?

Other people who live in your home do not need to self-isolate and can go about their usual activities. If possible, they should avoid being in the same room as you.

Remember: no sharing, wash your hands often with soap, and cover your cough and your sneeze.

If you stay well during the 14 days, you can return to normal activities on day 15.

Severe penalties will apply up to \$50,000 fine or potential imprisonment for failing to comply

If you or someone in your household become sick with a fever, cough, sore throat or breathing difficulties during this time call the Coronavirus Health Information Line:

1800 020 080

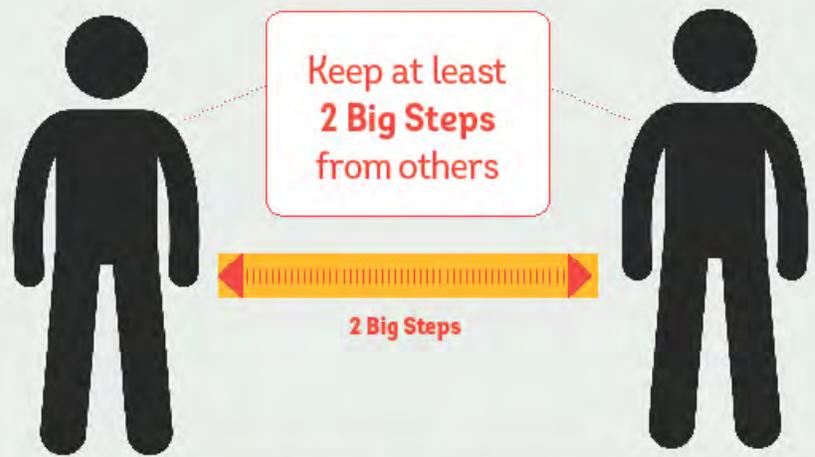
You can also see your local health clinic or hospital for advice.

We all need to do our bit to keep community safe and strong.



Keep Your Distance

Keep at least **2 Big Steps** from others



Coronavirus is spread by sick people sneezing and coughing, so:



Cover your sneeze and cough

Wash hands

Keep at least 2 big steps away from people if you're sick



Try not to touch face



Engaging community

We went out to the communities and talked about COVID –

- What it is, how to stay safe and what the risk is
- What to do if you feel sick
- How to get tested
- What will happen if there's an outbreak

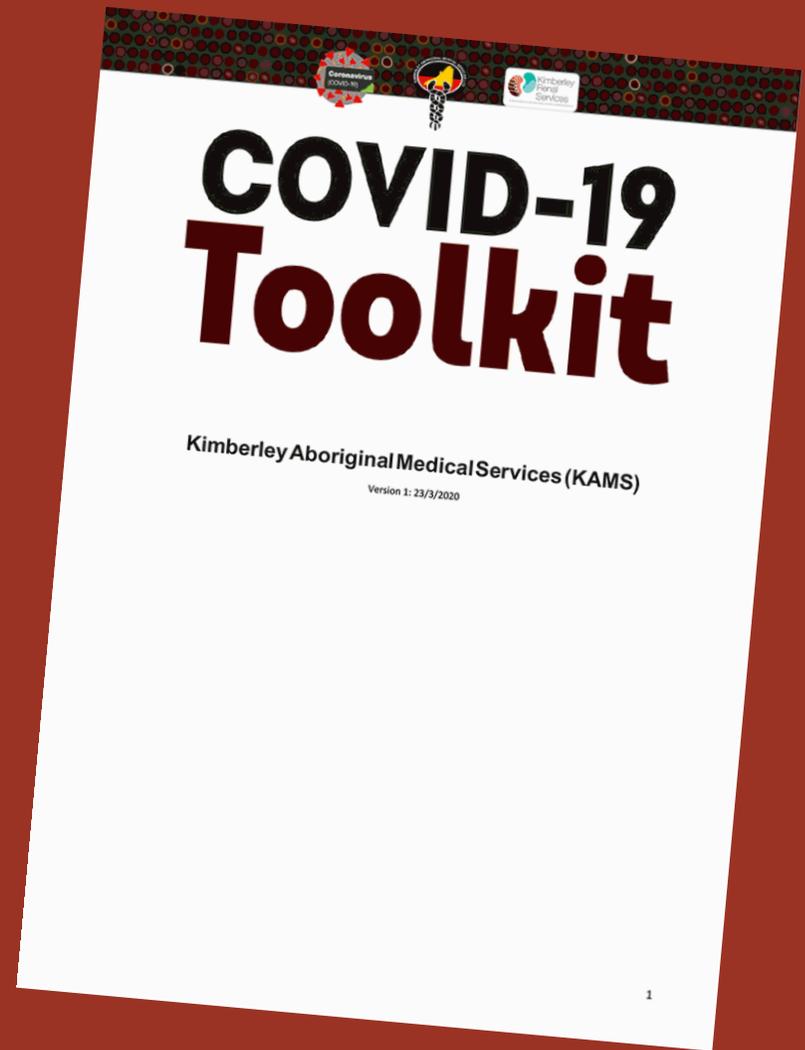


Engaging other services

- Regional Leadership Group Meeting
- WACHS:KAMS interface
- RFDS:KAMS interface
- WA Health:KAMS interface
- AHCWA:KAMS interface
- Commonwealth:KAMS interface



KAMS COVID-19 Toolkit



Scenario Testing



Telehealth



COVID Vaccine Pre-Implementation

Communication for Behavioural Impact (COMBI) Plan

Strategic planning for behavioural and social communication begins with the fundamentals



COMBI



1. Overall Goal

- 100% of people are offered a COVID-19 vaccination course with the provision of culturally appropriate vaccine information.
- At least 80% of adults are vaccinated with at least one dose of a COVID-19 vaccine within 6 months of Phase 1b commencing.
- At least 90% of people who have a first dose of a COVID-19 vaccination have a second dose at the recommended time.



2. Our Behavioural Objectives

- Within the first 2 months (8 weeks) of availability, present at remote clinic, Aboriginal Medical Service (AMS), approved General Practice (GP) or hospital and receive 1st Vaccine dose.

& then

- Return for a 2nd Vaccine dose by presenting to approved remote Clinic, AMS, approved GP or Hospital within the recommended period (3 months/ 12 weeks).



3. The situational market analysis

Survey's completed by

- staff,
- community members
- AHW students



4. The overall strategy

A. Re-state the Behavioural Objectives

B. Set out “Communication Objectives” which will need to be achieved in order to achieve the behavioural results

C. Outline Communication Strategy: a broad outline of the proposed communication actions for achieving communication and behavioural results in terms of the five communication actions listed



Communication keys:

- Reminded of the real risk of COVID-19 reaching the Kimberley
- Assured the vaccine is safe
- Assured the vaccine cannot give people COVID-19
- Convinced the Vaccine will offer protection against serious illness and death
- Aware that, similar to other vaccines, some side effects may occur
- Reminded Health staff are trained, qualified and ready to vaccinate
- Informed that getting the vaccine will also provide protection to family and community
- Aware of where and when the vaccine can be accessed



Communication objectives

- Provide easy access
- Provide accurate information
- Prompt people to return for the second injection in 3 months (12 weeks).



5. The COMBI Plan of Action

A description of the integrated communication actions to be undertaken with specific communication details. Calendar/Time-line/ Implementation Plan.



6. Management and implementation of COMBI

- Who does what?



7. Monitoring implementation and the Assessment of behavioural impact

Process indicators used in tracking the effect and penetration of the communication actions.

Details of the behavioural impact indicators to be used



8. COMBI budget

There's always a budget











COVID-19 Vaccination in the Kimberley

Coronavirus (Covid-19) is a new sickness spreading around the world.
Symptoms can include:
Cough, Difficulty breathing, Sore throat
ADDITIONAL LOCAL SERVICE
STAYING FOR BATTLE
WA FREECALL 080 010 000
CNS

Maximum Room Capacity:
No More than 8 people in this room at any time.
Keep physical distancing at 1.5m.
Practice good hygiene at all times.

SHAKE FREE

NOT ENTERING IN PROGRESS

Various health notices and posters on the bulletin board, including one for 'Blood Pressure Drop in Care at Care'.

KAMS Kimberley Aboriginal Medical Services
keeping you healthy and safe



kams.org.au

