What is Queensland Health’s COVID-19 response plan?

Definition of Qld Health Covid19 Tier

<table>
<thead>
<tr>
<th>BAU+ / CONTAIN</th>
<th>SUSTAIN - TIER 1</th>
<th>SUSTAIN - TIER 2</th>
<th>SUSTAIN - TIER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contain</td>
<td>Sustain Tier 1</td>
<td>Sustain Tier 2</td>
<td>Sustain Tier 3</td>
</tr>
<tr>
<td>Definition</td>
<td>Travelers, no local transmission</td>
<td>Limited community transmission</td>
<td>Moderate community transmission</td>
</tr>
<tr>
<td>Trigger</td>
<td>Presentations with influenza like illness (ILI)</td>
<td>Presentations to ED</td>
<td>Presentations to ED</td>
</tr>
</tbody>
</table>

Triggers are determined for each phase and may vary for each HHS and facility, depending on its baseline capacity and capability. Each tier has specific actions to be undertaken which may change if there is new scientific knowledge of COVID-19 or new information about the effectiveness of containment in Queensland and Australia.
<table>
<thead>
<tr>
<th>vary hospital to hospital</th>
<th>Admissions to hospital</th>
<th>Admissions to hospital</th>
<th>Admissions to hospital</th>
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</thead>
<tbody>
<tr>
<td>Admitted patients with COVID-19</td>
<td>Admitted patients with COVID-19</td>
<td>Admitted patients with COVID-19</td>
<td></td>
</tr>
<tr>
<td>Medical beds with COVID-19 patients</td>
<td>Medical beds with COVID-19 patients</td>
<td>Medical beds with COVID-19 patients</td>
<td></td>
</tr>
<tr>
<td>ICU beds and acuity</td>
<td>ICU beds and acuity</td>
<td>ICU beds and acuity</td>
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</table>

<table>
<thead>
<tr>
<th>Response</th>
<th>Contain</th>
<th>Sustain Tier 1</th>
<th>Sustain Tier 2</th>
<th>Sustain Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever clinic – asymptomatic or mild/moderate ILI symptoms, Drive-through and home-based assessment capacity additional to physical spaces</td>
<td>In or adjacent to ED, community-based - increase based on demand Increase and/or redeploy staff</td>
<td>Adjacent to ED, external to ED, community-based, home – increase based on demand Increase and/or redeploy staff</td>
<td>External to ED, community-based, home – increase based on demand Increase and/or redeploy staff</td>
<td>External to ED, community-based clinic, home – increase based on demand Increase and/or redeploy staff</td>
</tr>
<tr>
<td>ED – ILI patient requiring ED treatment or non-ILI patients requiring ED assessment</td>
<td>Repurpose locations in ED for patients with ILI symptoms e.g. fast track</td>
<td>Relocate ED patient cohorts to alternate location outside ED e.g. fast track to OPD, to allow space for ILI patients Increase and/or redeploy staff</td>
<td>Expansion of ED spaces to other locations e.g. into SSU and relocate SSU to accommodate all patients Increase and/or redeploy staff</td>
<td>Expand ED spaces into adjacent or nearby areas to accommodate all patients Increase and/or redeploy staff</td>
</tr>
<tr>
<td>Virtual ward – for COVID-19</td>
<td>Virtual ward – for COVID-19 including RACF</td>
<td>Virtual ward – for COVID-19 including RACF</td>
<td>Virtual ward – for COVID-19 including RACF</td>
<td>Virtual ward – for COVID-19 including RACF</td>
</tr>
<tr>
<td>Inpatient – non COVID-19</td>
<td>Elective procedures (surgery, medical and dental procedures and outpatients) – continue as is</td>
<td>Reduce or suspend Category 3 and 6 surgery, medical and dental procedural activity</td>
<td>As per Tier 1 plus reduce or suspend Category 2 and 5 surgery, medical and dental procedural activity</td>
<td>As per Tier 2 plus suspend Category 2 and 5 activity</td>
</tr>
<tr>
<td></td>
<td>Outsource elective surgery and endoscopy</td>
<td>To virtual outpatient Category 3 and 6 activity</td>
<td>Outsource elective surgery and endoscopy</td>
<td>Outsource elective surgery and endoscopy</td>
</tr>
<tr>
<td></td>
<td>Reduce, suspend or deliver virtual outpatient Category 3 and 6 activity</td>
<td>Increase and/or redeploy staff</td>
<td>Reduce, suspend or deliver virtual outpatient Category 2 and 5 activity</td>
<td>Increase and/or redeploy staff</td>
</tr>
<tr>
<td></td>
<td>Increase and/or redeploy staff</td>
<td>Review category 2 and 5 in line with workforce availability</td>
<td>Increase and/or redeploy staff</td>
<td>Repurpose outpatient areas</td>
</tr>
<tr>
<td></td>
<td>Repurpose outpatient areas</td>
<td>Repurpose surgical wards to medical wards</td>
<td>Repurpose surgical wards to medical wards</td>
<td>Repurpose surgical wards to medical wards</td>
</tr>
</tbody>
</table>
| Critical services – dialysis, cancer care, maternity and neonatal care, mental health, | Maintain activity and critical referrals in from other HHSs. HITH – 25% increase in | Maintain activity and critical referrals in from other HHSs. HITH – 50% increase in | Maintain activity and critical referrals in from other HHSs. HITH – 100% or more increase in

COVID-19 Primary Care - 2 -
Can I share the COVID19- PC Updates?

COVID19 PC Updates and attachments are to be distributed widely to all your contacts

What is QLD Health COVID-19 changes to planned care appointments?

As part of our response to increase capacity and manage the impact of COVID-19 pandemic, hospitals are postponing elements of routine procedures and outpatient appointments. More information can be obtained via the following link:


What is the current status and contact tracing alerts?


Public and the person who do not wish to be identify however, clinicians may believe they require treatment or confinement it is recommended the local public health unit is contacted for advice.

Is the state looking at providing “hotspot” data?

The work on hotspots is currently being undertaken at the national level and will be shared widely once it is available. At this stage there is still very limited evidence of community transmission without epi-links to travelers or other known cases in Queensland.

The case report currently collects information regarding indigenous status however this is dependent on accurate information being collected at the time of the case interview. We have reinforced the importance of collecting this data with our public health units. GPs can also contribute to increasing completion rates of this data field by asking the patient at the point of test collection

The following link provides a quick view of the current coronavirus (COVID-19) situation in Australia:


Can you give clarification regarding isolation/quarantine of health care workers?

- Specific advice for primary care if a staff member is tested positive. Any practice that finds out it has a

<table>
<thead>
<tr>
<th>ICU</th>
<th>Maintain as is.</th>
<th>Expand in ICU footprint.</th>
<th>Expand into PACU and operating theatres.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Increase and/or redeploy staff</td>
<td>Increase and/or redeploy staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expand in ICU footprint and into adjacent areas (RBWH only).</td>
<td>Increase and/or redeploy staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review need to expand into PACU and operating theatres.</td>
<td>Increase and/or redeploy staff</td>
</tr>
</tbody>
</table>
What about noncompliance of testing and self-isolation?

Legal aspects

- The principle of autonomy applies to testing – patients cannot be forced to undergo testing.
- Patients who are ‘suspected cases’ (i.e. those where clinicians recommend testing) cannot be forced to self-isolate; however, they can be strongly encouraged to do so. There is potential provision under the Public Health Act to enforce self-isolation, but there has not (yet) been a test case, and this would have to be cleared with the CHO
- Patients who are confirmed cases (i.e. a positive test result) can be served legal orders to isolate (if necessary)

Potential outcomes

- The GP successfully contacts their local PHU (the desired outcome). Some local PHUs have been working hard to ensure they provide a timely and responsive service to GPs. An example is a dedicated GP advice and support telephone line in the Gold Coast that is staffed by PHU staff and all calls are logged and dealt with.
- The GP attempts to contact their local PHU but is unable to do so despite several attempts. They document this and, form their perspective, that is the end of the matter
- The GP escalates the case of non-compliance beyond their local PHU – this third option will be considered in more detail next. However, there is no legal requirement (currently) to do this.

The state perspective

- The current physical distancing measures will help to mitigate against non-compliance with testing and isolation recommendations (although this clearly not its intention and should not be relied on)
- Queensland, the CHO and the IMT need to know the level of non-compliance in the community to help manage the COVID-19 pandemic. Having reliable and accurate data is therefore a prerequisite.

What are the implications for a general practice or other primary health care organisation if a team member tests positive for COVID-19?

Answer provided (with thanks) by the Queensland Public Health Incident Management team (IMT) on 2 April 2020.

Only persons who are close contacts would need to be quarantined from the workplace, and this would be determined when contact tracing is undertaken by the local public health unit.

There may be a recommendation to close the practice for a short period of time if contact tracing is likely to be extensive, but I think it would be exceptional rather than the rule.

Part of the concern is that if there is a case in a workplace, then the business will automatically be shut down. This is certainly not the case, and there are things businesses can do now to mitigate the risk of number of staff being close contacts. We suggest the following:

What is the purpose of contact tracing?

When a person is confirmed as having COVID-19 infection, Public Health Units undertake contact tracing. This involves identifying people who have had any sort of contact with a person with confirmed COVID-19 infection and sorting them according to risk. The aim is to identify people who have had close contact with the infected person and direct them into quarantine to prevent further spread. People who are not close contacts do not have to go into quarantine but should be alert to the signs and symptoms of COVID-19 and monitor their health, continuing to practice recommended social distancing and hygiene measures.

How are contacts categorised, and who has to go into quarantine?

A person with confirmed COVID-19 infection is considered infectious from 24 hours before the onset of symptoms until at least 14 days after. Public Health Units will determine the dates during which the person with the infection may have passed infection to others.

A close contact is a person who has, during the period that the infected person is considered infectious: - had greater than 15 minutes face to face contact with the infected person in any setting
OR

- shared a closed space with the infected person for a total of more than 2 hours. A closed space includes a home, the same room in an office, venues such as indoor dining areas and enclosed venues. Areas that would not be considered closed spaces include well-ventilated areas without walls or with partial walls and good airflow; pathways; semi-open or open loading areas and roadways.

The period of quarantine is 14 days from the last contact with the infected person. This is based on the longest known incubation period. If a person in quarantine has a negative test during the period of quarantine, they still need to complete the period of quarantine, as they may become positive in following days.

How can employers in the industry work now to minimise the number of people in their business who might be categorised as close contacts, should a person in the workplace be confirmed as having infection?

Employers may be able to implement strategies to minimise close contact in their workplaces, for example:

- Ensure consistent social distancing and good hand hygiene in the workplace
- Increase cleaning of common hard surfaces and touch points such as door handles, equipment
- Ensure people who develop acute respiratory infection (fever, cough, sore throat etc) are excluded from the workplace. The longer a person with acute respiratory infection remains in the workplace, the longer they may have close contact with other workers.
- Risk assess close office areas. Encourage working from home where possible. Consider physically separating staff as much as possible in the workplace and consider dividing office staff into teams working in separate office areas, to reduce the likelihood that all office staff could become close contacts.

Also:

- Where possible, ensure staff who return from travel adhere to quarantine requirements
- Encourage staff to comply with social distancing directives and recommendations for the community, from government.

Workers who work in open spaces (e.g. outdoors, or in well ventilated large covered areas without walls) and who practice social distancing (i.e. remain 1.5m from other people) are unlikely to meet the definition of close contact.

Quarantine

- Co-workers who are close contacts of a confirmed positive case of Covid-19 will be required to go into quarantine for 14 days.
- During quarantine, if they develop any symptoms they should get assessed and tested if appropriate for COVID-19 (this can be arranged by their GPs or at a Fever clinic).
- While waiting for test results they have to remain isolation.
- If their test for COVID-19 comes back negative they are required complete the rest of their quarantine period.
- However, if they are confirmed to have COVID-19 they are required to remain in isolation.
- A Confirmed or probable case with mild illness who did not require hospitalisation can be released from isolation if they meet all of the following criteria:
  - at least 10 days have passed since the onset of symptoms:
  - there has been resolution of all symptoms of the acute illness for the previous 72 hours
  - The case should be advised to continue to be diligent to hand hygiene and cough etiquette and practice social distancing, as is indicated for the rest of the community, as this will assist in reducing transmission.

Quarantine – for contacts who are asymptomatic and COVID-19 negative

Isolation – for people who are symptomatic or suspected to have/or have COVID-19

What advice is given to household contacts of a confirmed case at the time when the decision is made to manage the patient at home.

Household contacts of a confirmed case will be assessed by public health to determine if they meet the definition of a close contact and if so need to be in quarantine from the last day of contact with the confirmed case.

If the case is to be isolated at home any household contacts in continued close contact with the case (e.g. carers) will need to remain in quarantine until 14 days from the last day the case is infectious.

Depending on the layout of the home, other residents who will not have contact with the case during their isolation period would need to be quarantined for 14 days from last contact with the case. This is likely to need a case by case assessment. It is preferable that people who do not have to be in the home when there is a case in self-isolation move to another separate accommodation, especially those in high risk groups.
You are correct that if another household member becomes infectious any of their household contacts will need to remain in home quarantine until 14 days after the last contact with the case, while infectious. This could mean that some people must remain in quarantine for many weeks, which is why it is recommended that close contacts undertake their quarantine period in a separate place from the case, wherever possible.

**What should we know about close contact and the staff environment?**

Need to consider time spent in room and making sure limiting number of people in room and ensure social distancing of 1.5 within a team and office environment. Where possible do virtual meetings. Look at ways to do business different to reduce contact and risk.

**Can you give some clarity with PPE for GPs seeing patients?**

**Who are well but need essential medical services (immunisations etc.)?**

Standard precautions. Physical distancing should be maintained where possible. Keep interactions where direct and face to face contact is required minimal.

**Who are unwell but no RTI symptoms (e.g. suspect diverticulitis, renal stone)?**

Standard precautions. Physical distancing should be maintained where possible. Keep interactions where direct and face to face contact is required minimal.

**Who are unwell with RTI symptoms?**

Standard precautions, droplet precautions and contact precautions for the healthcare worker, patient should wear a surgical mask. Physical distancing should be maintained where possible. Keep interactions where direct and face to face contact is required minimal. You are not required to wear a mask, if patient is wearing a mask – you are required to be wearing contact precautions i.e. gloves and apron.

*and then how all of these situations change PPE wise if the GP is immunocompromised?*

Standard precautions are designed to protect healthcare workers regardless of the immune status of the healthcare worker. Physical distancing should be maintained where possible. Keep interactions where direct and face to face contact is required minimal.

It is important to note (as per Queensland Health Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings Version 1.10: 27 March 2020) : “When planning staffing and rosters, facilities (including General Practices) should consider current information which suggests that older people and people with severe chronic health conditions, such as heart disease, lung disease, and diabetes, are at higher risk of developing more serious illness from COVID-19. Healthcare workers with immune deficiencies, such as neutropenia, disseminated malignancy and conditions or on treatment that produce immunodeficiency, may also be at higher risk of developing more serious illness from COVID-19”. Therefore, if GPs or practice staff are in a group at high risk of severe disease there may need to be consideration given to this in arranging rostering, work allocation and whether they should be working or not given their personal risk.


**What are the changes with MBS Items?**

The Federal Government has expanded the eligibility criteria for MBS items, updated to include services by obstetricians, midwives and nurse practitioners, with new short services for GPs and allied health. According to the RACGP ‘GPs will be able to bulk bill phone or video consultations with all patients as of 30 March’.


For more information and a list of the new MBS items, please read the COVID-19 Temporary MBS Telehealth Services:


Find the full item descriptor(s) and information on other changes to the MBS on the MBS online summary [webpage](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-2020-03-29-latest-news-).
March

Using Telehealth for all appointments, some points to consider
- Consider the limiting factor in GP practices for the number of outgoing phone lines.
- Other option is using personal mobile with call ID switched off.
- Organisation of call times is important and scheduled and approximate time relayed when making appointment.
- Facetime and WhatsApp are encrypted end to end i.e. safe.
- Need to be sure of IDs and know that Joe Bloggs is the practice patient you are trying to call.
- Other options are HealthDirect – RTC option for videoconferencing (BSPHN sponsored), plus other options e.g. WhatsApp, Facetime, Skype, pros and cons and limitations with video element.
- It is more fatiguing seeing patients over phone or video as you must concentrate harder and pick up the cues in a different way.
- A lot can be done via telephone, including providing reliable information, support and counselling to a lot of very anxious esp. older patients.

Ask MBS Email Advice Service for Schedule Interpretation
The Department of Health (Health) provides an email advice service for providers seeking advice on interpretation of the Medicare Benefits Schedule items and rules (including those for Dental, Pathology and Diagnostic Imaging) and the Health Insurance Act and associated regulations.

If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

If you are seeking advice in relation to Medicare billing, claiming, payments or obtaining a provider number, please contact Services Australia on the Provider Enquiry Line - 13 21 50

COVID-19 National Health Plan – Primary Care – Fast Track Electronic Prescribing
The Australian Government are fast-tracking the ability to e-prescribe. Temporary Fact-sheets are available with precise details and immediate options available for patients to receive medicines via telehealth services. See Fact sheet at this link: https://mcusercontent.com/6a12818c88d2a96924118339/files/07040780-b28a-4e07-a6a4-d1196080612/National_Health_Plan_A_guide_for_prescribers.pdf

Are investigations going to be available on the Health Provider
Portal (The Viewer)?
GPs can register to access many types of clinical information from public hospitals in Queensland, including pathology results. Register for Health Provider Portal (HPP or The Viewer) at [www.bit.ly/hppinfo](http://www.bit.ly/hppinfo), or via HealthPathways

- AusLab investigations for COVID-19 screening and The Fever Clinic results are available via the Pathology tab in The Viewer. Three fields appear each time a ‘Novel Coronavirus PCR’ test is ordered
- The Viewer team are prioritising the addition of COVID-19 related Alerts. The Viewer will identify documents and results, such as a Novel Coronavirus PCR test, and display this as an Alert.
- The Viewer was enhanced to enable printing of pathology results

GPs can access similar clinical information about patients who attend the Mater Hospital through the Mater Doctor Portal: [https://www.materonline.org.au/e-health/doctor-portal](https://www.materonline.org.au/e-health/doctor-portal)

Why are PCR testing not done in Primary Care? and What is the difference between PCR and the new Point of Care Tests?
Pathology Queensland’s advice about the current range of new Point of Care Testing (POCT) kits currently approved by the TGA for use in Australia is as follows:

- Like all serology-based tests, they work by detecting antibodies to the COVID-19 virus. Patients may not however produce antibodies to respiratory viruses until 7-14 days after infection. The use of this test before these antibodies are present will produce a false negative result.
- They are for this reason not recommended as first line tests for the diagnosis of acute viral infection, either in the public hospital system or in general practice.
- Current laboratory-based tests (PCR tests) for COVID-19 work by identifying the unique genetic make-up of the virus and are for this reason highly accurate and the only current reliable option for the diagnosis of acute viral infection.
- Unfortunately, the currently available PCR instruments are not practical for use in primary practice, because even the smallest of current instruments require the use of a class two biological safety cabinet and special training to safely handle the specimen in preparing it for testing. Some also require preliminary processes on additional instruments to extract the RNA of the virus in preparation for testing. It also takes between one and six hours to produce a result, which is why this type of testing is done in batches of samples.
- If used properly by a trained medical professional, validated serological point of care tests do though have utility in determining past infection for screening purposes. For example, to help decisions about when an infected individual is safe to return to work / exit home quarantine.
- The Public Health Laboratory Network (PHLN)’s position the issue on new testing approaches is that it is important to remain agile and at the forefront of emerging testing technology. They do however, have concerns about the quality and clinical utility of rapidly developed tests, which includes the many currently on offer from vendors all over the world.
- PHLN urges that emerging testing technologies are rigorously evaluated prior to use, to safeguard Australia’s world-class testing capability for COVID-19 and ensure that the highest quality testing technology is available to support the Australian community.
- For example, while some serology based POCT tests have been approved by the TGA they have not been evaluated in this way yet

A fact sheet is currently being developed to answer FAQ

Have COVID-19 and pregnancy guidelines been developed?
The Statewide Maternity and Neonatal Clinical Network in partnership with Queensland Clinical Guidelines recently released COVID-19 perinatal care guidelines and consumer information resources to support expectant mothers and those delivering their care.

They have also developed clear and concise guidelines and frameworks to ensure all clinicians are supported to do their jobs in this ever-changing environment.

The teams will continue to update the resources as the situation evolves. For more information, or to access the resources visit the Queensland Clinical Guidelines website: [https://www.health.qld.gov.au/qcg](https://www.health.qld.gov.au/qcg)
COVID-19 and pregnancy – important update about GDM

Queensland Health published updated recommendations for gestational diabetes mellitus screening and OGTT on 31 March 2020: https://www.health.qld.gov.au/__data/assets/pdf_file/0022/950503/g-gdm.pdf (and attached). The document has 40 pages – for those that are time poor, pages one and two are especially important.

Mater published a COVID-19 update for GP Maternity Shared Care with 13 practical and clearly summarised points that may also be of interest to anyone providing this type of service: https://matermarketing.cmail19.com/t/ViewEmail/i/8186E1B5157957D32540EF23F30FEDED/0666FE0CDB206DFE6B5BE456C00C2519

Are community Imaging happy to see COVID-19 patients?

Are community radiologists happy to see suspected cases for a CXR (if patient wearing mask etc.) or should imaging only be performed in hospital for resp illnesses at present?

Imaging can occur in the community if the patient is ambulatory, well enough and wearing a surgical mask. The radiology practice should be phoned ahead. The radiographer will need to follow contact and droplet precautions; and clean down the equipment after use.

If community imaging is/ becomes appropriate/ necessary- When to perform CT v CXR?

CXR would be the first line imaging. If it is normal and suspicion of COVID-19 persists then CT can be done (it is more sensitive)

In a patient with bilateral creps without significant dyspnoea would you swab but still manage as CAP based on severity score as mentioned above?

Yes, swab for COVID-19 and manage as CAP while wearing appropriate PPE. However, the patient should be advised to self-isolate pending results.

Is it important to commence discussing Advance Care Plans and Resuscitation Plans with patients?

It is important to discuss with your patients their advance care plans to ensure their future wishes are met. GPs can share their patient’s advance care planning documents with hospital clinicians so they are easily viewed online via the secure Queensland Health, Health Provider Portal (Viewer) by hospital staff and GPs. This allows all clinicians to all be aware of your patient’s wishes (with your patient’s permission).

ARPs are medical order documents that outline resuscitation plans for individuals; ACPs are documents that patients / their substitute decision makers complete with their GPs or hospital facilitators to outline their goals of care.


A recent legislative change means RACF registered clinicians and QAS will soon also have access to the HPP (aka ‘the Viewer’ in hospital settings).

A range of resources are available for you and your patients at local HealthPathways or for any enquiries email acp@health.qld.gov.au

Further resource:

Death certification due to COVID-19


HealthPathways

- GPs can access the latest information about COVID-19 in their HealthPathways (HPW). Please always
refer to the online version for the latest information.
- Visit HealthPathways to register if you would like access to HP information specific to your local area.
- Clinicians practicing in the Gold Coast or other areas without HP can access the COVID-19 HP on the Gold Coast PHN website.

## Clinical Resources

### Assessment and Management of patients with suspected Covid-19


### Testing and Fever Clinics


### Advice for GPs performing eye examination

A [position statement](https://www.health.qld.gov.au/__data/assets/pdf_file/0036/951858/gp-management-suspected-covid-19.pdf) providing practical guidance to clinicians when performing eye examinations during the COVID-19 pandemic has been released by RANZCO. Endorsed by the RACGP, the statement offers general and specific advice, including:
- avoid routine tonometry, and do NOT use puff tonometry
- avoid direct ophthalmoscopy if possible
- if close-up examination is required, wear a face mask.

### Emotional support for patients


Counselling services for anyone at any time are available from [www.lifeline.org.au](http://www.lifeline.org.au) or phone 13 11 14 Additional Mental health services and resources are available here: [https://www.qld.gov.au/health/mental-health/help-lines/services](https://www.qld.gov.au/health/mental-health/help-lines/services)

### Residential Aged Care Facilities


### Aboriginal and Torres Strait Islander COVID-19 Resources

The Aboriginal and Torres Strait Islander Leadership Team (A&TSILT) has developed a specific fact sheet and postcard handout for Aboriginal and Torres Strait Islander consumers. These are now available to download and print from Metro North’s [QHEPS page](https://www.health.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/aboriginal-and-torres-strait-islander-aboriginal-health-education-and-promotion-system).

In addition, the Statewide Aboriginal and Torres Strait Islander Health Division has developed resources to assist Hospitals and Health Services with considerations for optimising the preparedness of the health system for COVID-19 response among First Nations people and communities. Access these resources via the Queensland Health Asset library: [https://assetlibrary.health.qld.gov.au/web/1df8be3cb80ca716/covid-19-aboriginal-and-torres-strait-islander-audiences/](https://assetlibrary.health.qld.gov.au/web/1df8be3cb80ca716/covid-19-aboriginal-and-torres-strait-islander-audiences/)

### Pharmacy resources: Brisbane Airport Hotels

Steps for patients who need scripts who are based at Brisbane Airport Hotels:

1. Patient phones own GP (ideal) or calls telehealth GP in area (GPs to be determined)
2. GP to send script to Fax – 07 3114 7292 (attention Gavin) – can call Phone on [07 3123 9255](tel:07%203123%209255)


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**Trading Hours**

COVID-19 Primary Care - 10 -
Practice resources

RACGP The GP Support Program
This is a free and confidential psychological support service available to all members. [https://www.racgp.org.au/racgp-membership/member-offers/the-gp-support-program](https://www.racgp.org.au/racgp-membership/member-offers/the-gp-support-program)
1300 361 008 (24 hours/7 days)

Queensland Doctors Health Program and Doctors Health Advisory Service
The QDHP provides independent, confidential, colleague-to-colleague support service to assist doctors and medical students. [https://dhasq.org.au/](https://dhasq.org.au/)

Queensland Health: Resources and information for clinicians.

- GP Assessment and management of patients with suspected COVID-19 flowchart
- Fever and respiratory clinics (updated Tuesday and Fridays)
- HealthPathways
- Gold Coast PHN
- Primary Care Updates
- Plus various other resources

Emergency Responders: Tips for taking care of yourself
The Centers for Disease Control and Prevention (CDC) emergency preparedness and response website lists a number of tips for taking care of yourself. Visit the [CDC website](https://www.cdc.gov) for information and advice on wellbeing and resilience for first responders.

Literature
The Centre for Evidence-Based Medicine has a growing collection of COVID-19 literature: [https://www.cebm.net/covid-19-evidence-service](https://www.cebm.net/covid-19-evidence-service)

Resources and information for clinicians

Community assistance
Community Recovery Hotline – 1800 173 349 – for Queenslanders who do not have the capacity to look after themselves in quarantine and don’t have family or friends to assist.

The Treasury’s economic response to the Coronavirus
The Government is acting decisively in the national interest to support households and businesses and address the significant economic consequences of the Coronavirus.
Support for businesses can be found at the following Treasury site: [https://treasury.gov.au/coronavirus/businesses](https://treasury.gov.au/coronavirus/businesses)
A Coronavirus Business Liaison Unit has been established within The Treasury to engage with business on a regular basis and provide updates to government on crucial issues. Follow this link: https://treasury.gov.au/policy-topics/business-and-industry/coronavirus-business-liaison-unit

General Practice Support

NBN Company is offering to upgrade Australian GP clinics connections at no extra cost for a period of six months: https://www.paulfletcher.com.au/media-releases/media-release-gp-clinics-to-get-free-nbn-boost-for-telehealth