



## IMPLEMENTING POCT PCR TESTING IN ACCHOs in the KIMBERLEY

### - IMPLEMENTATION REQUIREMENTS -

Endorsed by KAMS Leadership Group 20 May 2020

Australia has implemented measures aimed at slowing the spread of COVID-19 into and within the country, and to prepare healthcare services and laboratories for a targeted response. The Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) provides an overview of the national approach, the operational plan and guidance for the health sector response. As described in the subsequent *Management Plan for Aboriginal and Torres Strait Islander populations with an Operational Plan for Aboriginal and Torres Strait Islander populations*, Aboriginal people are at a higher risk from morbidity and mortality during a pandemic and for more rapid spread of disease. Pandemics have taken a huge toll on Indigenous peoples throughout the world, including in Australia.

On 16 April 2020, the Commonwealth Minister for Health, the Hon Greg Hunt, announced that the Australian Government is investing \$3.3 million to establish a rapid coronavirus (COVID-19) Remote Point of Care Testing Program for remote and rural Aboriginal and Torres Strait Islander communities. Once fully rolled out, there will be 83 testing sites in place across Indigenous communities most at risk, and most in need. Sites are being carefully selected, in partnership with key stakeholders including services and state and territory authorities, to ensure there is coverage across remote Australia. Implementation includes funding for the purchase of machines where not already available, as well as the logistics, transport, training, software support, quality assurance, data reporting and communications for all 83 sites.

First released (and not yet updated) on 16 April 2020, the *CDNA Interim National Guidance for remote Aboriginal and Torres Strait Islander communities for COVID-19* noted that '*... some jurisdictions have expressed safety concerns with these tests and will not be making them available in primary care settings at this stage*'. As this is not the case in WA, GeneExpert PCR machines capable of undertaking COVID testing will be more widely available in the region from May 2020 as a result of this Commonwealth initiative.

This document explains the stewardship, prioritization and support for ACCHOs using GeneExpert PCR machines for COVID testing.

## GUIDING PRINCIPLES

### *Equity*



Any person living in the Kimberley region who meets criteria for COVID-19 testing will receive the test either as conventional PCR testing or through POCT PCR testing.

***Efficiency***

Heightened public health response would expand COVID-19 testing to asymptomatic close contacts and achieve greater population impact.

***Accountability***

KAMS Lead Clinicians Forum is the existing peak clinical body overseeing clinical practice standards in ACCHOs in the region. Collaboration through the Kimberley Aboriginal Health Planning Forum (KAPHF) co-chaired by WACHS-K Regional Director and KAMS CEO is the existing peak regional forum for Kimberley protocols developed through Standing Committees.

***Risk management***

In the containment phase of an epidemic such as COVID-19, it is imperative that cases are identified early through testing; that their close contacts are all identified and, as currently under discussion at the Commonwealth, tested. Social determinants of health that characterize remote communities in the Kimberley impede an effective public health response through isolation and quarantine. Where police are not locally available to respond to isolation or quarantine breaches, this too increases risk for community transmission.

**ROLL-OUT OF COMMONWEALTH POCT PCR TESTING IN THE KIMBERLEY**

Phase COMMONWEALTH	ACCHO	WACHS
Phase 1	KAMS (Balgo)	
	YYMS	Fitzroy Crossing Hospital
Phase 2	KAMS (Bidyadanga)	Kalumburu
Phase 3	OVAHS	Looma



Phase 4	KAMS Beagle Bay	
	DAHS	
TBC	Billiluna	

Note: Broome Hospital has POCT PCR testing funded through WA Health.

### RESPONSIBILITIES OF ACCHOS

Each ACCHO sets its own internal protocols for POCT PCR testing with support from KAMS, the Kirby Institute and Flinders University International Centre for Point of Care Testing. Most have already implemented POCT for other communicable diseases (trichomonas, chlamydia, gonorrhoea) and compliance with laboratory standards with regular machine calibration is in place, enhanced by this additional support for COVID-19 PPOCT PCR testing.

The Xpert Xpress SARS-CoV-2 cartridges by Cepheid GeneXpert machines should be used by appropriately trained clinic staff with appropriate PPE to test for COVID-19 disease according to guidelines provided by the Kirby Institute. ACCHOs will not test unwell patients because of the risk of aerosolisation of SARS-COV-2 during the testing procedure. POCT PCR testing will not be performed unless there is sufficient PPE available for staff.

### PRIORITISING USE OF CARTRIDGES

**Patients must meet the WA clinical criteria as current at the time.** As at 7 May, any person presenting with a fever >38°C **OR** history of fever (e.g. sweats, chills) **OR** an acute respiratory infection (e.g. shortness of breath, cough, sore throat) can be considered for testing, where an alternative diagnosis is not more likely.

All COVID-19 POCT PCR should first be discussed with the ACCHO's SMO or equivalent.

It is noted that cartridges obtained through the Commonwealth initiative for ACCHO-based equipment may be limited in number for sites in the Kimberley in the first month. Should there be pressure on cartridges, ACCHOs in the Kimberley will consider proceeding to prioritise use on the basis of the following criteria:

- **Aboriginal clients of the ACCHO presenting for COVID-19 testing who meet the testing criteria and for whom self-isolation while waiting more than 24 hours for a conventional test result places others at risk**



**of transmission** (for example due to social housing which is overcrowded or health hardware inadequate (plumbing, washing machine etc); personal impoverishment means it is not possible to separate individual sets of cutlery/crockery/ towels/sheets; there are major physical or cultural barriers to social distancing effectively within the home). Within this category, the following are to be prioritized:

- Anyone with a concurrent mental health condition that will complicate clinical management
  - Any mother with young children
  - Anyone with a concurrent chronic conditions especially COPD, renal disease or cardiovascular disease
  - Anyone over the age of 50 years
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- **Healthcare workers or staff from a RACF, residential facility, correctional facility or other group setting who are symptomatic**, especially when the risk of self-isolation while waiting for conventional PCR test could lead to significant risk of service failure and/or the scope of their likely close contacts could have resulted in transmission to Aboriginal people at risk
  
  - **Symptomatic Aboriginal people who are known (or revealed to be) close contacts of a confirmed case**
  
  - **Requests by the respective local hospital (where relevant) for individual inpatients or patients in ED for whom a rapid POCT PCR result would change management (eg use NIV)**. This request will be considered by the ACCHO for individuals only and only after approval by the SMO at the respective hospital and endorsed by the Consultant Public Health Medicine, Regional Physician Lead or Regional Paediatrics Lead. Verbal confirmation by the hospital staff member of their prior approval must be followed by an email confirmation.
  
  - **Requests by the respective local hospital (where relevant) for individual inpatients or patients currently in ED for whom the diagnosis of COVID is highly suspected and where the respective local hospital has critically limited inpatient single room capacity and rapid POCT PCR result critically informs evacuation**. This request will be considered by the ACCHO for individuals only and only with prior approval obtained by the hospital staff of the hospital SMO and endorsed by the Consultant Public Health Medicine, Regional Physician lead or Regional Paediatrics Lead. Verbal confirmation by the hospital staff member of this higher-level medical approval is sufficient for testing to proceed but must be followed by email confirmation in writing.
  
  - **Requests from nearby WACHS-managed primary care clinics for Aboriginal clients of the WACHS-managed clinic presenting for COVID-19 testing who meet the testing criteria and for whom self-isolation while waiting more than 24 hours for a conventional test result places others at risk of transmission**. This request will be considered by the ACCHO for individuals only and only with prior approval obtained by the WACHS clinic from the Consultant Public Health Medicine, Regional Physician Lead or Regional Paediatrics Lead. Verbal confirmation by the WACHS-managed clinic staff member of this higher-level medical approval is sufficient for testing to proceed but must be followed by email confirmation in writing.

If there is any unexpected surge requiring further sub-prioritisation within these priority groups, the ACCHO clinician will contact the KAMS Medical Director for advice and, where required, mediation.

Any other person eligible for POCT PCR testing will otherwise have a conventional PCR swab collected and transported for processing in Perth. As stated in the CDNA Interim National Guidance for remote Aboriginal and Torres Strait Islander communities for COVID-19 (and not yet updated), options for situations where



GeneXpert testing is not available include urgently transporting samples through agreed systems such as drivers employed to transport samples across multiple communities on a daily run, or commercial/charter light aircrafts and pilots on standby in each region for picking up swabs on a daily basis aiming for 24 hours until result. These conventional PCR tests should be marked urgent and Perth should prioritise them for processing. In these circumstances, the local protocols for testing of 'suspected' cases resident in remote communities will be followed (ie evacuation to Broome). For example, the patient not just their swab will be relocated to Broome.

## **STEWARDSHIP**

Communications between each member service and KPHU working under the auspices of PHOs will be clarified by each member service with KPHU. Key elements of this communication must ensure that any positive COVID-19 case is immediately notified by telephone to KPHU and that a KPHU Case Manager completes the case interview and generates the contact list. Contact tracing is co-ordinated by the KPHU Case Manager but can be performed in the community by ACCHO staff with support and training.

Guidelines issued by the Kirby Institute and the Flinders University International Centre for Point-of-Care testing emphasise adherence to jurisdictional COVID-19 testing criteria. COVID-19 test results are delivered as an electronic message into the patient pathology test results in-box in MMEx. This permits data reports to be generated easily.

## **Reporting and review**

Through member service forums, usage of cartridges, results and public actions will be reviewed. These forums will also identify any issues arising in use of the equipment or testing generally so that any common problems or concerns can be addressed through regional KAMS support.

KAMS Medical Director will collate POCT PCR data where required for distribution to and consideration by the KAMS Lead Clinicians Forum.

This system will allow early identification of issues and responsive updating of these Implementation Requirements.

KAHPF oversight will be secured through the KAHPF Chronic Diseases SubCommittee which includes members from WACHS, KAMS and all large member services. This subcommittee can convene any time.



It should be noted that de-identified data are simultaneously sent from the clinic equipment to the Kirby Institute. Electronic notifications of valid patient tests will be sent in real time upon test completion directly to each jurisdictional Department of Health to comply with mandatory reporting under the Public Health Act. Each jurisdiction will have access to their own testing data at Kirby for reporting purposes. PHEOC will be asked to ensure that all WA-wide reports are tabled at the WA Aboriginal Advisory Group.

## END NOTE

These guidelines will be revised by the KAMS Clinical Response Group if:

- The Commonwealth Advisory Group endorses POCT PCR testing of asymptomatic close contact of a confirmed COVID-19 positive case
- WA Health considers a change to testing criteria for anyone from a remote Aboriginal community where two or more people are experiencing EITHER a fever  $>38^{\circ}\text{C}$  OR an acute respiratory infection.
- CDNA provides further support for testing of asymptomatic contacts to inform management of the outbreak. As currently listed, CDNA will consider testing in Aboriginal and Torres Strait Islander rural and remote communities, in consultation with the local PHU.