1.1 Background of CNR

On March 11, 2020, the World Health Organisation (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic. In response, Australia's borders were closed to all non-residents on 20 March 2020 and returning residents were required to spend two weeks in supervised facility-based quarantine from 27 March 2020.

The Northern Territory (NT) Chief Minister announced border restrictions for all access points into the NT from 24 March, 2020, with limited exemptions. In July 2020, the NT introduced mandatory, supervised quarantine for returned international travellers and for domestic travellers from declared Australian COVID-19 'hot spots' who were eligible to enter the NT.

Two NT quarantine facilities (NTQF) were established – the Centre for National Resilience (CNR) in Howard Springs, Darwin, which provided quarantine of international, repatriation, humanitarian and domestic travellers; and the Alice Springs Quarantine Facility, Alice Springs for quarantine of domestic travellers. CNR operated under joint Australian and NT government governance from July 2020 until 15 May 2021, when facilities transitioned solely to the NT government's management and oversight.

The Larrakia traditional owners of Darwin named the Howard Springs village Manigurr-ma, after the Larrakia name for the Stringybark tree used to build shelter in times past. The site is a re-purposed facility formerly used for mining accommodation. CNR can accommodate up to 2,700 returned travellers, and houses people in stand-alone portable dwellings, each of which has its own separate air conditioning and an outdoor verandah. CNR was divided into quarantine 'zones' so that cohorts of international travellers can be kept separate from one another, preventing mixing of people from different cohorts.

The Northern Territory Government (NTG) completed considerable work to expand the capacity at the Centre to support up to 2,000 returning Australians per fortnight. This included four critical dependencies for expansion: workforce recruitment and training, capital works at the Centre, transition to a single source of Centre management and streamlining the arrivals process (which included a transition to flight arrivals at Darwin International Airport). CNR developed into a core strategic pandemic response resource for Australia successfully quarantining 14,867 repatriated residents and 18,210 domestic residents with zero COVID-19 transmission recorded from residents to staff for the duration of its operation.

1.1.1 The purpose of mandatory, supervised quarantine

The overarching purpose of mandatory, supervised quarantine is to prevent communicable disease outbreaks in the community, reducing morbidity and mortality. To achieve this purpose, CNR prevented infection and spread of disease through comprehensive, evidence-based infection prevention and control practices which were rigorously adhered to by every person involved in the care and support of CNR residents. This included:

- Systems and processes to ensure safe resident and staff flow and movement in and around the sites;
- Isolation and physical separation of infected cases and close contacts from other residents;
- Infection prevention and control through physical distancing, hand hygiene and appropriate use of personal protective equipment (standard precautions);
- Cleaning, disinfection and waste management;
- Comprehensive laboratory testing for communicable diseases for all staff and residents; and
- Emergency responses that minimise the risk of communicable disease transmission.

The service facilitated a way for Australians to return home as soon as possible with benefits extending to rebuild the country's economy through increased economic opportunities; and by protecting Australians from any transmission of COVID-19 from returning Australians.

1.1.2 Engaging with First Nation Peoples

It is important to engage with the First Nations Peoples of the land where the quarantine facility is situated and liaise with local communities and Aboriginal Community Controlled Health Organisations. Quarantine and isolation facilities can cause anxiety in local communities and early consultation and communication can alleviate those anxieties. It is important to develop a culturally responsive model of care in partnership with local communities to promote the uptake of the public health measures that form the basis of these facilities. Where local pandemic response plans include quarantine and isolation of First Nations people in a dedicated facility, consideration needs to be given to the most appropriate use of the facility with respect to family groupings and cultural protocols. During COVID-19 a remote community response plan was established with input from community stakeholders aimed at reducing transmission as quickly as possible in these very vulnerable communities. The initial plan included removing COVID 19 positive people and close contacts from the community to the quarantine and isolation facility. Refer to Section 6: NT COVID-19 Response, Rapid Response Teams for an example of a remote community pandemic response strategy.

The quarantine service needs to have a culturally responsive plan for First Nation peoples and their communities recognising their unique social and health needs. For the quarantine service, there should be First Nation representation in facility planning and collaboration and include a plan to build capacity across First Nation services. This might include contracting First Nation organisations and incorporating policy statements to ensure a percentage of the workforce is dedicated to the employment of First Nation people.

Suggested steps to facilitate engaging and working with First Nation people:

- Ensure the quarantine service Leadership Team have completed cultural safety training including an understanding of the history, culture, and experiences of First Nation people.
- Provide cultural safety training for all staff working in the quarantine facility. This training should focus on enhancing cultural understanding, promoting respect, and addressing any unconscious biases that may exist.
- Involve local First Nation communities from the outset. Consult them during the planning, design, and implementation phases of the quarantine facility, particularly in relation to the level of primary health service provision in alignment with health priorities for local communities.
- Consult with Aboriginal Community Controlled Health Organisations as well as other local primary and acute health services as this will help identify First Nations unique perspectives and needs in healthcare. In addition, early identification of dominant health needs within a community identifies those resources most likely required such as dialysis services.
- Review the quarantine primary healthcare services to ensure they can meet the specific needs of First Nation people. This includes providing culturally appropriate care, considering holistic approaches to health, accessing interpreters, and translating core quarantine instructions.
- Actively seek to employ First Nation staff members. Promote workforce diversity and provide training and professional development opportunities to ensure cultural competence among all staff members.
- Develop site information and initiatives that are culturally appropriate.
- Regularly assess the effectiveness of the site's engagement strategies and healthcare services delivered to First Nations residents.
- Seek feedback from First Nations residents and community representatives to identify areas for improvement and ensure ongoing cultural responsiveness.

Practicalities of service delivery

Quarantine services for First Nations residents should prioritise cultural sensitivity and address the unique needs and circumstances of those communities who are likely to use the facility. The site will need to consider factors in zone/room allocation for First Nation residents taking into account extended family structures may need to be accommodated together, kinship networks may require segregation within community groups, and cultural obligations may also influence the allocation of residents within zones.

The service will be required to provide culturally sensitive amenities and resources, and this needs to include appropriate food options. Being in quarantine will limit access to traditional foods and medicines, and space for cultural activities and this will need to be communicated to First Nation residents (preferably pre-addressed in initial quarantine service community consultation).

Culturally appropriate information materials and resources are required to be developed to inform residents of the quarantine procedures, protocols, and the importance

of quarantine measures. The service will need to identify the First Nations languages required and ensure that the information is translated and communicated in an accessible and understandable method to all community members. This may mean using different communication options to share information such as recorded messages sent via phone/SMS, written materials, or inclusion in community meetings. These resources should be prepared as early as possible.

The quarantine service is obligated to facilitate regular communication and engagement between quarantined residents and their communities to reduce isolation and maintain social connections. This is particularly important for residents coming from remote communities where other family members may remain in the community or be in other health services.

Organisations to consult

There are many accessible organisations that can provide information and guidance on community consultation processes and sourcing resources.[1] This may involve linking the quarantine service with local community leaders or assisting with the recruitment of First Nations staff.

- National Community Controlled Health Organisation (NACCHO)
- National Indigenous Australian Agency (NIAA), Australian Government.
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINAM)
- The Australian Indigenous Doctors' Association (AIDA)
- Indigenous Allied Health Australia (IAHA)
- The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)