Communication and engagement checklist: Residential care facilities (aged care, disability and community support)

# Developed by COTA QLD, Health Consumers Queensland, QDN, ADA Australia, Palliative Care Queensland and Carers Queensland

**This is a living document and may be refined over time as the situation changes. The scale and pace of a global pandemic is new to us all and we make continuous improvements to our work.**

**This document outlines steps to be taken by facilities including residential aged care facilities and those that have shared or communal living arrangements in the event of COVID-19 outbreaks in the facility or local area. This could include:**

* Short term stay
* Long term stay
* Residential Aged Care Facilities
* Residential facilities for people living with a disability
* Retirement villages
* Independent living
* Rehabilitation, including for mental health, alcohol and other drugs

**Context**

This document is to provide extra depth on communication for residents and their family/care partners/guardians/advocates and is to be read in conjunction with Queensland Health’s Pandemic checklist for aged care facilities.

Although most facilities have plans for and faced outbreaks of infections such as influenza in the past, none have faced the prospect of a global pandemic. The scale and pace are different to anything people have experienced before, and requires a flexible and open approach so we all learn together.

The checklists are divided into three key sections:

* Communication actions to take for pandemic preparations
* Communication actions to take when there is a suspected outbreak
* Communication actions to take when there is a confirmed outbreak

**Communication actions to take for pandemic preparations**

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| Response | Action |  |
| Communicate | Review the facility’s communication plan with Queensland Health (where relevant) and other stakeholders. The following factors should be considered:   1. Specific staff are dedicated to managing communications. 2. Where direct communication is required, e.g. door knocking to inform residents directly of the outbreak and maintain ongoing communication, ensure adequate human resources are available to do this and appropriate PPE is worn. 3. Use your Rapid Response Team as a guide on which residents may be more open to communication from a specific support person (e.g. case manager, social worker, preferred member of staff, guardians). 4. Identify communication channels (email, calls, webinars, website, and social media) in addition to those identified in the outbreak management plan. 5. Develop email templates and talking points on the initial announcement of the outbreak and what can be expected during the outbreak. 6. Ensure you have a clear strategy for providing regular information to staff, volunteers, residents and their family or caregivers, including:  * Advice for staff on how infection risks are managed and the support available for staff * How families will be updated on the status and welfare of residents * What options are available for families to connect with residents * What options are available for residents to connect with fellow residents  1. Assign a family liaison officer who will be available to support family members of residents and provide them with regular updates. 2. Ensure that your organisation’s protocols are in place for managing media enquiries. |  |
| Identify stakeholders | 1. Brief and involve in key decision-making the following key organisations: COTA QLD, Aged and Disability Advocates Australia (ADA), Carers Queensland, Palliative Care Queensland and Health Consumers Queensland. These organisations are here to support you, and can provide advice. |  |
| 1. Create a stakeholder list of the broader residential care facilities in your local area/ key organisations across the state. |  |
| 1. Create a stakeholder list for key updates including:  * COTA * ADA Australia (OPAN) * Carers Queensland * QDN (Queenslanders with a Disability Network) * Dementia Australia * Ethnic Communities Council Queensland (FECA) * National Seniors * Aged & Community Services Australia * Aged Care Guild * Anglicare Australia * Baptist Care Australia * Catholic Health Australia * Leading Age Services Australia * Uniting Care Australia * Dementia Australia * Palliative Care Queensland |  |
|  | 1. Notify all staff (including those on leave, casual, contractors etc.) around the communication process that you’ll be undertaking including who will be responsible for communication. |  |
| Communication plan | 1. Determine who is responsible for the implementation of your communication plan. 2. Develop and regularly review key messages (about 5) for all stakeholders. 3. Revise the principles that will underpin your communication: e.g. open, timely, honest, caring. |  |
| Communicate with residents | 1. Transparent and honest, timely and consistent communication. |  |
|  | 1. Be aware of communication needs e.g. if they will need a translator, disability communication requirements. |  |
| 1. Conduct a communication devices audit to identify residents with no means of communication. |  |
| Communicate with families/care partner/guardian/advocate | 1. Identify the person/people you need to communicate with about each resident. |  |
| 1. Understand their communication needs e.g. translator required, culturally appropriate communication. |  |

**Suspected outbreak:**

Identification of triggers for this should be aligned with your overall COVID-19 management plans

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| Communicate with residents | 1. Transparent and honest, timely and consistent communication. |  |
| 1. Develop FAQs to be used with phone scripts, email templates, daily newsletters etc. This will be frequently updated:  * likelihood of infection * steps taken now to reduce spread of infection * what is happening now to keep residents safe * how residents will be kept informed and frequency of communications * if you have a question(s) who/when to ask * how their families/carers will be kept informed and frequency of communications * Queensland Health CHO visitation directions and visitor advice * the use of PPE e.g. masks only at this point and why, * how to communicate in lockdown, how to stay involved with their family * residents may also be concerned for the safety of staff and other residents. Consider responding to these concerns as well including how you communicate about resident’s changes (transfers, death) and operational changes for staff. |  |
| 1. Use teach-back method to check what the resident has understood. |  |
| 1. Communication is two-way – answer the questions the resident has and let them know if they think of any further questions, how to ask them. If you don’t know the answer, it’s better to say and check the information, then to give wrong or inconsistent information. Ask residents if they are getting too much/too little information. |  |

**Confirmed outbreak:**

Identification of triggers for this should be aligned with your overall COVID-19 management plans.

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| Provide high quality care  *The Rapid Response Team and the provider should discuss early in the outbreak the ongoing management options of COVID-19 positive residents* | 1. Work with the health providers to clarify the general clinical care arrangements, including arrangements with existing in-reach health care providers and alternative models of care, if required. |  |
| 1. Whether the resident has a pre-existing advance care plan, COVID-19 isolation plan or has complex chronic health care needs. |  |
| 1. Consideration of individual client needs and access to services including:  * Mental health * Disability requirements and current providers * Providing information about COVID-19 to the person in a way that is accessible, and the person can understand * Pre-existing health conditions |  |
| 1. Whether the resident or residential facility has access to additional (non-QLD Health) financial, clinical or other support in the event of an outbreak. For example:  * Material support that can be provided by other branches of an organisation * Psychological or medical support from existing service providers or * Support that can be offered by other similar services e.g. aged care, disability care, etc. |  |
| 1. Ensure continuing access to all medications that the resident may require. |  |
| 1. Where NDIS recipients reside in the facility; the person’s Supports Coordinator or NDIS Local Area Coordinator to plan and coordinate with service providers. |  |
| 1. Ensure the facility stays updated if and when NDIS service providers can provide their usual service within a facility, and if not what is in place to support the resident. |  |
| Communicate with residents and/or families (where appropriate) | 1. Follow all of the advice for residents for communicating with their families/care partner/guardian/advocate especially the need for a translator, using teach-back method to check the person has understood and had an opportunity to ask questions. |  |
| 1. If a resident’s Advanced Care Plan is to request hospital care, and if this is still possible, discuss this option and ensure that the wishes of the resident/family are central to decision-making. |  |
|  | 1. Discuss care options if the resident tests positive to COVID 19 with the resident/family. |  |
| 1. Discuss with residents/ families who may usually provide daily care or have an NDIS plan, what the plans are moving forward. |  |
| 1. Discuss with residents/ families how arrangements can be made for those who want to bring their loved ones home during this period. Full transparency of what implications this may have on family (i.e. continuing to pay the RACF fees + new home care fees + sometimes they will need GP changes if they are in a different area, & that’s not an easy task as the best of times.)    1. The family will need to carefully consider how they will provide care for their family member (e.g. do this themselves, get some extra support in from family or other community providers, continue to pay for their relative’s care home). |  |
| 1. Ensure that residents with dementia or cognitive impairment understand as much as they can. If appropriate for the resident’s cognitive and emotional state, include them in communications and planning. |  |
| Resident to resident | 1. Residents will want to remain connected with their friends and fellow residents. Consider how you will support communication between residents. Often it’s the catering staff or cleaners or diversional therapists who share hellos between the rooms |  |
| Other stakeholders | 1. Continue to communicate and respond to other stakeholders’ questions and concerns. |  |
| Your organisation’s crisis management plan | 1. Ensure your communications are aligned with your organisation’s crisis management plan. If your facility is not supported with communication expertise consider as a priority, engaging a communication specialist who can be on-call to provide advice, especially crisis communication |  |

**After the outbreak**

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| Outbreak declared over | 1. Queensland Health declares the outbreak over. |  |
| 1. Review and evaluate the outbreak communication management. |  |
| 1. Continue your communication with residents beyond the outbreak being declared over until their questions and need for information stops. |  |

**Key contacts for each organisation:**

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| Organisation | Key contact | Contacts |
| Health Consumers Queensland | Melissa Fox, CEO | 0404 882 716 |
| COTA Queensland | Mark Tucker-Evans | 07 3316 2999 |
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| Palliative Care Queensland | Shyla Mills | 07 38423242 |
| Carers Queensland | Debra Cottrell, CEO | 07 3900 8100 |
| ADA Australia | Geoff Rowe, CEO | 1800 700 600 |