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

# Developed by Health Consumers Queensland, COTA QLD, 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 and disability 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
* Supported accommodation for homeless people, domestic violence shelters (check languaging)
* Accommodation for health consumers and/or their families e.g Ronald McDonald House or Mookai Rosie

**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 documents from [Queensland Health’s Pandemic checklists.](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians/aged-care-sector)

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.

This Communication Checklist is 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 |  |
| Review communication plan | 1. Review the facility’s communication plan with your organisation and where relevant, your local HHS) and other stakeholders. Ensure it aligns with your organisation’s overall communications processes and/or plans. Involve residents and their families in this process. The following factors should be considered: 2. Specific staff are dedicated to managing communications. 3. 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. 4. 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). 5. Identify communication channels (email, calls, webinars, website, and social media) in addition to those identified in the outbreak management plan. 6. Develop email templates and talking points on the initial announcement of the outbreak and what can be expected during the outbreak. 7. Work with residents and families to determine a clear strategy for providing regular information to staff, volunteers, residents and their family or caregivers, including: 8. Advice for staff on how infection risks are managed and the support available for staff 9. How families will be updated on the status and welfare of residents 10. What options are available for families to connect with residents (if time allows, co-design these options with residents and their families) 11. What options are available for residents to connect with fellow residents (if time allows, co-design these options with residents and their families) 12. Example: Have What’s App available on spare mobile phones/devices to enable immediate communication between residents and families; and the facility and families and staff. 13. Assign a family liaison officer who will be available to support family members of residents and provide them with regular updates. 14. Ensure that your organisation’s protocols are in place for managing media enquiries. 15. Test the Communication Plan with residents and families to ensure what is put in place is adequate and appropriate. 16. Consider the impact this may have on other facilities operated by your organisation, so that good communication flows between all facilities (and those residents/families), so it is consistent and transparent. |  |
| 1. Determine who is responsible for the implementation of your communication plan. |  |
| 1. Appoint a spokesperson who is the lead communicator with media, families and the wider community. The spokesperson is a lead in the organisation and will be open and transparent in all communications. |  |
| 1. Develop and regularly review key messages (about 5) for all stakeholders for the changing circumstances. |  |
| 1. Revise the principles that will underpin your communication: e.g. open, timely, honest, caring. |  |
| 1. Small facilities need to consider their resourcing and skills mix and identify in their plan, who can support them with their communications in the event of an outbreak. |  |
| Identify stakeholders | 1. These organisations are here to support you, and can provide advice and guidance. When able, brief and involve them in key decision-making: Health Consumers Queensland, COTA QLD, Aged and Disability Advocates Australia (ADA), Carers Queensland and Palliative Care Queensland. |  |
| 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 to share key updates. This list is not exhaustive and focused on residents/families and organisations that represent them – there will be other stakeholders you will want to include:  * COTA Queensland (www.cotaqld.org.au) * ADA Australia (www.adaaustralia.com.au) * Carers Queensland (www.carersqld.com.au) * QDN (Queenslanders with a Disability Network) (www.qdn.org.au) * Health Consumers Queensland (www.hcq.org.au) * Palliative Care Queensland (www.palliativecareqld.org.au) * Dementia Australia (www.dementia.org.au) * Ethnic Communities Council Queensland (www.eccq.com.au) * National Seniors (www.nationalseniors.com.au) * Aged & Community Services Australia (www.acsa.asn.au) * Aged Care Guild (www.agedcareguild.com.au) * OPAN (www.opan.com.au) * Leading Age Services Australia (www.lasa.asn.au) * Aboriginal and Torres Strait Islander Disability Network of Queensland (ATSIDNQ) (www.atsidnq.com.au) |  |
| 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. |  |
| Communicate with residents | 1. Transparent and honest, timely and consistent communication. Frequent, on-going and two-way. |  |
|  | 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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| Single source of truth | 1. Align messages between Commonwealth, State and local providers/lead agencies so there is consistent information for residents and families. 2. Ensure the information you share is correct and consistent with government direction. |  |
| Communicate with residents | 1. Transparent and honest, timely and consistent communication. Frequent, on-going and two-way. |  |
| 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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| Single source of truth | 1. Align messages between Commonwealth, State and local providers/lead agencies so there is consistent information for residents and families. 2. Ensure the information you share is correct and consistent with government direction. |  |
| 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 (or other representative of the resident) are central to decision-making. |  |
| 1. Discuss care options if the resident tests positive to COVID 19 with the resident/family. Provide clear information regarding the capacity of the facility to meet specialised medical needs. Where possible, involve and collaborate with residents and families when determining these options. |  |
|  | 1. Plan with residents/ families who may usually provide daily care or have an NDIS plan, their care/support moving forward. |  |
|  | 1. Discuss with residents/ families how arrangements can be made (if allowed by CHO directions) 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. |  |
|  | 1. Engage interpreting services as required and specialists in communication challenges relating to cognitive impairment to ensure residents/families understand what is happening. |  |
| Resident to resident | 1. Residents will want to remain connected with their friends and fellow residents. In partnerships with residents/families, plan how you will support communication between residents. [Note: 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 for example Health Consumers Queensland, COTA QLD, Aged and Disability Advocates Australia (ADA), Carers Queensland and Palliative Care Queensland. |  |
| 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. |  |
|  | 1. Share learnings with other facilities operated by your organisation and QH. |  |
|  | 1. If you used this checklist, please share feedback with Health Consumers Queensland by email to [Melissa.fox@hcq.org.au](mailto:Melissa.fox@hcq.org.au) |  |

**Key contacts for NGOs:**

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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 |
| QDN | Paige Armstrong, CEO | 07 3252 8566 |
| Palliative Care Queensland | Shyla Mills | 07 38423242 |
| Carers Queensland | Debra Cottrell, CEO | 07 3900 8100 |
| ADA Australia | Geoff Rowe, CEO | 1800 700 600 |