FAQs on planning your outbreak management communications with residents and their families

Residential aged care facilities (RACFs) need to develop robust communication tools and plans to determine the most appropriate ways to communicate with residents and their families over this challenging time. During recent COVID-19 outbreaks, the Older Persons Advocacy Network (OPAN) reported all RACFs found it challenging to share critical communication with residents and their families around *ongoing developments at the facility*, *available supports,* and *residents’ health and wellbeing*.

**Pre-lockdown communication:**

**Q.** Do you have an established primary contact for each resident? Have you discussed with them their responsibilities for contacting other family members?

**A.** Updating your primary contact list for each resident will facilitate quick communications between your facility and family members. Ask and record how they prefer to be contacted. They may be willing to act as a communication conduit for you with extended family members which will alleviate demands on staff time.

**Q**. Have you appointed a person inside your facility for family members to liaise with? Have you provided families with a specific mobile or 1800 phone number to call?

**A**. Appointing a dedicated communications person to liaise with family members aids with continuity of information being released and helps build rapport and trust between the facility and the family. This person will need to be prepared to respond to questions such as What precautions will be put in place, What’s the facility’s vaccinatation level?, How are you screening visitors?, etc.

**Q**. What will be your policies on sensitive family topics, such as food, laundry, and assistance with daily activities in the event of a lockdown?

**A**. Families often take on the responsibility of individual service provision for food and laundry in RACFs. Discussing how this will be handled prior to a lockdown situation means it’s one less thing to worried about during an intensively busy period within your facility.

**Q.** Have you shared the impacts of your outbreak management Plan (OMP) with residents, their families, and key stakeholders?

**A.** Communicating with residents and their families prior to a precautionary or confirmed case lockdown is considered ‘best practice’. Explaining possible entry restrictions, continuity of care for residents, ways they can talk/see their family members in advance will significantly reduce inbound phone calls and resident anxiety.

**Q.** Have you prepared ‘fact’ sheets explaining the virus, COVID-19 safe behaviours, personal protective equipment (PPE) requirements and entry screening policy?

**A.** TheOlder Persons Advocacy Network (OPAN) have developed a number of useful ‘fact’ sheets which can be utilised pre (or during a) lockdown to assist residents and families with understanding what may occurred in the event of an outbreak at your facility. These can be found at <https://opan.org.au>

Similarly, the Tasmanian Department of Health has a number of fact sheets available at <https://www.health.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases/coronavirus>

**In the event of a precautionary or confirmed case/s lockdown communication:**

**Your facility needs to:**

Be prepared to answer the basic facts:

* How many COVID-19 suspected/confirmed cases are there among your residents?
* How many COVID-19 suspected/confirmed cases are there among your staff?
* What is your facility’s current lockdown status?

**Q.** Are you going send out daily update emails to family members? Who is responsible?

**A.** Bulk email can be a good way to communicate a lot of information to many people quickly. However, they can be lacking a personal tone which concerned family members are desperately seeking. Consider using a phone call whenever possible.

**Q.** Are you setting up a webpage with FAQs and a summary of your daily emails? Who is responsible?

**A.** Like email, your website can be a good way of communicating a lot of information quickly. Web communication can pose a challenge for elderly family members not being digital literate. It should not be used in isolation (i.e. use more than one channel of communication).

**Q**. Will you conducting regular video meetings with families to maintain personal contact?

**A**. Video meetings can be a great way to maintain a ‘visual’ link between residents and families, but won’t be suitable for all residents. If your facility doesn’t have devices available, it may be time to look at purchasing some. As a facility, you will need to consider how this service could impact upon on staff time and IPC practices around the sharing of devices.

**Q.** Have you distributed smartphones or tablets to residents for individual video visits with their families?

**A.** Many family members will expect video chats with residents on smartphones and tablets as a minimum level of service provision. Again, these may not be suitable for every resident due to technical knowledge gaps and levels of cognition.

Your facility will need to consider how families and friends can schedule and book communal smartphones and tablets. Shared devices will require strict IPC measures in place after each use.

**Q**. Have you let all families and residents know about the Dr Norman Swan videos explaining what might occurred in a facility during an outbreak and support services available to older people during an outbreak?

**A**. These videos were produced by OPAN and have closed captions in English, Greek, Italian, Chinese (Simplified) and Vietnamese. They can be accessed from the either the <https://opan.org.au/> or <https://www.health.tas.gov.au/covid19/agedcare>

**Q.** Have you engaged a communications company to assist?

**A.** Not every facility will have a dedicated communications person or team experienced in issues management situations and it may be appropriate to outsource this function to an external professional. If this situation is likely to occur, then seeking a communication agency should be done prior to an outbreak for best practice planning and results.

**Q.** Do you have a media release ready to go?

**A.** Having a prepared media release provides a script for the facility’s spokesperson to read from. It will assist in defusing media intensity and inbound phone calls. A sample media template can be found at <https://www.health.tas.gov.au/covid19/agedcare>

**Q.** Do you have a situation report (sitrep) template ready to go?

**A.** Sit reps are a great way to provide a daily summary of key developments to key stakeholders, such as the Commonwealth case maanger, Public Health liasions and other members of the OMT. A sample sit rep template can be found at <https://www.health.tas.gov.au/covid19/agedcare>

**Time frame of confirmed COVID-19 case communications**

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| First 30 minutes | * Commuicate to all on duty staff
* Sensitively inform residents of their diagnosis
* Sensitively inform the resident and their family or primary contact of their diagnosis.
* Immediately notify Tasmania’s Public Health services.
* Notify the Commonwealth Department of Health at agedcareCOVIDcases@health.gov.au of any resident or staff COVID-19 cases.
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| Minutes 30-60 | * Release an initial outbreak communication (SMS, phone calls, letters), You need to inform:

• residents • staff and contractors • primary family contacts • resident advocates (if a resident with cognitive impairment) • key stakeholders of a COVID-19 diagnosis within the residential aged care facility (GPs, visting allied health professionals, etc.)* Convenue the outbreak management team. The Commonwealth Case Manager is to be notified of OMT meeting occurrences and invited to participate in daily meetings, or as needed to respond to the outbreak.
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| Hours 2-4 | * Release initial communication about confirmed cases to the public via existing communication channels, including social media, media releases, website, subscription-based electronic direct mail
* Establish a single point of contact for media queries. Appoint appropriately trained staff to manage communications and take the calls.
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| Hours 6-24 | * Implement social contact procedures as outlined in your outbreak management plan. Ensure you have sufficient staff to assist with Facetime/Whatsapp etc. where these are available to residents
* Establish daily follow-up outbound communications to residents, families and stakeholders which informs them of developments as they unfold.
* Prepare a sitrep which will provide the foundations of your communications with Commonwealth case manager. The sitrep contains cases numbers, testing numbers, key developments with the facility.
* Coordinate a media conference at a time that suits you.
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| Beyond 24 hours  | * Expect and prepare to manage a very high volume of calls from families and the media. Incoming calls within the first 24 hours alone could be 1,000- 2,000. Used a phone scripts to keep key messages (about 5) for all stakeholders consistent.
* Coordinate a daily media breifing at a time that suits you. Have a daily media release prepared.
* Continue a daily follow-up outbound communications to residents, families and stakeholders via their preferred method of communication (i.e. phonce call, SMS, etc.)
* Provide staff with relevant information and internal communicate well being support program.
* Daily sitrep outlining the last 24 hours key developments until the outbreak is declared over.
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