

Guidance for Managing Communications and Engagement

COVID-19 in residential aged care facilities



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Introduction

During the COVID-19 pandemic and when there are outbreaks at Residential Aged Care Facilities (RACFs), communication and engagement are critical to:

- Ensure effective coordination
- Promote confidence in the planned response
- Keep staff safe and up to date on current requirements
- Keep families connected to their loved ones at a stressful time.

The Queensland Government has partnered with Health Consumers Queensland in developing this Guidance.

This document is also supported by Council on the Ageing Queensland (COTA), Palliative Care Queensland, Aged and Disability Advocacy Australia and Queenslanders with a Disability Network.

Purpose and aim

This document aims to support Queensland Residential Aged Care Facilities (RACFs), as well as Queensland residential services funded by the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, understand their role in providing communications.

It also provides guidance to help Approved Providers meet the Communicable Diseases Network Australia (CDNA) recommendation for all RACFs to have a communication plan¹. These plans should provide:

- clear, consistent and timely information, and
- ensure quality communication with residents and their families or carers, staff and the local community.

The document will also clarify how the Queensland Government intends to communicate at a strategic level with residential aged care providers, the community and media.

The document should be read in conjunction with Communications and Engagement Actions – COVID-19 in Residential Aged Care Facilities.

¹ <https://www.health.gov.au/sites/default/files/documents/2020/07/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia.pdf>
<https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities.pdf>

Scope

In scope

This Guidance for Managing Communications and Engagement for COVID-19 in residential aged care facilities (RACF):

- outlines the roles and responsibilities of key stakeholders in relation to communications about COVID-19 outbreak preparedness and management
- identifies the key audience, tactics and timing of messaging
- provides links to communication material relevant to providers in communicating messages
- supports refinement of existing facility-specific or organisational communication and engagement plans

Out of scope

The guidance supplements existing guidelines, policies and procedures and does not:

- replace existing government internal communication practices and media processes
- duplicate existing internal established COVID-19 notification processes as established in the RACF Rapid Response
- constitute a mandated plan as it cannot address all scenarios and circumstances
- set the governance arrangements (please refer to [Clinical Governance Framework for Rapid Response to COVID-19 outbreaks in Residential Aged Care Facilities](#) for a detailed outline of governance arrangements, roles and responsibilities).
- apply to general communications with older people in Queensland, or people living in other congregate living arrangements and is relevant only to residential aged care.

Guiding principles for communication

During the pandemic and in the event of outbreaks in RACFs, it is important to communicate with stakeholders in a clear, consistent and timely way, which accommodates the needs of the audience.

Being honest and transparent and sharing information in a clear and sensitive manner will help build ongoing trust and respect

Extent and methods of communication

- Communications should meet audience needs. They should consider varying reading levels, sight and hearing ability, accessibility and language and cultural needs.
- Consideration should be given to communication needs of people from different cultural backgrounds, including Aboriginal and Torres Strait Islander peoples.
- Messages may need to be translated and interpretation services engaged to ensure residents and families can understand communications.
- There may also be residents with various disability types residing in RACFs who may require Easy English or specialised types of communication.
- Communications should be frequent to help allay fear and anxiety and pre-empt incoming questions.
- Communications should occur when there are changes in care arrangements such as visits, meals, showering/bathing, clothes and laundry, staffing, medications, medical care and infection control processes. Regular communication can also include providing information about continuing care arrangements, even if there are no changes.
- Multi-modal methods of communication should be used, with a focus on methods that allow for timely delivery of messaging. This may include regular telephone conversations, emails, telephone and videoconferencing, websites and social media and physical line of sight material (for example, posters, letters, dining placemats, and handover white boards).
- Use of modern technology enables broadcast messages via SMS text messages. Establishing Facebook groups may also facilitate communications and engagement. These options may be useful for conveying general and regular messaging and updates.
- Approved Providers should engage with consumers, families, family advisors and consumer health non-government organisations such as the Older Person Advocacy Network (OPAN) to review and support the language tone and messaging about family presence policies as well as regular communications.

Stakeholders

Residents

Older people and people with disability live in RACFs and may experience disruption to their daily lives as a result of COVID-19, either in the community or in the event of a confirmed case in their home.

Regular and clear communication with residents is essential to their physical and emotional health and wellbeing. Information should be provided daily or more often if needed and in forms which are accessible to residents and take into account cultural, language, health or disability considerations.

Maintaining contact with family, friends and supporters through alternative means such as Facetime, Zoom and Skype to reduce stress and isolation and maintain communication, support and reassurance is vital during this time.

Families

Families of residents include any support person defined by the patient or resident as family, including friends, neighbours and/or relatives. For some residents, their only visitor/contact may be a neighbour, staff member, volunteer or external visitor such as a spiritual support person.

The families of residents will need to be kept informed of their family members and protocols at the RACF.

Communication with family members should be clear, honest and open and aim to alleviate stress and concern about their loved ones. Communication should also be consistent with any publicly available messaging and be easy to share with others. Information should be provided in a variety of ways to ensure family members are not disadvantaged by their location (e.g. interstate or regional).

Communication with this group should be transparent, honest and open. Approved Providers should establish trust by aiming for continuity of contact and ensuring compassionate interactions.

Communication with Residents and Family During an Outbreak

- The resident and their family should be notified in a sensitive manner of results of testing where appropriate (e.g. where the facility has ordered the testing).
- Providing early and comprehensive advice and responding to concerns and questions in a timely way will reassure residents and help empower them to make decisions about their own care. Providing information from other sources such as Queensland Health, the Aged Care Quality and Safety Commission or the Commonwealth Department of Health may help to support this process.
- Systems and resources should be established to receive incoming communications from family members and the media. This may require additional staff, or the use of non-operational staff, to manage phone calls and incoming emails.
- Online group meetings where participation and engagement are encouraged, and questions are answered are highly valued by families. These proactive sessions can reduce the demands associated with responding to significant call numbers per day.
- Systems should be implemented to ensure timely responses to questions from family, noting family members are likely to have numerous concerns and questions. A dedicated incoming family phone line and email address should be considered for this purpose.
- There should be regular communication with residents and families to provide general updates about facility-level issues, measures being taken, activities for the day and updates about their loved ones, options for communicating with family.
- Residents and family may choose to communicate through advocacy and other non-government organisations. Information about advocacy organisations should be provided as part of communications with families.

- Communications with residents should be open and proactive, for example explaining why changes in procedures (such as visiting limitations) and care arrangements have occurred.
- Information about family presence/visiting policies should be provided in emails, newsletters and websites. Families should be provided with information outlining what they can do as well as what they cannot do.
- Approved Providers should consider how to engage residents' families to help them support their loved ones through the changes.
- Messages and communication should be appropriate for the resident's individual communication needs. For example, residents with dementia may revert to their native language and young residents living in RACFs may have different communication needs.
- Multi-modal messages e.g. use of graphics, videos or audio recordings should be employed to meet audience needs.
- Communications should be prepared in multiple languages, to consider residents' core/native language.
- Social media can be a useful way to engage and link families so they can provide mutual support.
- Regular communication time for each resident should be provided, offering them time to use alternate communication means such as telephones, videoconferencing etc.
- Communications should be proactive and compassionate. They should help people understand what to expect and, where possible, provide advice on timeframes.

Medical and Clinical Staff

Medical and clinical staff include those who provide health care to residents, such as general practitioners (GPs), allied health practitioners and pathology services.

These stakeholders will need to be kept informed about the condition of residents and protocols at the RACF.

GPs will require information to understand how the outbreak is being managed, their responsibilities and the implications of any emergency responses on primary care.

It is critical that the residents' GPs and RACFs have open and consistent communication to support the health and safety of residents.

Allied health practitioners will also need information about ways to continue providing services to residents if there are restrictions in place (for example, by telephone or by using PPE).

Suppliers, including contractors and allied health care services

RACFs engage a range of contractors and suppliers.

These contractors include tradespeople, allied health professionals, food and laundry services and personal service providers such as hairdressers.

Entry to the facility by contractors is likely to be restricted in the event of an outbreak or there may be additional infection control protocols, including escalated use of PPE. Clear, timely information about any restrictions/requirements must be communicated to contractors.

Media and community

Local Residents

People who live near the facility may be affected by movement restrictions in the event of a lockdown.

They may also be concerned about the potential health impacts of living in close proximity to a facility with confirmed cases of COVID-19.

Some local residents may also be concerned because they volunteer or visit family or friends in the facility and should also be considered in communications planning.

Advocacy and Consumer Groups

Early engagement of stakeholder and advocacy groups is integral to effective communication. It is important that these stakeholders are added to email and newsletter distribution lists from the RACF and Queensland Health.

Advocacy groups can also provide a critical conduit for providing information from families and residents back to the RACFs.

An advocacy group may also be engaged to act on behalf of an individual resident and, in this case, should be part of any direct resident/family communications.

Aged and Disability Advocacy (ADA) Australia is the advocacy service funded by the Commonwealth to deliver aged care advocacy support. It has received specific funding to provide additional support during the pandemic period.

Advocacy Groups

- Aged and Disability Advocates (ADA) Australia is the advocacy service funded by the Commonwealth to deliver aged care advocacy support in Queensland, including specific funding for the pandemic period. They have developed COVID-19 resources which can be found at <https://adaaustralia.com.au/covid19/>. Otherwise they can be contacted on 1800 700 600, via email intake@adaaustralia.com.au or by visiting <https://lasa.asn.au/affiliates-directory/ada-australia/>
- Older Person Advocacy Network (OPAN) provides free support for older people and their representatives to address issues related to Commonwealth funded aged care services. They can be contacted on 1800 237 981 and have COVID-19 resources available at <https://open.com.au/>

General Public/Media

The community will have a varying level of interest in an RACF outbreak, depending on matters such as their own personal circumstances (for example if they have family in RACFs) and location.

Multiple channels and styles of communication should be used to ensure sufficient reach across all of Queensland.

Engagement with media will assist in sharing information however significant resources are likely to be required to respond to media enquiries and consideration should be given to how this will be managed.

Case Study - Independent Review of COVID-19 Outbreaks at St Basil's and Epping Gardens

Communications Issues

The independent Review was commissioned to learn from the outbreaks at St Basils Home for the Aged (St Basil's) and Heritage Care Epping Gardens (Epping Gardens) in Victoria.

Outbreaks in St Basil's and Epping Gardens began in July 2020 during the second wave of community transmission. These outbreaks were not well managed and resulted a high number of COVID-19 cases and deaths.

A key theme identified in the review was the significant impact that sub-optimal communications had on both the adequacy of the response and on the wellbeing of residents and their family members.

The review highlighted that families require regular up to date information about their loved ones and that an absence of information and contact causes significant stress and trauma.

At both facilities dedicated teams were established to manage resident/family communications.

Older Person's Advocacy Network (OPAN) advocates were engaged to provide assistance to families.

Communications actions such as the establishment of an outbound call centre as well as regular Zoom meetings to provide updates were considered useful.

However, significant distress occurred when people communicating with family did not have up to date and correct information.

At both Epping Gardens and St Basil's a media presence added to the overall sense of chaos and stress and the resources required to manage media and other requests for information were significant.

The review highlighted that many staff speak English as a second language and that this caused problems in communication and coordination.

It also noted that some residents may revert back to their native language, with the resultant difficulty in comprehension and communicating their needs.

The review highlighted the need for all RACFs to develop a proactive communications strategy that is ready for immediate activation.

Roles and responsibilities

The below roles and responsibilities associated with communication and engagement activities have been developed to complement the [Clinical governance framework for rapid response to COVID-19 outbreaks in residential aged care facilities](#).

Further information about specific communications activities to be undertaken during different phases of the pandemic can be found at [Appendix 1 Stakeholder Communications and Engagement Framework](#).

Queensland Government

The Premier and Minister for Health Services

The following identifies the roles and responsibilities of the Premier and the Minister for Health:

- use media releases, press briefings, social media and other forms of communication to provide advice about the measures being taken as part of Queensland's pandemic response
- respond, where appropriate, to media enquiries about outbreaks in residential aged care
- receive advice to support messaging (e.g. dashboards with numbers of tests, numbers of infections and strategies to control infection).

Chief Health Officer, Queensland Government

The Chief Health Officer (CHO) provides a critical role to the Queensland Government and the community leading the response to the COVID-19 pandemic.

To assist in the containment and response to COVID-19, the Chief Health Officer makes directions under the powers of the *Public Health Act 2005*. Measures relating to Aged Care are outlined in the [Aged Care Directions](#).

The Chief Health Officer will be the primary source of Queensland Health's media communications regarding outbreaks in Residential Aged Care.

Queensland Department of Health

The Queensland Department of Health disseminates information about Aged Care Directions, public health requirements and provides general advice to the community.

In addition to this, the Queensland Government develops and communicates Queensland specific advice, creates awareness and provides guidance to RACFs and the broader community about preparing for, preventing, responding to and recovery from COVID-19 in aged care facilities.

The Queensland Department of Health is responsible for the following internal and external communication:

- Communicate requirements including under the Aged Care Direction
- Develop and communicate relevant guidelines
- Develop and communicate relevant plans including disaster response plans

- Release initial communication to RACFs and other key stakeholders about confirmed cases in the RACF and in the local community
- Release initial communication about confirmed cases to the public via existing communication channels, including social media, media releases, website, subscription-based electronic direct mail
- Liaise with relevant HHSs regarding communications tactics when a COVID-19 case is identified in its catchment
- Liaise with Public Relations and Media Teams in affected external organisations in the event of an outbreak
- Provide state-wide, system messaging to RACFs, Hospital and Health Services, Public Health Networks and Aboriginal and Torres Strait Islander Community Controlled Health services
- Update Queensland Health websites to reflect current status, processes and guidance for RACFs
- Publish detailed Public Health Directions on the Queensland Health website and send subscription-based electronic direct mail notices about Public Health Directions
- Communicate significant changes to Public Health Directions, new COVID-19 cases and new clusters
- Develop communication materials to support the implementation of Public Health Directions, including translated resources and template resources to facilitate the sharing of information
- Coordinate Chief Health Officer briefings, media releases and support press conference participation
- Manage and respond to department-level media enquiries
- Share information with the Aged Care Quality and Safety Commission about infection control monitoring, outbreak management advice, service case data and referrals information.

Queensland Health will tailor engagement based on circumstances and the level of impact upon Queenslanders. Activities may include:

- Website updates, including focused writing pieces, news items, Plain English Direction change details
- Direct e-mail to Queenslanders who have signed up for updates
- Use of social media channels, including sponsored posts to targeted audiences (dark posts) with call-to-actions or awareness-only campaigns
- Media releases and press conference management and streaming
- Infographic / poster, video, animation development to communicate changes, requirements and restrictions relating to COVID-19
- Communications campaign development targeting specific Queensland demographics
- Advertising and marketing collateral development across convenience advertising, radio, podcast and music platforms, television, streaming platforms etc.

Hospital and Health Services (HHS)

Hospital and Health Services, through their Health Emergency Operations Centre (HEOC), are to be utilised to support an outbreak. The following identifies the roles and responsibilities of the HHS in relation to communication:

- Communicate with HHS staff and stakeholders at a local level, with support from the Strategic Communications Branch
- Support communication of the Health response e.g. experts engaging with families via webinars
- Manage communications aimed at local audiences, including facilities in the HHS catchment, while maintaining messaging consistency
- Update and share posts on social media regarding local changes or issues
- If required, provide support to RACFs to manage increased media and communication responses in an outbreak situation
- Prepare an HHS-specific pandemic communications plan.

Public Health Unit

The Public Health Unit (PHU) is a conduit between RACFs and government bodies including the HHS, SHECC and HEOC and will be the lead public health response agency when a positive case is confirmed. In this role they are the primary contact tracer, will communicate expert advice to the RACF and ensure the facility is appropriately locked down. The PHU will also work closely with RACFs in their preparedness.

Public Health Units are responsible for

- Notification of positive cases to the Health Emergency Operations Centre
- Notifying the RACF of any positive RACF residents, staff or frequent visitors
- Primary liaison on public health support in the management of the outbreak.

Commonwealth Government

Commonwealth Department of Health

The Commonwealth Department of Health is the funder and regulator of aged care under the Aged Care Act. It provides guidance material to support RACFs to ensure resident care is maintained during an outbreak. The Commonwealth Department of Health also provides advice to the Commonwealth Minister for Health and liaises with providers.

Its responsibilities include:

- Responding to media requests directed to the Commonwealth Department of Health
- Commonwealth-RACF provider communication liaison
- Commonwealth-state communication liaison
- Supporting the Approved Provider including in its communications activities where required.

Aged Care Quality and Safety Commission

The Aged Care Quality and Safety Commission plays a critical role in supporting the COVID-19 public health response by monitoring and regulating quality and safety in the delivery of aged care services. As part of this role, their responsibilities include:

- regulatory compliance of RACFs
- sharing State specific advice such as alerts, guidance and infection control information
- being the single point of contact for RACFs and consumers for the management of complaints.

Approved Providers

RACFs and Approved Providers are responsible for disseminating information to staff, medical practitioners, residents and their families. This includes information about:

- COVID-19 symptoms – required to be provided to all staff, residents & families
- Work exclusion/isolation requirements for staff
- COVID-19 restrictions on the facility e.g. restrictions under the Aged Care Direction
- Relevant Queensland and Commonwealth Government guidelines and requirements
- the facility's Outbreak Management plan.

In the event of a positive test result, Approved Providers are responsible for:

- Sensitively notifying residents, their families and staff members of positive test results
- Notifying a positive test to the Commonwealth Department of Health for allocation of a case manager
- Notifying Public Health Unit of the confirmed Outbreak
- Notifying and consulting the resident's GP.

Approved Providers are responsible for timely and responsive communication with residents and families including ensuring updates on outbreak, outbreak response & resident wellbeing and should therefore:

- Develop a detailed media and communications plan
- Consider appointing a communications officer to coordinate communications and ensure consistency of message.

Suggested Actions for Approved Providers

Approved Providers should:

- Develop a communications plan
- Create and regularly review and update lists of phone numbers (mobile and landline) and email addresses of immediate and extended family, Guardians, residents' NDIS providers, Attorneys appointed under an Enduring Power of Attorney and/or Health Attorneys nominated in an Advance Health Directive and Hospital and Health Services (HHS) support
- Undertake regular reviews of resident photos, care plans, medical requirements and general information about residents
- Plan for increased communications by identifying staff who would be responsible for communicating to certain parties to maintain a consistent contact for key groups. Staff who are quarantined and working from home may be able to fulfil this role
- Follow communication guidance in the Commonwealth Government's [First 24 Hours – Managing COVID-19 in a residential aged care facility](#) document
- Ensure consistent 'single source of truth' process is established in the communication strategy and planning stage to ensure consistency of messaging
- If appropriate, request resident volunteers and health consumer organisations in review communication material to ensure the tone and content is consumer-centric
- If necessary, seek advice or coaching from health consumer organisations to support staff to convey messages in a clear and compassionate manner
- If necessary, seek support to manage increased media and communication responses in an outbreak situation. This request should occur via the Outbreak Management Team
- Display a map which shows the location of residents in the facility. Include information about which residents have been transferred to another facility or hospital
- Keep National Disability Insurance Agency and the NDIS Quality and Safeguards Commission informed of residents' care changes as appropriate.

Communication with Staff

- Communicate with all staff, including furloughed staff openly and regularly including with information about positive tests, changes to the workplace and any other issue that may impact them or their return to work
- Support staff and consider promoting self-care strategies
- Inform staff of communication messages that are being provided to residents and their families to promote consistency of messaging
- Develop surge communication material to be provided to surge staff entering the facility. This may include advice about residents need, locations and details of outbreak management plans, facility orientation information etc.

Continuous Improvement

Communication actions should be monitored and regularly reviewed to promote improvement. Communication activities, including methods and messaging should be adjusted to ensure their effectiveness based on findings.

When reviewing the success of the communication material, it is important to:

- Seek feedback from multiple stakeholder groups regarding the communications approach
- Develop questions that will deliver constructive answers, it is important that questions consider whether the message was received, easy to understand, was relevant to the audience and offered sufficient information
- Analyse the feedback received and learnings and adjust communication and engagement activities or use to inform future communication plans.

Ongoing monitoring of the success of communication activities is often more informal and relies on feedback being received organically from those who are near the frontline of services. It is important to encourage feedback from staff about information they receive from users. Indicators of need for changes to the communication plan include:

- Receiving similar questions repeatedly from different sources, this may indicate messages are not being received or are not clear
- Analysing internet search queries to understand the questions being asked
- No or minimal contact or engagement from certain stakeholder groups
- Engagement with advocacy groups to understand what they are hearing directly from families and residents.

Useful Resources

The Queensland Health website has a range of information available to support RACFs in preparing and managing COVID-19. This advice and information is updated on a regular basis and includes:

- Latest information for Queensland clinicians <https://clinicalexcellence.qld.gov.au/>
- Advice for the aged care sector <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians/aged-care-sector>
- The COVID-19 Outbreak Management Plan, which includes a communication and engagement checklist
https://www.health.qld.gov.au/_data/assets/pdf_file/0025/1004677/racf-covid19-outbreak-management-guidelines.pdf
- The Rapid Response document outlines the steps to mobilise and engage relevant partners to respond to COVID-19 in an aged care facility, and their respective roles and responsibilities
<https://www.health.qld.gov.au/system-governance/strategic-direction/plans/rapid-response-covid-19-in-a-residential-aged-care-facility-overview-and-flowchart>

The Australian Government also publishes a range of information to support RACFs, including:

- Mental health and COVID-19 advice <https://headtohealth.gov.au/covid-19-support/covid-19>
- Videos, posters and factsheets on a range of matters to support older Australians
<https://www.health.gov.au/resources/collections/coronavirus-covid-19-campaign-resources>
- Resources to help support the mental health of staff
<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector/mental-health-for-the-health-workforce-during-covid-19>
- Access to Commonwealth Grants for aged care workers
<https://www.health.gov.au/news/announcements/support-for-aged-care-workers-in-covid-19-sacwic-grant-opportunity-now-open>
- Access to community visitors scheme <https://www.health.gov.au/initiatives-and-programs/community-visitors-scheme-cvs>

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	Key Amendments
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