



Australian Government



VICTORIAN AGED CARE
RESPONSE CENTRE

Ongoing communications

Residents

1. Ensure any additional COVID-19 positive diagnoses are communicated directly by a member of the clinical staff to the resident as soon as possible. This information should continue to be delivered in a sensitive and compassionate way.
2. Set up a regular process to communicate with residents, providing updates on the health and wellbeing of residents, as well as the status of the COVID-19 outbreak at the aged care facility. Where possible, the service should facilitate direct communication between families and residents (such as phone and video calls or window visits).
3. Residents should receive a daily written communication (or other suitable method) with information about what is being done at the home and how the outbreak is being managed. It is best to be consistent for when these communications occur (e.g. each afternoon around 5pm).
4. Ensure any significant clinical updates, including any decisions to transfer residents to hospital, are communicated directly via a member of the clinical or care staff to the residents at the earliest opportunity.
5. Ensure any deaths from COVID-19 are communicated sensitively and directly via a member of the clinical or care staff to residents at the earliest opportunity. Ensure bereavement support is made available.
6. Advise residents of access to the [Older Persons Advocacy Network \(OPAN\)](#), call 1800 700 600 for support.
7. Formal complaints and concerns can be directed to the Aged Care Safety and Quality Commission's free [Complaints Resolution Service](#) or by calling 1800 951 822.
8. Residents in hospital should continue to receive communication updates from the aged care facility, if possible and where appropriate.

BE COVIDSAFE

Families of residents

1. The aged care facility should expect a high volume of phone calls. It is important that resources are allocated to answer the phone. Good initial and ongoing communication has the potential to reduce the volume of in-coming calls.
2. Ensure any additional COVID-19 positive diagnoses are communicated directly by a member of the clinical or care staff to the nominated person as soon as possible.
3. Set up a regular process to make a daily outbound phone call to the nominated person of each resident at the aged care facility. This call should provide an update on the health and wellbeing of the resident, as well as the status of the COVID-19 outbreak at the aged care facility. Where possible the service should facilitate direct communication between families and residents (such as phone and video calls or window visits).
4. Establish a process for managing inbound calls, including referring specific requests for case updates to the outbound call team. Develop brief talking points and question-and-answer guides for the teams managing inbound and outbound calls. Update these daily based on operational details and frequently asked questions.
5. Ensure the outbound and inbound call teams are adequately staffed. If the aged care facility is incapable of staffing these lines adequately and maintaining sufficient contact with families, raise this as soon as possible with your appointed Australian Department of Health case manager.
6. Ensure a record is collated each day of issues arising from phone calls, as well as response times. This will help you identify any major issue of concern amongst families or inefficiencies associated with the process, so any arising issues can be promptly addressed. Families should be provided with information regarding the free complaints process available to them by the Aged Care Quality and Safety Commission on 1800 951 822.

Establish a process of sending a daily written communication product to the email distribution list with information about what is being done at the home and how the outbreak is being managed. It is best to be consistent for when these communications occur (e.g. each afternoon around 5pm).

7. Ensure any significant clinical updates, including any decisions to transfer residents to hospital are communicated directly via a member of the clinical or care staff to the nominated person responsible at the earliest opportunity.
8. Ensure any deaths from COVID-19 are communicated sensitively and directly via a member of the clinical or care staff to the nominated person responsible at the earliest opportunity. Ensure bereavement support is made available to families.
9. Advise families of access to the [Older Persons Advocacy Network \(OPAN\)](#), call 1800 700 600 for support.
10. Formal complaints and concerns can be directed to the Aged Care Safety and Quality Commission's free [Complaints Resolution Service](#) or by calling 1800 951 822.

Staff

Communications with your staff is critical to maintain workforce.

1. Ensure staff are kept updated of residents' positive diagnoses, transfers or situation changes, as well as any staff changes or surge back fills.
2. Set up a regular process for keeping staff engaged, this could be a regular email, Facebook group or virtual meeting.
3. Establish a workflow for checking in with staff for health and wellbeing updates, ensuring privacy is maintained. Track the testing of staff (dates and results) and anticipated return to work requirements.
4. Inform staff of education and support opportunities, including availability of hotel or onsite accommodation for staff wanting to protect family members.
5. Develop a process for staff to come back to work following any self-isolation requirements.