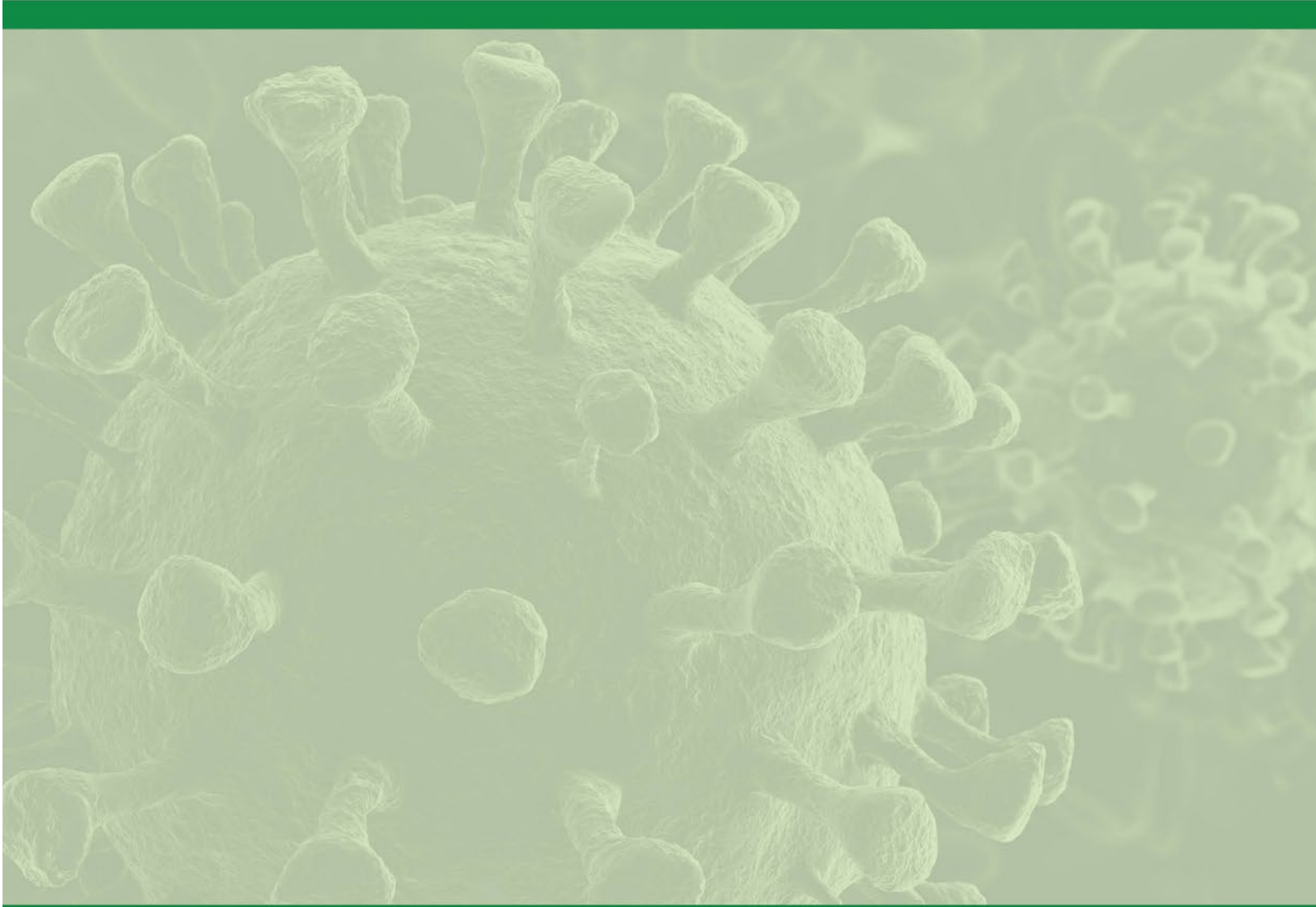




Australian Government

BE COVIDSAFE



National COVID-19 Residential Aged Care Emergency Communication Guide

August 2021

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Abbreviations and glossary

Acronym / term	Definition / explanation
ACCHO	Aboriginal Community Controlled Health Organisations
ACQSC	Aged Care Quality and Safety Commission
AHPPC	Australian Health Protection Principal Committee
CDNA	Communicable Diseases Network Australia
COVID-19	Coronavirus disease
Family	The term 'family' encompasses family, friends, family of choice, loved ones and community
Department of Health	Australian Government (Commonwealth) Department of Health
Health Case Manager	An Australian Government Department of Health employee whose role is to liaise directly with a residential aged care facility in the event of a COVID-19 outbreak
IPC	Infection prevention and control
LGA	Local Government Area
LHN	Local Health Network (sometimes referred to as LHD or Local Health District)
OMP	Outbreak Management Plan
OPAN	Older Persons Advocacy Network
PHU	Public Health Unit
PPE	Personal protective equipment
RACF	Residential aged care facility

1. Purpose

Communication with residents, families, friends, loved ones, families of choice, community representatives and the aged care workforce is a key challenge in the event of a coronavirus (COVID-19) outbreak. Clear and consistent communication improves outcomes and provides reassurance that a proactive, coordinated, and people-centred response is underway.

The National COVID-19 Residential Aged Care Emergency Communication Guide (the guide) provides guidance on communication in advance of, and during, a COVID-19 outbreak. It covers roles and responsibilities, communication protocols and communication processes for Australian Government, State and Territory Governments, the Aged Care Quality and Safety Commission (ACQSC) and residential aged care facility (RACF) providers.

This guide will also be of interest for peak bodies, and advocacy and cultural organisations involved in residential aged care communication activities.

Templates have been included as an attachment, to guide and support RACF to implement their communication.

1.1 Development and consultation

The Australian, State and Territory Governments have developed several communication plans throughout the COVID-19 pandemic.

This guide draws from those previously developed plans, as well as information from:

- NSW and Victorian RACF lessons learnt report
- Victorian Aged Care Response Centre team members and key stakeholders
- residents, families, residential aged care facilities and aged care workforce members.

Australian, State and Territory Governments, operational staff and stakeholders have been consulted in the development of this guide.

2. Context

This document aligns with the [Coronavirus \(COVID-19\) – National aged care guidance – escalation tiers and aged care provider responses](#).

The guide should be used in conjunction with the [Updated National COVID-19 Aged Care Plan – 7th Edition](#) and joint Australian Government and State/Territory guidance or plans, such as the [Commonwealth and NSW Ministry of Health Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility \(RACF\) in NSW](#).

The Aged Care Quality and Safety Commission provides practical guidance to support COVID-19 outbreak management planning and preparation in RACFs via the [Outbreak management planning in aged care](#).

2.1 Residential aged care responses

In the event of a COVID-19 outbreak, an aged care response may be established.

The establishment and structure of a response will be agreed between the Australian Government and a State/Territory Government (for example: [Commonwealth and NSW Ministry of Health Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility \(RACF\) in NSW](#)). A response will likely differ depending on the jurisdiction and the context or severity of the outbreak.

As such, this guide is not intended to be prescriptive. This guide is intended to support a wide range of aged care responses, no matter their structure, and be suitable to scale up or down depending on the needs of the aged care facility and local situation.

2.2 Tiered response structure

The Australian Government Department of Health has developed an escalation tiers structure to define the levels of COVID-19 community transmission. The [Coronavirus \(COVID-19\) – National aged care guidance – escalation tiers and aged care provider responses](#) guidelines are available of the Department of Health’s website.

The three tiers help RACFs consider proportionate actions dependent on the level of COVID-19 transmission in the community.

This communication guide aligns with the tiered response structure. Communication requirements will increase or decrease, depending on the level of transmission. Communication activities are described in the tiered structure by organisation. These activities may occur simultaneously, dependent on resources.

	Situation	Public health objective	Communication objective
Tier 1	No locally acquired cases; only cases are people who have travelled overseas.	Prevent introduction of COVID-19.	Prepare communication requirements and set expectations, transparency builds trust.
Tier 2	Cases only in a defined hotspot; OR a single case in a setting with potential high transmission such as a RACF; OR an alert	Investigate and control if required; prevent further spread; end the chain of transmission.	Raise awareness. People will be worried so it is important to provide clear direction on visiting and screening, and any other

	Situation	Public health objective	Communication objective
	such as an unidentified source.		requirements such as masks.
Tier 3	Epidemic throughout the community.	Control transmission; prevent seeding to new areas; provide clinical care.	Communicate the impact of public health directions. People will be highly worried. Communicate early and often. Tell people what you know. Communicate challenges clearly.

3. Roles and responsibilities

A guide on roles and responsibilities, as they relate to communication, for each organisation involved in a COVID-19 response is outlined below. This document provides advice and direction, which should be implemented in a flexible way that best suits the event, situation and location.

It is important that communication is coordinated, consistent and timely.

These activities and obligations are consistent across all escalation tiers as outlined in the [Coronavirus \(COVID-19\) – National aged care guidance – escalation tiers and aged care provider responses](#).

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH

The Australian Government Department of Health will:

- Provide timely and relevant information to the aged care sector via departmental and other channels, including:
 - [Protecting Older Australians Newsletter](#)
 - [Bulk Information Distribution Service \(BIDS\)](#)
 - stakeholders
 - peak bodies
 - advisory groups.
- Information will include:
 - resident, visitor, staff and contractor restrictions and screening
Direction will be provided by the State/Territory on visitor requirements for other purposes, such as end-of-life care. The rights of residents to receive visitors from family and loved ones will be facilitated where possible, as outlined under the [Industry Code for Visiting Residential Aged Care Homes during COVID-19](#).
 - preparing and managing a COVID-19 outbreak
 - infection prevention and control
 - access to and training for use of personal protective equipment (PPE)
 - workforce support
 - COVID-19 vaccination for workers and residents
 - Commonwealth grants and support.
- Publish daily statistics on national COVID-19 numbers in RACFs.
- Appoint a Department of Health Case Manager for the RACF with a COVID-19 outbreak. The Department of Health Case Manager will support RACF communication by:
 - assessing RACF communications and responsibilities
 - facilitating access to additional workforce support to help with communication

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH

- connecting the RACF to additional support such as translation or interpreter services, cultural groups, Aboriginal Community Controlled Health Organisations (ACCHOs) or the Older Persons Advocacy Network (OPAN).
- Respond to media requests (received by the Department of Health).
- Continuously review own communication to the aged care sector and stakeholders to ensure consistency and accuracy.
- Work collaboratively with State/Territory Health Departments and Public Health Units (PHUs).
- Ensure own communication aligns with current State/Territory public health directions and guidance.
- Liaise with Public Health Networks (PHNs) as required in critical areas.
- Communicate with and keep peak bodies up-to-date.

STATE / TERRITORY HEALTH DEPARTMENTS

State/Territory Health Departments will:

- Publish updates on State/Territory COVID-19 active and resolved cases, deaths, hotspots and levels of community transmission.
- Publish information on State/Territory requirements and restrictions, including travel restrictions, requirements for use of PPE, visitation restrictions and workforce restrictions.
- Communicate with a RACF about any cases in their facility or local area, within 24 hours of becoming aware of the case.
- Communicate local COVID-19 vaccine information.
- Respond to media requests (received by the State/Territory Health Departments).
- Continuously review State/Territory communication to the aged care sector and stakeholders, including GPs and hospitals, to ensure consistency and accuracy.
- Work collaboratively with the Department of Health and other States/Territories.
- Liaise with Local Government Areas (LGAs) and Local Health Networks/Districts (LHN/D) as required.

AGED CARE QUALITY AND SAFETY COMMISSION

The Aged Care Quality and Safety Commission will:

- Provide guidance, advice and communication to support RACFs' compliance with relevant Australian Government legislation and assist COVID-19 preparedness. Including:

AGED CARE QUALITY AND SAFETY COMMISSION

- monitoring compliance with the *Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018*
- assisting individuals with concerns and complaints about a RACF's responsibilities under the *Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018* or under their funding agreement with the Department of Health.

RESIDENTIAL AGED CARE FACILITIES

Residential aged care facilities will:

- Keep an up-to-date register of full contact details for residents' nominated representatives, primary contacts or next-of-kin / decision makers (see [TEMPLATE 1](#)) to enable quick communication.
 - RACFs can choose to gain permission from contacts to share their details with government authorities and the Older Persons Advocacy Network (OPAN) in the event of a COVID-19 outbreak.
- Keep a record of the COVID-19 vaccine status of residents and workers. This will help a RACF understand each person's infection risk and will be considered in communication.
- Prepare a communication plan early, aligned to the RACF COVID-19 Outbreak Management Plan (OMP), and dedicate a staff member (with a backup) to lead communication.
 - To facilitate stakeholder collaboration and a culturally safe approach to communication, RACFs can choose to consult or co-design their communication plan with residents, family, staff, stakeholders, associated health professionals, community, pastoral care, visiting professionals and interpreters.
 - A RACF communication plan should describe in detail how residents, representatives, staff and government agencies will be communicated with in preparation for, during, and following an outbreak.
- Consider what translations, language services, spiritual and religious supports, and culturally appropriate services may be needed for residents, families and staff. Consider:
 - [Department of Health translated resources](#)
 - engaging with community Elders for disseminating messages
 - communication requirements of people living with a cognitive decline.
- Inform residents, families and staff about the RACFs plans to manage an outbreak.
 - Ensure expectations are set, such as changes to rooms, food service, showering routines, visits and family access, in a COVID-19 case.
 - This should include expectations for managing visits for those at end-of-life and align with resident's cultural requirements.
 - Discuss how advance care plans will be implemented during an outbreak.

RESIDENTIAL AGED CARE FACILITIES

- If there is a confirmed COVID-19 case, immediately notify the local Public Health Unit and Department of Health (see Section 8: Contacts).
- Coordinate and chair daily outbreak management meetings, to involve Department of Health Case Manager, State/Territory Health Department representative and the ACQSC Case Manager.
- If there is a confirmed COVID-19 case, activate and maintain timely and consistent communication with all people connected to the facility.
 - People connected to the facility include: residents, and their families, carers and nominated representatives, staff, contractors, residents' GPs and other associated health professionals.
 - Make regular contact such as phone calls and emails, and keep a communication log, to residents' nominated representatives to:
 - provide updates on resident safety, health and wellbeing
 - provide updates on quarantine decisions and testing requirements
 - answer questions.
 - Send daily (or as frequently as the RACF determines) emails to people connected to the facility.
 - RACFs may choose to use online meeting forums to provide regular updates to groups of people.
 - Consider holding online meetings with residents, workers and associated workers, nominated representatives and broader family and friend members.
 - Contact the Older Persons Advocacy Network (OPAN) for assistance: www.opan.org.au or 1800 700 600
- Be aware of end-of-life care and cultural requirements for all facility contacts, including residents, families and staff.
- Facilitate contact between residents and their families during a lockdown. This may include keeping a stock of appropriate devices and resources, such as smartphone or tablet, to allow online communication and connection. Staff may need training to use software in advance.
- Consider and plan for how furloughed staff, who are familiar with families, can assist with communications.
- Respond to media requests received by the RACF. Note: responding to the media is at the discretion of each individual RACF.
- Inform the Department of Health, via the appointed Department of Health Case Manager, if the RACF needs support to meet its communication obligations.

4. Communication priorities in preparation for an outbreak (Tier 1)

This information is provided to help all stakeholders prepare ahead of a COVID-19 case being diagnosed—for example, when there are no locally acquired cases, no community transmission or if the only cases of COVID-19 are those from people who have travelled overseas.

Preparation should be put in place early—do not wait for a confirmed case to start preparing. A communication checklist is provided as **TEMPLATE 2** to assist planning.

4.1 Case study of a Tier 1 situation

Emma has returned from overseas. She has been tested on her arrival and has a positive result. Emma is quarantining in a hotel and has no contact with anyone in the general public. A residential aged care facility is located in the same suburb as the hotel where Emma is quarantining. Emily has no connection to the local RACF.

The facility in the same suburb as Emma, and all departments, organisations, entities and bodies associated with residential aged care, should prepare for COVID-19, including reviewing templates, actions and channels. Do not wait for a confirmed case to start preparing.

4.2 Communication priorities

Preparation and early testing of plans is key to ensuring good, effective communication.

During the period of no community transmission or Tier 1, all stakeholders should review roles and responsibilities, develop plans, enact consultations, review lessons learned, create templates, and update stakeholders and contact groups.

Department of Health	<p>Review and update Department of Health communication plans, resources and contacts.</p> <ul style="list-style-type: none"> • The Department of Health provides resources and guidance to support RACFs prepare for an outbreak, including communication planning. <p>Share information through regularly used channels, such as the BIDS announcement and newsletter, to remind RACFs:</p> <ul style="list-style-type: none"> • to undertake routine entry screening of staff, contractors and all visitors • to ensure outbreak management plans and the communication plan are up-to-date • to remain alert to any staff or residents experiencing respiratory and flu like symptoms • how to source additional PPE • of COVID-19 notification instructions • about COVID-19 vaccinations and requirements • how to access IPC training.
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<p>State/Territory Health Departments</p>	<ul style="list-style-type: none"> • Review own communication plan, resources and contacts and any resources and tools regularly provided to RACFs in own jurisdiction. • Provide direction to RACFs on vaccination, visitor restrictions and exceptional visits, such as for end-of-life care. <ul style="list-style-type: none"> ○ The rights of residents to receive visits from family and loved ones should be facilitated where possible, as outlined under the <u>Industry Code for Visiting Residential Aged Care Homes during COVID-19</u>.
<p>Aged Care Quality and Safety Commission</p>	<ul style="list-style-type: none"> • Review ACQSC communication plan, resources and contacts. • Share information with RACFs and stakeholders about: <ul style="list-style-type: none"> ○ the ACQSC free service for anyone who wishes to make a complaint about an Australian Government funded aged care service ○ requirements of a RACF. • The ACQSC will monitor RACFs against the requirements of the Aged Care Quality Standards to ensure providers can demonstrate they have systems, plans and processes for balancing infection prevention and control measures with ensuring residents have safe and regular access to family and care. This includes, residents receiving visitors, maintaining appointments with health professionals, leaving the facility and communicating with their contacts via telephone and video devices.
<p>Residential Aged Care Facility</p>	<ul style="list-style-type: none"> • Every RACF needs to have a communication plan, aligned to their OMP, including: <ul style="list-style-type: none"> ○ a list of who you will need to communicate to, how you are going to communicate with them, and what information they are going to need ○ the templates included with this guide to help with communication planning ○ using lessons learned from other locations experiencing an outbreak ○ ensuring there is a designated staff member (and a backup person) who will lead and manage communication ○ consider COVID-19 vaccination rates within your facility ○ this guide to help identify the RACF roles and responsibilities for communication. • Update the list of contact details for residents' nominated representatives, primary contacts or next-of-kin / decision makers, GPs and associated health professionals. This may be needed for communication.

	<ul style="list-style-type: none">• If residents have an advance care plan or directive, ensure that documents are up-to-date, accessible and relevant to COVID-19 treatment requirements.• Plan how the RACF will keep regular communication with all people closely linked to the facility, in the event of a COVID-19 outbreak. Include information about:<ul style="list-style-type: none">○ how end-of-life and essential care visits will be managed○ the Older Persons Advocacy Network (OPAN) for support and advocacy: www.opan.org.au and phone 1800 700 600○ the Aged Care Quality and Safety Commission for reporting concerns or issues: www.agedcarequality.gov.au and phone 1800 951 822○ culturally appropriate services and Aboriginal Community Controlled Health Organisations (ACCHOs).• Confirm with nominated representatives that they understand their role of being contactable and in sharing information with other family and friends, including in community languages as required.
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5. Communication priorities in preparation for an outbreak (Tier 2)

This information is provided to guide communication activities if:

- there are COVID-19 cases restricted to a hotspot, such as a household, fitness centre or shopping centre, OR
- a single case has occurred in a high transmission setting such as a RACF, OR
- an alert has been issued because of an unidentified source.

This builds on work already done to prepare and lay good communication foundations (identified above in Tier 1).

Key stakeholders and people connected to a facility may be anxious. Clear direction and communication on visiting, screening and other requirements such as masks, will help alleviate concerns.

5.1 Case study of a Tier 2 situation

Tony is a personal care worker in a residential aged care facility. He has worked several shifts in the past week. A family member of Tony's has become unwell, and as a precaution he has been tested for COVID-19.

Tony's test has returned a positive result; he has alerted his workplace immediately. Tony is isolating at home and has had no contact with anyone at work, he has not worked since developing symptoms. The RACF has activated the outbreak management plan.

5.2 Communication priorities

Tier 2 is an active outbreak. [A COVID-19 outbreak is defined as a single confirmed case of COVID-19 in a resident, staff member or frequent attendee of a RACF.](#)

The actions and obligations described here are aligned to the [First 24 hours – managing COVID-19 in a residential aged care facility](#), these actions are triggered by an escalation to Tier 3 in the [COVID-19 Escalation Tiers and Aged Care Provider Responses](#).

These priorities are a guide only—location, event and situation should also be considered.

Australian Government Department of Health	<ul style="list-style-type: none"> ● A Department of Health Case Manager is assigned to support the RACF, including activities to: <ul style="list-style-type: none"> ○ act as a conduit to coordinate communication activities, reducing duplication and providing communication if required ○ provide connections to OPAN, culturally appropriate services, and ACCHOs. ● Provide information, aligned to State/Territory information and guidance, through the BIDS and newsletter, targeted to providers in hotspots and reminding RACFs to: <ul style="list-style-type: none"> ○ continue routine entry screening of staff, contractors and all visitors ○ enact outbreak management plans, if required
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	<ul style="list-style-type: none"> ○ remain alert to any staff or residents experiencing respiratory and flu like symptoms ○ source additional PPE ○ update COVID-19 notification instructions ○ provide information on COVID-19 vaccinations ○ access IPC training. <ul style="list-style-type: none"> ● Provide updates to the ACQSC.
<p>State/Territory Health Departments</p>	<ul style="list-style-type: none"> ● Inform the Department of Health of the detection of community transmission immediately. ● Dependent on situation or event, State/Territory may update Health Directions to manage the public health risk. ● Provide timely and regular public updates on community transmission. ● Provide specific information to the RACF about how contact tracing will be undertaken. ● Ensure there is ongoing communication with the RACF experiencing an outbreak, and key stakeholders, even when there are no new updates.
<p>Aged Care Quality and Safety Commission</p>	<ul style="list-style-type: none"> ● Undertake monitoring activities which may include written communication, alerts or telephone assessment contacts to RACFs within the hotspot area to assess IPC readiness and capacity. ● Provide any regulatory information to the Department of Health Case Manager and State/Territory Health Departments.
<p>Residential Aged Care Facility</p>	<ul style="list-style-type: none"> ● Notify the Australian Government Department of Health and State/Territory Public Health Unit (PHU). ● Activate outbreak management plan, including a communication plan. ● Advise positive and close contact staff members to get tested and isolate. ● Provide an estimated return to work date for close contact staff members, with direction from the PHU if possible. ● Advise all staff, residents, nominated representatives, and associated health professionals of the positive case, actions taken and next steps. ● Consider a regular email, online meeting and/or updated webpage (including use of community languages, if required) to inform people connected to the facility. See TEMPLATE 4. ● Make signs regarding IPC, PPE, and visiting and screening guidelines clear and viewable. This information may need to be translated ahead of time, if required. ● Remind residents and families of how they will receive information in the event of a COVID-19 outbreak and how services may change to manage

	<p>transmission risk. For example, isolating to rooms, food service, PPE and visitation.</p> <p>Include information concerning:</p> <ul style="list-style-type: none">○ how end-of-life and essential care visits will be managed○ contacts for reporting concerns or issues to the Older Persons Advocacy Network (OPAN): www.opan.org.au or 1800 700 600 and the Aged Care Quality and Safety Commission: www.agedcarequality.gov.au or 1800 951 822○ contacts for culturally appropriate services and ACCHOs. <ul style="list-style-type: none">● Regularly update staff and contractors who are isolating or quarantined about changes to the facility.
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6. Communication priorities in preparation for an outbreak (Tier 3)

This information provides communication direction in the event that COVID-19 is epidemic across the community, with widespread outbreaks.

This builds on work already done to prepare and lay good communication foundations outlined in Tier 1 and Tier 2 above.

All stakeholders are required to communicate the impact of public health directions. People will be highly anxious—tell people what is and isn't known, and communicate challenges early, clearly and frequently.

6.1 Case study of a Tier 3 situation

An aged care facility reports positive COVID-19 test results for 6 staff members and 14 residents. Positive COVID-19 cases are being reported throughout the suburb. The Department of Health and State Government agree to stand up an aged care response to ensure the facility affected and other facilities in the area are supported.

6.2 Communication priorities

Tier 3 is an active outbreak. [A COVID-19 outbreak is defined as a single confirmed case of COVID-19 in a resident, staff member or frequent attendee of a RACF.](#) These actions and obligations are aligned to the [First 24 hours – managing COVID-19 in a residential aged care facility.](#) These actions are triggered by an escalation to Tier 3 in the [COVID-19 Escalation Tiers and Aged Care Provider Responses.](#)

These communication activities are ordered by priority—priority 1 actions should be completed first. This information is provided as a guide only—location, event and situation should be considered.

PRIORITY 1	
Australian Government Department of Health	<ul style="list-style-type: none"> On receiving an outbreak alert from a RACF, appoint a Department of Health Case Manager. Coordinate and assist the RACF to chair daily outbreak management meetings. Department of Health Case Manager to contact the RACF as soon as possible.
State/Territory Health Department	<ul style="list-style-type: none"> PHU to communicate isolation and quarantine requirements to positive cases and close contacts.
Aged Care Quality and Safety Commission	<ul style="list-style-type: none"> Appoint an ACQSC Case Manager to liaise with the RACF, Department of Health and State/Territory Health Departments. Contribute to outbreak management meetings to direct actions related to RACF legislative compliance, such as ensuring residents have safe and regular access to family and care. This includes, residents

PRIORITY 1	
	<p>receiving visitors, maintaining appointments with health professionals, leaving the facility and communicating with their contacts via telephone and video devices.</p> <ul style="list-style-type: none"> • Communicate regulatory information and intelligence to the residential aged care sector. • Provide assurance of RACF quality and safety to residents.
Residential Aged Care Facility	<ul style="list-style-type: none"> • Notify the Department of Health agedcareCOVIDcases@health.gov.au • Sensitively support the person with a COVID-19 diagnosis. • If the positive person is a resident, they should receive the information from their GP or a clinical staff member in a timely manner: <ul style="list-style-type: none"> ○ a familiar, trustworthy person should communicate the positive diagnosis in a timely manner, via the resident’s preferred language, with sensitivity, cultural safety and compassion. See TEMPLATE 3 ○ the resident’s nominated representative should be informed, if permissible. • If the positive person is a staff member, the State/Territory PHU will advise them they must leave the facility immediately and isolate at home until clearance is provided. <p>RACF is required to:</p> <ul style="list-style-type: none"> ○ explain precautions the staff member can take to ensure their family or home contacts, are safe and availability of additional supports ○ check if the staff member has household members working in a RACF or healthcare/high risk setting ○ advise on the process for staff members to return to work, including potential test days. • Inform staff on shift of any positive diagnosis, taking into consideration personal privacy and any requirements for other staff to get tested or isolate. • Display appropriate signs at the entrance to affected residents’ rooms (in languages other than English, as required), and at main facility entrances. • Chair daily outbreak management meetings.

PRIORITY 2	
Australian Government Department of Health	<ul style="list-style-type: none"> • Department of Health Case Manager to reinforce RACF’s communication role and responsibilities: <ul style="list-style-type: none"> ○ advise initial supports, including communication workforce and resources ○ provide contact details for OPAN, culturally appropriate services and ACCHO ○ establish requirements for Healthdirect call centre, including script, contact details and escalation requirements. • Department of Health Case Manager to create record of case in Department of Health system, and brief Executive and Ministers. • Department of Health Case Manager to work closely with ACQSC Case Manager to engage with the RACF. • Notify OPAN of case(s).
Residential Aged Care Facility	<ul style="list-style-type: none"> • Activate the outbreak management plan, including the communication plan. • Convene your outbreak management team, which should include a media spokesperson/primary family communication contact. • Notify residents’ nominated representatives of the COVID-19 diagnosis at the facility and provide translated information as necessary. Include: <ul style="list-style-type: none"> ○ reminder that nominated representatives will be contacted directly and should communicate with other family members and loved ones as required ○ how the resident can be contacted ○ information concerning how visits and care for end-of-life and palliative care will be managed (TEMPLATE 12). • Notify all residents of COVID-19 diagnosis at the facility. • Notify staff not currently on site of a positive COVID-19 case, advising of new arrangements within the service. See TEMPLATE 5. • Notify other sites managed by the provider of a COVID-19 diagnosis. • Notify stakeholders, other health professionals, allied health services, lifestyle and community support services and ancillary services and suppliers, of a COVID-19 diagnosis.

PRIORITY 3	
Australian Government Department of Health	<ul style="list-style-type: none"> • Attend outbreak management meetings and report on communication support provided. • Obtain contact list for nominated representatives to provide communication support if needed. • Department of Health Case Manager to ask RACF if any translated resources, interpreting services or other cultural services support is required.
State/Territory Health Departments	<ul style="list-style-type: none"> • May update Public Health Directions depending on the situation, to manage the public health risk <ul style="list-style-type: none"> ○ include direction for visiting specialists, such as palliative care clinicians or services, community nursing, outreach services or those providing end-of-life care. • Enact agreed State/Territory transfer process with RACF and other parties (such as an ambulance service). • Communicate updates from PHU reports, to the RACF and Department of Health, including additional positive cases or hospital transfers. • Provide public updates on case numbers.
Aged Care Quality and Safety Commission	<ul style="list-style-type: none"> • Attend outbreak management meetings. • Provide quality and safety information, deliver alerts and messaging to the aged care sector.
Residential Aged Care Facility	<ul style="list-style-type: none"> • Staff communication lead to implement communication plan and manage calls: <ul style="list-style-type: none"> ○ activate management of a high volume of calls from families and the media ○ consider providing two initial phone teams, to manage calls. Increased outbound calls will reduce the pressure of inbound calls ○ Develop a script or talking points to help phone teams. See TEMPLATE 6 ○ use Translating and Interpreting Service, as required ○ consider updating the website homepage with a brief statement about how the facility is responding to the outbreak (this may reduce inbound call volumes), including translated statements as required. See TEMPLATE 7. • Determine how media will be managed (engaging with media is at the discretion of each facility): <ul style="list-style-type: none"> ○ consider drafting a brief holding statement. See TEMPLATE 8.

PRIORITY 3	
	<ul style="list-style-type: none"> • Print and distribute signage around the facility in: <ul style="list-style-type: none"> ○ communal residential areas ○ entrances ○ staff areas. • Liaise with the Department of Health Case Manager for support and advice and raise any communication issues. • Discuss any plans to transfer residents to hospitals (TEMPLATE 11), for treatment or cohorting, with the Department of Health Case Manager and State/Territory Health Department.

PRIORITY 4	
Australian Government Department of Health	<ul style="list-style-type: none"> • Support request for inbound/outbound calls, communication surge workforce to: <ul style="list-style-type: none"> ○ prepare call scripts: <ul style="list-style-type: none"> ▪ example outbound call script. See TEMPLATE 10 ▪ example inbound call script. See TEMPLATE 6. ○ advise Healthdirect of requirement for surge call support. • Support request for family engagement support. Communication surge workforce to prepare a family meeting invitation. • Support request for media management. Communication surge workforce to prepare a media release, clear with Department of Health Media Unit. See TEMPLATE 8. • Department of Health Case Manager to monitor situation and communication requirements. • Prepare internal communication and briefings.
Residential Aged Care Facility	<ul style="list-style-type: none"> • Make regular contact with residents' nominated representative: <ul style="list-style-type: none"> ○ consider assigning several staff to manage calls or send emails: <ul style="list-style-type: none"> ▪ use furloughed staff where possible and appropriate ▪ ensure consistency of relationship and message; assign staff members to specific residents and families ▪ roster staff members to ensure rest days are scheduled ○ keep a record of calls, emails and issues

PRIORITY 4	
	<ul style="list-style-type: none">○ keep up-to-date records on the status of residents, including handover practices, clinical status, hydration, appetite and locations if they have been moved in the facility or transferred○ use text messages and emails for operational updates.● Produce and distribute regular messaging (same time, each day). See TEMPLATE 9. This may be in the form of a daily email, webpage update, or online meeting for family members, staff and contractors. Consider including:<ul style="list-style-type: none">○ a general facility COVID-19 status report○ contacts for OPAN, and culturally appropriate services.

ONGOING	
Australian Government Department of Health	<ul style="list-style-type: none"> • Provide regular and timely updates to the sector, particularly to aged care providers in the State/Territory hotspot about the COVID-19 outbreak. • Distribute information through aged care communication channels, including BIDS and the Protecting Older Australians Newsletter. • Regularly remind RACFs: <ul style="list-style-type: none"> ○ to remain vigilant ○ PHU and Department of Health contact points ○ availability of resources and training ○ how to source additional PPE ○ how to access surge workforce support ○ how to access additional COVID-19 testing. • Continue communication support as advised by the Department of Health Case Manager. • Respond to media queries received by the Department of Health. <ul style="list-style-type: none"> ○ Department of Health and State/Territory may collaborate on responses as required. • Monitor social media. • Department of Health Case Manager to record daily RACF communication activities and report to relevant stakeholders.
State/Territory Health Departments	<ul style="list-style-type: none"> • May provide updates on COVID-19 outbreak data. • Continue to reinforce the Public Health Direction. • In the case of a COVID-19 death, advise the Department of Health.
Aged Care Quality and Safety Commission	<ul style="list-style-type: none"> • Provide quality and safety information, including alerts and messaging to the aged care sector. • Monitor and support RACFs for infection control and other risks, including targeted monitoring programs. • Integrate the ACQSC regulatory case coordination with operational outbreak management.
Residential Aged Care Facility	<ul style="list-style-type: none"> • Update talking points for call teams based on operational details: <ul style="list-style-type: none"> ○ review escalation issues process and response times ○ ensure significant clinical updates, such as resident transfer, are communicated directly through a clinical or care staff member to the nominated representative as early as possible

ONGOING	
	<p>and on completion (unless agreed that hospital will make completion call)</p> <ul style="list-style-type: none"> ▪ provide information for ongoing communication once transfer is complete ○ inform nominated representative of a resident COVID-19 recovery at the earliest opportunity ○ promptly inform nominated representative of resident deterioration into palliative care or end-of-life care ○ ensure deaths associated with COVID-19 are communicated sensitively, directly through clinical or care staff to the nominated representative at the earliest opportunity (TEMPLATE 13). <ul style="list-style-type: none"> • Regularly update off-site or furloughed staff on the status of the facility outbreak response. • Ensure staff know testing schedules and where to get tested. • Advise Department of Health Case Manager and State/Territory of clinical decisions to transfer residents. • Promote communication opportunities between families and residents where possible. • Ensure culturally appropriate bereavement support is made available: <ul style="list-style-type: none"> ○ advise residents and staff sensitively, taking care to reinforce the measures the facility has in place to limit the spread of COVID-19 ○ consider written communication to contacts of the facility. Do not include identifying details of residents unless family permission has been granted. • Implement best practice social media rules of engagement: monitor, ensure responses are timely, honest and professional, use good judgement, be accurate and respectful.

7. Communication resources

All stakeholders, including Department of Health, State/Territory Health Departments, RACFs and ACQSC, should ensure communication activities meet the needs and expectations of their intended audiences.

- Consider translation resources or interpreting services available:
 - [Department of Health translated resources](#)
 - [Translating and Interpreting Service \(TIS\)](#).
- RACFs may nominate a staff member to be trained in using interpreter services and implement a policy for engaging interpreters.
- Consider resources that may need to be tailored to Aboriginal and Torres Strait Islander peoples.

RACFs may choose to develop partnerships with culturally appropriate services that enable them to respond to the linguistic and cultural needs, spiritual and religious supports, of residents, families and staff, to achieve good communication outcomes.

7.1 Communication principles

Regardless of who is leading or receiving the communication, these principles provide a good foundation for establishing communication activities and messages.

- Be open, transparent and respectful
- Give consistent, clear messages
- Provide information regularly, in a timely manner
- Tailor information to the needs of different audiences
- Use inclusive and tailored communication for diverse populations
- Ensure communication is accurate and clear (scientifically correct messaging)
- Use two-way communication channels
- Make use of existing communication channels and protocols, where possible.

8. Contacts

Australian Government Department of Health

- Immediately notify the Australian Government Department of Health at agedcareCOVIDcases@health.gov.au of any cases of COVID-19 among residents and staff.
- www.health.gov.au

State and Territory Public Health Units

Immediately notify the PHU for coordination of the public health response to the outbreak.

- NSW - 1300 066 055
- WA - 08 9222 8588 or 08 6373 2222 (if confirmed COVID-19)
- SA – 1300 232 272
- NT - 08 8922 8044
- ACT - (02) 5124 9213 After Hours: 02 9962 4155
- QLD - 13 432 584 (13 HEALTH)
- TAS - 1800 671 738
- VIC - 1300 651 160

Aged Care Quality and Safety Commission

- 1800 951 822
- www.agedcarequality.gov.au

Older Persons Advocacy Network

- 1800 237 981, 6am-10pm (AEDT), 7 days a week
- Email covid@opan.com.au

Dementia Australia

- 1800 100 500
- www.dementia.org.au/

My Aged Care

- 1800 200 422
- myagedcare.gov.au/

Australian Centre for Grief and Bereavement

- 1800 642 066
- www.aged.grief.org.au/

Trauma resources – Phoenix Australia

- www.phoenixaustralia.org/aged-care

Translation and accessibility services

- 131 450 for Translating and Interpreting Services (TIS), nomination language to connect
- 1300 010 877 for Auslan Connections, email interpreter.bookings@deafservices.org.au, fax 07 3892 8511 or SMS 0407 647 591
- 1800 334 944 for [Aboriginal Interpreter Service \(AIS\)](#)
- [National Relay Service](#):
 - TTY users: phone 1800 555 677 then ask for our number 1800 951 822
 - Speak and Listen users: phone 1800 555 727 then ask for our number 1800 951 822
 - Internet relay users: connect to the [National Relay Service](#) and enter 1800 951 822.

Other mental health support services

- www.lifeline.org.au
- www.beyondblue.org.au
- www.headtohealth.gov.au

9. References

Australian Government Department of Health

- [Updated National COVID-19 Aged Care Plan – 7th Edition](#)
- [Coronavirus \(COVID-19\) – National aged care guidance – aged care visitation guidelines](#)
- [Coronavirus \(COVID-19\) – National aged care guidance – escalation tiers and aged care provider responses](#)
- [Advice for the aged care sector during COVID-19](#)
- [First 24 hours – managing COVID-19 in a residential aged care facility](#)

Aged Care Quality and Safety Commission

- [Outbreak management planning in aged care](#)

Communicable Diseases Network Australia

- [CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#)

Council on the Ageing (COTA) Australia

- [Industry Code for Visiting Residential Aged Care Homes during COVID-19](#)