

{NOTE: THE FOLLOWING TOOLS ARE RECOMMENDED FOR USE, BUT ARE NOT REQUIRED}

<p>Communication Plan</p> <p>COVID-19 Suspected, Positive Diagnosis and Resident Death</p> <p>Last Updated: _____</p>
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Event

COVID-19 suspected, positive diagnosis, or caused death of resident at _____ (FACILITY).

Use

Upon the diagnosis or death of a resident at the facility. In addition to regulatory agency mandates, conform to these strict communication plans to ensure aligned communication with State authorities.

Crisis Communications Response Team

NAME	TITLE	CELL PHONE	OFFICE LINE	EMAIL
	Administrator			
	Administrator Designee, (if applicable)			
	Facility Nurse			
	Resident Care Coordinator, (if applicable)			
	House Manager/Caregiver Lead, (if applicable)			
	<i>(Other)</i>			
	<i>(Other)</i>			

Community Contact Information

ORGANIZATION	NAME	TITLE	PRIMARY PHONE	EMAIL
Idaho Public Health District ____		Public Health Contact		
IDHW		Licensing and Certification	(208) 364-1962	RALF@dhw.idaho.gov
Idaho Commission on Aging		Local Ombudsman		
Adult Protective Services {Only required to notify this agency according to Idaho Code Section 39-5310}		Adult Protection Contact		
<i>(Local E.M.S. or call 911)</i>				
<i>(Local Hospital)</i>				
<i>(Other)</i>				
<i>(Other)</i>				

COVID-19 INCIDENT RESPONSE RESPONSIBILITY CHART

Trigger or Time	Action	Responsibility
COVID-19 confirmed diagnosis or death	1. Receive test results/notification of death	
Immediately Upon Notification	2. Inform Health District	Administrator or Facility Nurse
Immediately Upon Notification	3. Inform resident's Primary Care Provider (if information was received from another source, such as the laboratory.)	<i>(Insert name/job title here)</i>
Immediately Upon Notification	4. Inform family of affected resident	<i>(Insert name/job title here)</i>
As Soon as Practical	5. Inform IDHW and Ombudsman, as well as all facility staff	<i>(Insert name/job title here)</i>
As Soon as Practical – Within 2-3 hours of event & prior to any Media or Press Release	6. Communicate with all residents and other families for all residents who do not have a positive case. (See Communicating with Families Script/Addendum A)	<i>(Insert name/job title here)</i>
As Soon as Possible	7. In cases of death: contact hospice or Coroner's office	<i>(Insert name/job title here)</i>
As Soon as Practical	8. Communicate with: _____ _____ _____	<i>(Insert name/job title here)</i>
Other		
Other		
Other		
Other		

COMMUNICATING WITH FAMILY & RESIDENT REPRESENTATIVES

During this time, it will be extremely important to communicate in a positive and respectful manner while also maintaining the privacy and confidentiality of our residents' and/or staff members' information.

Should we have a suspected or confirmed case in one of our buildings, we may likely see increased telephone calls from our residents' loved ones requesting additional information, and as with any patient diagnosis or potential knowledge of another staff person's health status, we are not permitted to disclose this information.

When communicating with residents' loved ones, it is important to:

- Take a deep breath, remain calm, and provide reassurance. Remember, we are all in this together, and we are doing an AMAZING job caring for and serving our residents.
- Always protect our residents' rights to privacy and confidentiality, as well as your coworkers' privacy and confidentiality.
- Remind the family or resident representative that due to privacy laws we cannot comment on the specifics around the person's condition (unless we have permission from the affected resident to release information), but we can confirm that we are working in close coordination with state health officials to follow the protocols in place to minimize the spread of the virus.
- Reassure the family or resident representative that we are following all proper procedures and protocols established by CDC and CMS. Also, assure them that their loved one's safety and well-being is our top priority.
- Ask that they contact (or take a message for) _____ if they have additional questions or concerns.

SEE ADDENDUM A FOR SCRIPTING

MEDIA INQUIRIES

We anticipate that if a case of COVID-19 is diagnosed at our facility, it may garner media attention. As a result, we want to ensure all employees are aware of our Media policy. This policy has been established to provide support for the facility staff during this critical time period.

PHONE CALLS: Please note that many of the journalists calling the facility will be the same individuals that during more normal times provide positive stories about facilities. All staff who interact with them should treat them with respect. Refer to the media advisory script, titled *WHEN THE MEDIA CALLS/ADDENDUM E*. Send all phone messages from Media to: _____.

MEMBERS OF THE MEDIA ARRIVING ON-SITE: The media will most likely try to make contact via email or the telephone. However, a few may attempt to visit the facility for their story. Please refer them to the Media Advisory poster, which will be posted on the front entrance. The most important thing is to let the reporter know that someone will be in contact with them. ATTACH SIGN TO FACILITY ENTRY DOOR(S), ADDENDUM F.

EMAILS FROM MEMBERS OF THE MEDIA: All staff must forward any emailed media requests to:

_____.

Addendum A
COMMUNICATING WITH FAMILIES SCRIPT

FOR USE DURING PHONE CALL NOTIFICATIONS (4/13/2020)

POSITIVE COVID-19 INDIVIDUAL IN THE FACILITY

Hello [NAME OF POA/RESIDENT 'S CONTACT PERSON]. This is _____ with _____. I want to let you know that [RESIDENT NAME] is fine, however, there is a resident/staff member who tested positive for COVID-19. For privacy reasons, I cannot share with you this resident's/staff member's name or condition but want to again stress that your loved one is fine and currently has NO symptoms (***if that is the case***). We have been assessing [RESIDENT NAME] daily and will continue to frequently assess him/her throughout the day.

I also want to assure you that we are doing everything we can to stop the spread of this virus within our facility. We are working closely with our facility nurse and resident physicians. We are also following the recommendations of state and local public health officials and the CDC to include requiring all residents to remain in their rooms, and all staff on the unit will be wearing gowns, gloves, eye protection and facemasks.

We wanted you to learn this news from us first. This news may soon be made public and we wanted to inform families as quickly as possible. We will continue to provide the best possible care for your loved one and we will keep you informed of updates as they take place.

RESIDENT COVID-19 DEATH

Hello [NAME OF POA/RESIDENT 'S CONTACT PERSON]. This is _____ with _____. I want to let you know that [RESIDENT NAME] is fine, however, sadly I must report that here at our facility one of our residents has died, due to COVID-19 complications. Our hearts are extremely heavy as we mourn the passing of this resident who will be deeply missed. For privacy reasons, I cannot share with you this resident's name but want to again stress that your loved one is fine and currently has NO symptoms (***if that is the case***). We have been assessing [RESIDENT NAME] daily and will continue to frequently assess him/her throughout the day.

I want to assure you that we are doing everything we can to stop the spread of this virus within our facility. We are working closely with our facility nurse and the resident's physician. We are also following the recommendations of state and local public health officials and the CDC to include requiring all residents to remain in their rooms and all staff on the unit will be wearing gowns, gloves, eye protection and facemasks.

We wanted you to learn this news from us first. This news may soon be made public and we wanted to inform families as quickly as possible. We will continue to provide the best possible care for your loved one and we will keep you informed on updates as they become available.

Addendum C COVID-19 UPDATE MESSAGE SCRIPT

{NOTE: Facilities are not required to have a message system with recorded information. If a facility does choose to deploy a recorded message updating system, the following verbiage has been utilized by some facilities in our State. Your facility is welcome to use all, part or none of the following verbiage for a recorded message.}

MESSAGING SCRIPT FOR COVID STATUS AND INFO LINE AT _____.

Phone Script:

Hello, thank you for calling [FACILITY NAME] in [CITY] .

This message is updated [FREQUENCY OF MESSAGE UPDATING] . If you are a family member and need to reach the facility, please hang up and call (208) .

For [, 2020]

- [# of] people in the facility have tested positive for COVID-19.
- [# of] residents remain in isolation and will continue to be cared for by staff members who have been following established infection disease prevention protocol as well as state and local public health officials and the CDC guidelines.
- As soon as we learned of the threat COVID-19 posed to our State, immediate and aggressive measures were taken to protect our residents, in accordance with state and federal guidelines.

We know this is a difficult time for families and for the community. Please be assured [FACILITY NAME] is continuing to follow the strictest infectious disease control protocols and follow the most current guidance of state and federal public health officials to ensure all possible steps are being taken to protect our residents and staff.

For more information and resources on Idaho's response to COVID-19, please visit <https://coronavirus.idaho.gov/>.

Thank you for your continued support as we work to address this urgent and unprecedented public health situation.

**Addendum D
COVID-19 DAILY SITUATION REPORT**

{This is just another helpful tool some facilities are utilizing – the use of it is not required}

COVID-19 Operational Questionnaire

Effective immediately, and for the foreseeable future, please submit this completed report by 3:00 PM MT daily. The information collected will provide information regarding the current status of operations and information that will guide planning and support efforts.

Location:	Census Total:	Date:
Number of Residents In-House with Upper Respiratory/Flu-like Symptoms:		
Existing:	New:	
Notes:		
Number of Residents at hospital with Upper Respiratory/Flu-Like Symptoms:		
Existing:	New:	
Notes:		
Number of unplanned Staff call-ins:		
Existing:	New:	
Notes:		

Are there any staffing concerns or needs?

Are there any residents showing a decline due to restrictions?

What plan of action is being taken?

How many residents are receiving visitors due to special circumstances or end-of-life?

Identify the special circumstance

Have there been any complaints received in the past 24 hours? (Summarize including date/time of complaint and actions taken to resolve.)

Situational (internal/external procedures)

What new local health department guidance and/or direction has been received?

What new local updates (e.g. suspected and or actual infections) have been received?

Please share any topics necessary for rumor control.

Preparation to meet resource needs

What new resources do you need?

ADDENDUM E WHEN THE MEDIA CALLS

Below are some questions you may receive. It is best to follow policy and refer all questions, no matter how innocent they may appear, to _____.

SAMPLE MEDIA QUESTIONS

I've heard that one of the residents at your facility has a case of coronavirus. Can you tell me their condition, and how the person contracted the disease? (response below)

What unit are they from, and how many residents are in that unit? Can I come by to do some interviews and take photos? (response below)

How are the other residents/staff doing? (response below)

ALWAYS RESPOND:

"Thank you for calling and for your inquiry. In response to your question(s), please contact _____ at _____ or I would be happy to take a message for them. They can answer your question(s). For current information related to COVID-19 visit our website at _____."

ADDENDUM F



**MEDIA
ADVISORY**



**DEAR MEDIA PARTNERS,
THANK YOU FOR YOUR DILIGENCE IN
KEEPING PEOPLE UP TO DATE ON THIS
EVERCHANGING PANDEMIC.**

WE HAVE RESTRICTED ALL VISITORS IN AN
EFFORT TO KEEP OUR RESIDENTS HEALTHY
AND SAFE.

PLEASE CALL THE NUMBER BELOW AND THEY
WILL ASSIST YOU WITH YOUR MEDIA
REQUEST.

_____, Administrator (____) _____

Thank you for your understanding and patience.