# Recommendations for the palliative care and hospice response to COVID-19<sup>1</sup>

## **SYSTEMS**

### **Policies**

- **Maintain** flexibility and the ability to rapidly modify or implement new policies, such as changes to admission criteria.
- If visiting hours are limited, consider providing daily telephone support to families.

## **Training and protocols**

- **Provide** protocols for non-specialists on symptom management and provide basic palliative care training including communication
- **Consider** separate guidelines for specific populations such as those in care homes

#### Communication and coordination

- **Identify** a key decision maker to improve communication, particularly if multiple professionals are involved outside of their usual practice
- **Involvement** in **triage** systems to assess likelihood of response to treatment and risk of dying
- **Share** protocols and advice within organisations

### **Data**

- **Standardise** information collection & monitoring to inform operational changes (for example number of patients seen, main symptoms and concerns, treatments, effectiveness of treatment, and outcomes)

## **SPACE**

# Maintain ability to move resources between settings

- Consider moving resources from inpatient to community setting according to need
- **Ensure** palliative care services are integrated into new systems for care, including community care centres and temporary hospitals

# **Technology**

- Use virtual technology to enable communication when visiting is restricted

### **STAFF**

# **Deployment**

- Deploy staff flexibly between palliative care settings according to need
- **Prioritise** sufficient staff numbers
- If patient contact with volunteer services needs to be restricted, consider alternative roles for example psychological support, bereavement support

#### **Skill mix**

Involve chaplains and psychologists with specialist palliative care expertise

#### Resilience

- Facilitate camaraderie, promote connectedness, develop systems for reducing stress, and support non-specialist staff
- **Provide** training in communication and bereavement

# **STUFF**

# **Medicines and equipment**

- **Include** relevant symptom medications in formularies (to treat breathlessness, cough, fever, delirium, anxiety, agitation and pain)
- Ensure supplies of medications, IV and subcutaneous delivery systems and lines

## Personal protective equipment

Ensure sufficient supplies of PPE

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1. Framework adapted from Downar & Seccareccia, JPSM 2010 39(2) 291-5