Considerations for the delivery of palliative care during the COVID-19 pandemic
Queensland Palliative Care Clinical Network

Introduction

Hospital and Health Services (HHS) are responsible for developing COVID-19 Response Plans in line with Queensland Chief Health Officer (CHO) Public Health Directions to ensure continuity of health services and to minimise the impact of COVID-19 within the Queensland community.

During an acute surge of COVID-19, demand for palliative care services is likely to increase. It is important that health services can maintain the delivery of business-as-usual palliative care where possible, as well as increase their capacity to support the palliative care needs of people dying from COVID-19.

Palliative care is essential to provide physical, psychosocial and spiritual support for patients, families and practitioners in the context of COVID-19, though its provision may become limited by reductions in resources including (but not limited to):

- Supplies: such as syringe drivers, and medicines
- Space: such as acute care beds, palliative care unit beds
- Staff: such as palliative care specialist doctors, nurses and allied health professionals
- Systems: such as care models including approaches to triage and resource allocation [4]

Preparedness, communication and promotion of existing supporting resources and services is vital to ensuring palliative and end-of-life care can continue to be delivered safely and effectively across the health system as the pandemic evolves.

Purpose

The Queensland Palliative Care Clinical Network (QPCCN) Steering Committee has developed this guideline for Queensland Health staff working across various settings to support and optimise the inclusion of planning for the delivery of palliative care services in HHS COVID-19 Response Plans. Specifically, this document:

- Provides guidance and information about palliative care and associated elements in the context of COVID-19 for consideration by HHS, acknowledging that plans and activities will vary across HHS.
- Clarifies the role of the QPCCN in supporting HHS and clinicians to provide palliative care services during the COVID-19 pandemic and during an acute surge.

Background

The COVID-19 pandemic, also known as the coronavirus pandemic, is an ongoing global pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

In September 2021, the Queensland Clinical Network Executive requested all Queensland Health Statewide Clinical Networks to review and/or develop COVID-19 pandemic disaster planning guidance for HHS and clinicians.

Scope

This document provides guidance on specific issues and considerations for the delivery of palliative care in the context of COVID-19. Interface with other departments is also crucial. For guidance on general issues such as the use of Personal Protective Equipment (PPE) or infection control please refer to relevant national standards or HHS policies and procedures.

Workforce and funding implications will be considered in the next iteration of this guideline. For more information, see [Work permissions and restrictions framework for workers in health care settings.](#)

Role of the QPCCN

- Provide a central point for expert palliative care input, advice and prioritisation of actions into Queensland Health decisions, policies and information for the community regarding COVID-19
- Support and advocate for the ongoing provision of the best possible palliative care to the Queensland community
- Identify and communicate critical information, recommendations, and key issues relevant to palliative care

Principles for optimal palliative care

The following bio-ethical principles developed by the International Association for Hospice and Palliative Care, Worldwide Hospice palliative Care Alliance, International Children's Palliative Care Network and Palliative Care in Humanitarian Aid Situations and Emergencies can be used to guide the allocation of scarce health resources during the COVID-19 pandemic to ensure humane and respectful treatment and care for all patients.

Key Ethical Principles for Optimal Care during the COVID-19 Pandemic [10]

Non-abandonment

- No person in need of medical care is ever neglected or abandoned; all who need it have access to palliative care

Respect for persons

- Protection of patient dignity and human rights includes provision of a private space for the dying and their families

Autonomy

- Autonomy is only restricted for compelling public health reasons

Reciprocity

- Protection of public and provider health is prioritized; appropriate infection control precautions are in place, respected, and enforced

Confidentiality

- Patient confidentiality is maintained in the absence of compelling public health concerns

Whole person care

- Accompaniment, spiritual support and bereavement play key roles alongside intensive care, medical treatment, and symptom control

Justice / Fairness

- Patients with similar health conditions have equal access to treatment and care (including protective measures) without discrimination based on ethnicity, religion, sex, age, disability, socio-economic status, or political affiliation

Focus areas

- Access
- Communication and technology
- Grief, loss and bereavement
- Knowledge and awareness
- Residential aged care facilities
- Specific populations
    - Aboriginal and Torres Strait Islanders
    - Culturally and linguistically diverse
    - Paediatrics
    - Rural and remote
- Staff support and wellbeing
- Supplies, equipment and consumables
- Symptom management and medications
- System capacity and workforce

Each focus area will provide considerations relevant for services operating in all settings, as well as considerations specific to hospital and community settings.

Access

- **All settings**
  - Aim to continue delivering usual palliative care services for non-COVID-19 palliative care patients
    - Consider the implications for each patient if the delivery of palliative care service is interrupted
    - Contact the person's family/carer(s) to discuss alternative delivery models if required [6]
    - Promote the use of telehealth services where possible *(see Communication and Technology)* and raise General Practitioner (GP) awareness of such services
  - Some patients may be reluctant to present to healthcare facilities due to fear of COVID-19
  - Consider the specific national, local, and site-specific requirements (incl. social distancing, cleaning, personal protective equipment (PPE), transport) for people who are granted exemptions to enter a facility/service for an end-of-life visit
    - See Guidance for persons in quarantine visiting residents receiving end-of-life care
    - Visitor limitations to hospitals and palliative care units in the COVID-19 context will vary
    - Considerations have been outlined by the Australia New Zealand Society of Palliative Medicine (ANZSPM) to aid dialogue
- **Hospitals**
  - Review the Pandemic-Context Palliative Care triage: a response to COVID-19
  - Consider the palliative care triage key concepts and elements (Appendix 1) and use of Palliative Care Outcomes Collaborative (PCOC) assessment scores during the COVID-19 pandemic *(Note: not used in Paediatrics)* [4]
  - Direct palliative care unit admissions of patients with possible COVID-19 should be avoided where possible to reduce transmission risk. Refer to local processes on palliative care patient admissions and presentations to fever clinics/emergency department
- **Community**
  - Explore early establishment of palliative care Hospital in the Home (HITH) models for COVID-19 positive and non-COVID palliative patients and ways to increase utilisation of community Nurse Practitioner-led models
    - Consider virtual models of care where appropriate to mitigate staff safety risks
    - Undertake a risk assessment of community and in-home palliative care services for people and families with current COVID-19 public health responsibilities (Appendix 2) [7]
  - Consider how community-based facilities/non-government organisations (NGOs) could run urgent clinics and maximise care at home wherever safely feasible to minimise pressure on hospital services

Communication and technology

- **All settings**
  - Ensure engagement with Primary Health Networks, residential aged care facilities (RACFs), domiciliary services and supported accommodation providers, emergency departments, outreach services, Queensland Ambulance Service (QAS) and other key stakeholders to establish and document agreed referral mechanisms, treating role delineation, decision-making processes and functions in the event of an outbreak [9]
    - In community settings, emphasis should be maintained on ensuring the GP is the primary coordinator of care with specialist palliative care service support
    - Ensure regular liaison between palliative care services and pharmacies regarding anticipated requirements [5]
- **Hospitals**
  - Optimise telehealth for palliative care consultations and clinical advice hotlines (Table 2)
    - Consider communication techniques for tele/video palliative care consultations [3] and accessibility requirements
    - Review the COVID-19 National Health Plan – prescriptions via telehealth – a guide for prescribers
    - Utilise PCOC self-assessment scores where relevant
  - Ensure early goals of care discussions with patients, which may include active disease-directed care
    - Consider virtual family meetings with multidisciplinary teams to discuss care plans with clear understanding of patients wishes and preferences. Include enduring power of attorney, next of kin and social workers in discussions as appropriate.
    - Identify if the patient has an advance care directive/plan. If yes, reaffirm prior decision. If no, initiate advance care planning (ACP). Consider utilising/viewing the ACP Quick Guide and 6 Step ACP Process
      - Refer to Advance Care Planning for Aboriginal and Torres Strait Islander peoples | Advance Care Planning Australia
    - Increase visibility of patient preferences by uploading documents to The Viewer - ACP Tracker
  - Review and establish timely communication strategies and transparency about plans, rationale, regular messaging, and pathways to escalate concerns

- Nominate an appropriate engagement coordinator to oversee communication and referral pathways
- Consider optimised strategies when wearing a face mask/PPE and when using technology *(e.g. photographic name badges including name and role, modifications to usual communication styles, technology to facilitate two-way communication mechanisms)* [3]
- Facilitate and support mechanisms for communication and personalised family involvement in the provision of end-of-life care [3]
  o Adopt registry systems and processes for sharing original copies of paper scripts for people working from home. Follow local policies and privacy of information protocols (also see National COVID-19 Privacy Principles)
  o Ensure a palliative care service representative attends COVID-19 ward meetings as necessary
  o Review clinical governance processes and how they apply to the current situation, which may change rapidly. Develop plans with local GPs and other primary care professionals to agree on processes if consumers' care needs change [6]

Table 1 – Example communication strategies and resources

Name	Summary
Communication Skills in the Age of COVID-19 | Annals of Internal Medicine	Talking maps and guidance on how to communicate with patients who are seriously ill from COVID-19 infection.
Compassionate conversations posters | Queensland Health	Guides to communicating virtually and when using an interpreter in virtual communications
COVID Ready Communication Playbook | VitalTalk	For practical advice on how to talk about many difficult topics related to COVID-19 including specific phrasing for patient and family conversations
COVID-19 and Communication Tools | COVID-19 Response Resources Hub | Center to Advance Palliative Care (capc.org)	Conversation scripts and video examples of how to talk to patients and families about COVID-19 issues
Palliative Care Communication in the COVID-19 context | Australia New Zealand Society of Palliative Medicine	Includes communication strategies for health professionals and patients, health professionals and families and considerations to facilitate communication between patients and families.
Specific phrases & word choices that can be helpful when dealing with COVID19 | Serious Illness Conversations	Includes suggestions on how to respond to phrases that may arise in conversations regarding COVID-19
Webside Manner during the COVID-19 Pandemic: Maintaining Human Connection during Virtual Visits | Journal of Palliative Medicine	Key elements of web-side manner that are helpful when conducting serious illness conversations by virtual visit

Table 2 – Queensland statewide palliative care telehealth and clinical advice services

Name	Users	Summary
PalAssist	Patients, families and carers	PalAssist is a free support and information service for anyone who has a life limiting illness or condition, and/or their families and carers
PallConsult	Generalist medical, nursing and allied health staff	Provides: • 24/7 hotline for doctors and nurse practitioners to directly access a palliative care medical consultant and 24/7 hotline for nursing and allied health staff to access specialist palliative care staff • Medical consultant palliative care advice for Queensland Ambulance Service paramedics and the Royal Flying Doctors Service • Education and mentoring for community and RACF staff
Specialist Palliative Rural Telehealth Service (SPaRTa)	Patients and families Generalist medical, nursing and allied health staff	This is a clinical support service. Patients/family members can arrange a telehealth consultation in rural and remote areas through their GP/community nurse Areas of advice and support provided by the service include medical, nursing, social work, occupational therapy and pharmacy.
Telehealth Emergency Management Support Unit (TEMSU)	Generalist medical, nursing and allied health staff	Provides: • 24/7 single point of contact for clinicians accessing support and advice in the management of non-critical emergency patients • 24/7 Nurse Coordinators (support dependent on the scope of practice of the Nurse Coordinator rostered at the time) • Contact with Emergency Support Services as per locally established pathways
Telehealth Paediatric Palliative Care Service (ePPCS)	Children and families outside south east Qld	ePPCS provides physical, emotional, spiritual and psychological support to children and families of children who have a life-limiting condition located outside the south east corner of Queensland

| Paediatric Palliative Care Service | Children and families within south east Qld | The Paediatric Palliative Care Service (PPCS) is a statewide service providing holistic palliative and end-of-life care to infants, children and young people and their families with life-limiting illness in South East Queensland |
| Specialist Palliative Care in Aged Care (SPACE) | Generalist medical, nursing and allied health staff | Each Hospital and Health Service has been supported to develop a model of service delivery that is appropriate for local context to improve equitable access to specialist palliative care in residential aged care. A key aim of the project is to increase the capacity and capability of general practice and aged care staff to deliver end-of-life care. |

Grief, loss and bereavement

Grief is the response to loss, particularly to the loss of someone who has died. The expression of grief has physical, cognitive, behavioural, social, cultural, spiritual and philosophical dimensions.

- **All settings**
  - Conduct early and comprehensive psychosocial assessments, including consideration of all elements of a person's life from time of diagnosis and the impact of COVID-19 and potential death
  - Ensure family and carer bereavement risk is included in clinical multidisciplinary team meetings and handovers, pre- and post- patients' death
    - The current COVID pandemic is likely to create a future pandemic of complicated grief. Consider using the Pandemic Grief Scale (PGS) to identify bereaved family members at potential risk of substance abuse and suicide
    - For those at heightened risk, know the referral pathways to acute mental health supports (13 MH CALL) for bereaved individuals
    - Utilise compassionate communities existing partnerships and resources
  - Provide 'expected death at home' information packs to family/carer(s) to avoid unnecessary family distress and involvement of police and coroner in the event of a death at home [9]
    - Promote the distribution of bereavement resources to provide useful information about i) preparing for the end of life of an adult family member or friend and ii) what to do after someone dies
  - Promote the use of compassionate door signs in inpatient settings to help maintain a private and respectful environment of a person who is imminently dying
  - Bereavement support should be offered to all impacted by COVID-19
    - Consider discussing strategies to cope with the COVID-related deaths amongst family members
    - Encourage use of technology to including MyGrief App
  - Ensure appropriate and effective communication about the viewing of a person's body after a COVID-19 death, handling belongings and funeral advice [7]
  - Consider how volunteer groups can stay in touch with consumers to provide psychosocial support, especially consumers who have become socially isolated [6]
  - Consider roles and responsibilities in grief and bereavement support at all tiers of the response and how the approach will vary at each response level
  - Consider implementing bereavement education and support groups facilitated by Allied Health Clinicians (e.g., Social Workers, Psychologists) on rotation
  - Should the service encounter any bereavement issues that are beyond their scope, they should seek to assist the bereaved in accessing the necessary support required
    - This may include liaising with Aboriginal and Torres Strait Islander Health Workers/Hospital Liaison Officers and Cultural Officers regarding cultural planning (e.g. return to country, smoking ceremonies, and access to Elders, religious and pastoral care services and leaders)
  - For Paediatrics, contact the Bereavement Services at the Queensland Children's Hospital

Table 3 – Grief, loss and bereavement resources

Name	Summary
Australian Centre for Grief and Bereavement	Provides professional development programs, resources, support and networking opportunities with the leader in grief and bereavement care • Grief and bereavement phone counselling 1800 222 200 / Aged Care Grief and Bereavement Support
Bereavement Services Children's Health Queensland	Children's Health Queensland Bereavement Service offers compassionate and culturally safe care for families who have experienced the death of their child
Bereavement Support | Clinical Excellence Queensland	The bereavement resources provide useful information about preparing for the end of life of an adult family member or friend; what to do after someone dies; grief and loss; caring for self and others; a checklist of suggested tasks; and a comprehensive list of support services.

Carer Help	Includes carer education modules on preparing for death, when the person is dying, and after death
Find a Psychologist™	Provides access to thousands of psychologists across Australia
Grief and loss | Australian Child & Adolescent Trauma, Loss & Grief Network	Provides resources and information on how children may experience grief at different ages and stages, and what can be done to help them
GriefLink	Provides information for people who are dealing with the grief caused by the death of someone close to them, and for those who are supporting them
MyGriefAssist	Provides factsheets, book lists, videos and links to grief related support services
Coronavirus (COVID-19) – Grief and Trauma Support Services for Aboriginal and Torres Strait Islander peoples – Brochure	This brochure is designed for Aboriginal and Torres Strait Islander peoples. The information outlines the grief and trauma support services available for those living, working and caring in the aged care sector who have been affected by COVID-19.
Working with Aboriginal or Torres Strait Islander Grief and Bereavement – A Resource for Workers | Australian Centre for Grief and Bereavement	This fact sheet aims to provide general guidelines only to health professionals, relating to grief and bereavement practices of Aboriginal or Torres Strait Islanders in both regional and urban communities.

Knowledge and awareness

- **All settings**
    - Educate pharmacies on alternative medications, routes of administration and where to find trusted palliative care resources [5]
    - Early specialist advice should be considered for people requiring palliative care [1]
        - Providing education to generalist staff on the benefits and services provided by palliative care teams should be enhanced in the context of the pandemic, including details on when to refer
    - Provide patients and their family members with a phone number to call if there is any change to their health condition or circumstances including (but not limited to):
        - if they are in self-isolation
        - have been in contact with a confirmed COVID-19 case, or
        - develop symptoms suggestive of COVID-19 [6]
    - Consider supporting patients and family/carer(s) to develop emergency and readiness plans containing details of current health condition, medications and GP/family contact details [6]
        - Encourage patients to update their shared health summary on their MyHealth Record with their GP [6]
    - Raise awareness that a rapid deterioration with increased symptoms is common and that support of additional family, friends and other community members may be of benefit (virtually, depending on situation) [7]. Ensure mechanisms are in place and resources available to support carers of someone dying from COVID-19:
        - CarerHelp - specific factsheets to support carers looking after someone with palliative care needs during this pandemic, including information on Death & Dying
        - CareSearch – Information for patients and carers on palliative and end-of-life care
        - Hospice UK - guidance to help support people who are caring for someone who is dying at home from COVID-19
        - Palliative Care Australia – understanding the dying process
        - Paediatric Palliative Care – resources for health professionals and carers

Residential aged care facilities

In addition to the overarching principles, the Queensland COVID –19 Residential Aged Care Facilities Clinical Advisory Group (RCAG) has developed the following principles of palliative care for residents of RACFs in Queensland [11]

All people with life-threatening and/or advanced illness should be invited to take part in advance care planning (ACP)	Comprehensive care planning, including patient-centred medical goals of treatment plans, is integral to quality palliative care	Palliative care needs to be integrated across sectors and settings	A palliative patient's General Practitioner (GP) is recognised as the lead primary care provider
Specialist Palliative Care Services have a responsibility to build capacity and capability of community primary health care teams	Infrastructure is required to deliver best-practice palliative care	Palliative care is patient-centred care	Palliative care governance is collaborative and effective

Where to find COVID-19 palliative care information and resources for Queensland Health staff:
- Aged Care Sector COVID-19 information for Queensland clinicians | Queensland Health
- COVID-19 - Resources | End of Life Directions in Aged Care (ELDAC)
- COVID-19 (coronavirus) information | Aged Care Quality and Safety Commission
- PalliPHARM | Metro South Health

Information can be drawn from the 'all settings' section of each focus area heading within this document, though the following points provide additional considerations for Queensland Health staff, such as Specialist Palliative Care in Aged Care (SPACE) teams, who visit RACF settings:

- **Access**
  - Refer to available resources:
    - COVID-19 and Palliative Care: Exemption Fact Sheet for residential Aged Care Facilities | Palliative Care Queensland
    - COVID-19 Outbreak Management - Guidance for Transfer of residents of aged care facilities in the event of COVID-19 outbreak
    - Transitions between hospital and residential aged care facilities during the COVID-19 pandemic
- **Communication and technology**
  - Strategies to increase advance care planning uptake in residential aged care facilities
  - Communication and engagement checklist (actions to take in preparation for when there is a suspected and/or confirmed outbreak in a RACF)
  - Support RACF staff with communication devices and technology use. This may include providing iPads to facilitate telehealth consultations and highlighting the benefits of telehealth into RACFs
- **Grief, loss and bereavement**
  - COVID-19 aged care grief and trauma support services
- **Equipment, supplies and consumables**
  - Review *palli*PHARM materials including resources on anticipatory prescribing
  - Aged care providers that require PPE from the National Medical Stockpile should email agedcarecovidppe@health.gov.au for all requests [6]
- **Symptom management and medications**
  - Upskill nursing home staff to manage respiratory symptoms
  - Ensure timely availability and delivery of drugs in all RACFs by holding an imprest of end-of-life care medications and those to manage respiratory symptoms
    - Assist Queensland RACFs to develop or review their own policy and procedures document regarding palliative care medicines imprest systems (see Example)
  - Promote the uptake of PallConsult education sessions for RACFs (face-to-face and virtual)
  - Refer to available resources:
    - Acute respiratory illness (potential COVID-19 or influenza pathway) | Queensland Health
- **System capacity and workforce**
  - Incorporate a flexible approach when considering relocating COVID-19 positive RACF residents
    - Refer to Guidance for transfer of residents of aged care facilities in the event of a COVID-19 outbreak
  - Refer to additional resources:
    - Transitions between hospital and RACFs during the COVID-19 Pandemic
      - Discharge letter
    - Management of potential or confirmed RACF COVID-19 outbreak | Queensland Health

Specific populations

Note: Additional resources and links to further information are provided below (see [Additional resources and information](#))

- **Aboriginal and Torres Strait Islanders**
    - Identify potential barriers including communication (language and literacy) and consider alternative methods. This may include having conversations with a nominated spokesperson for the family regarding preferred languages, cultural protocols, men's and women's business etc.
    - Ensure cultural and spiritual/religious practices that are part of the person's wishes are identified, prioritised and observed and facilitated where possible
        - For some, getting back home to country is critical prior to passing. If this cannot occur due to the pandemic, alternatives such as bringing country to them (some of the soil or water from their country) can offer connection to the land where they are
        - Establish and record what country the person identifies with, and record details of totems, beliefs, rituals, choices, practices and preferences
    - Ensure that key family members and/or substitute decision-makers are involved in all communications to understand the wants and needs of the person in need of palliative care support
        - Plan for post-death cultural practices including use of the persons' name and touching the body
    - Being unable to have visiting family members may cause distress and result in delaying/choosing not to engage with health services during the pandemic. Consider undertaking a risk stratification process (refer to [Appendix 2](#)) to determine alternate care settings
        - Note: Virtual care and support are not always possible due to access barriers
        - Consider facilitating connections with traditional healers and traditional medicines
- **Culturally and linguistically diverse (CALD)**
    - Ensure culturally appropriate information and resources about loss and grief support is routinely provided to families, carers and substitute decision-maker(s) before and after death in the relevant language. Where possible, additional recommendations are to:
        - translate and tailor information into various languages spoken by community members
        - test translated materials by CALD groups to ensure that messages are understood by people who might also have limited health literacy
        - consider communication methods that are appropriate to and accessible by CALD communities (e.g. ethnic radio, newspapers, videos delivered via social media platforms) and using trusted messengers to deliver information (e.g. community leaders, advocates)
    - Extra efforts to engage with and support communities that are disproportionately affected by the pandemic is required. CALD populations may be more vulnerable and less likely to seek support, so early encouragement to access early care early is required, emphasising that they will not be in trouble and they will be safe.
    - Ensure effective communication, including the use of interpreters or cultural care workers where appropriate
        - Encourage use of the free [Translating and Interpreting Service](#)
- **Paediatrics**
    - To support the physical, emotional, spiritual and psychological needs of children who have a life-limiting illness and their families refer to the Children's Health Queensland [Paediatric Palliative Care Service](#).
        - For families of paediatric palliative care patients requiring grief and bereavement support, contact the [Queensland Children's Hospital Bereavement Service](#)
    - Promote awareness and use of paediatric ACP documents including the [Paediatric Acute Resuscitation Plan](#) and [Care Plan for the Dying Child](#)
- **Rural and remote**
    - Consider additional storage units for medical equipment and aids to ensure timely access
    - Retrieval services (e.g. Lifeflight, Royal Flying Doctors Service) will be placed under increased pressure to support the critically ill, and access to communities due to road conditions and impact of wet season will become increasingly challenging
        - Promote the use of statewide telehealth services (i.e. TEMSU) for end-of-life care clinical advice where possible (see [Communication and Technology](#))
    - Consider the shortage of staff and high turnover of agency staff. Community workforce will play an integral part in the management of a COVID-19 outbreak
        - Skilled retired workforce, NGO healthcare staff, service providers and volunteers may be required
        - Consider HITH models and associated impacts on GPs, community nurses and ambulatory workforce
        - Explore rapid upskilling for staff not exposed to training, particularly for COVID-19 mask fit-testing
    - Encourage community members to support people receiving palliative care at home (e.g. by collecting food and medicines and delivering to the door, and looking after children, elderly and others that are normally in the affected persons care or supervision)

- Promote grief, loss and bereavement support services to staff and community members, and engagement with Aboriginal and Torres Strait Islander Health Workers
- Considering over-crowding in communities and options for alternative accommodation

Staff support and wellbeing

- Incorporate de-briefing/wellbeing sessions into everyday practice
  - Think about offering "open" times for team members to voice their worries; and share their self and stress management ideas or self-care strategies
  - Consider implementing bereavement education and support groups facilitated by Allied Health Clinicians (e.g., Social Workers, Psychologists) on rotation
- Consider introducing Mental Health First Aid into the workplace
- Clearly communicate to staff that monitoring their own health will help ensure that the people they care for are protected and safe [6]
- View the Resources Hospice & Palliative Care Social Work Professionals During the COVID-19 Crisis and how these can be adapted to suit other professions
- Understand and raise awareness of the long-term psychological and occupational effects of providing hospital healthcare during SARS outbreak

Supplies, equipment and consumables

- **All settings**
  - Consider the *PICA Approach:* [5]
    - *Pharmacy stock/readiness:* Local palliative care services to identify and communicate with responsible pharmacies; prepare for shortage of medications by procuring stocks from relevant sources; and engage pharmacists with information of alternative treatment options
    - *Infusion devices:* Consider alternatives to T34 Niki Pump such as other intravenous infusion devices or disposable elastomeric infusers for administration of continuous subcutaneous infusions e.g. Surefusers
      - Promote relevant PallConsult education materials
    - *Carers:* Empowering non-professional / unpaid carers for medication administration through online video /materials for care of patients.
    - *Alternative medications and routes of delivery:* Consideration of alternative options when the conventional first-line treatment options are not feasible
  - Follow local advice based on tier levels with regards to minimising infection risk
    - Monitor stock levels of PPE, and implement measures to reduce opportunities for theft [6]
  - Ensure clear supply chain and demand coordination and monitoring [9] and follow protocols on safe use of PPE and fit testing, cleaning and laundry in line with local processes [6]
  - Minimise the use of shared devices/laptops
  - Ensure local teams have developed action plans for potential difficulty with accessing equipment and strategies to mitigate i.e. storage units
  - Consider patient eligibility for the Medical Aids Subsidy Scheme Palliative Care Equipment Program (MASS PCEP) and identify local staff with capabilities to prescribe
    - ensure identified staff have registered for MASS e-Apply in advance to avoid delays in ability to prescribe equipment
    - seek advice from the MASS PCEP Clinical Advisors, SPaRTa and local specialist therapists to assist with clinical prescription for generalist therapists as required

- **Hospitals**
  - Local advice should be obtained from respiratory, general medicine and infectious diseases team and coordinated appropriately
  - Where possible, ensure CADD or NIKI pumps should remain the patients' room and utilise appropriate PPE when handling
- **Community**
  - If a client uses a Continuous Positive Airway Pressure (CPAP) device:
    - Try to ensure that any visit occurs at least one hour after the CPAP was switched off to allow some aerosols to dissipate
    - If this is not possible, try to see the client in another room, with the door of the room where CPAP is used staying closed while the worker is in the client's home
    - If you cannot avoid visiting the client while they are actively using CPAP staff should use PPE including face fit tested P2 mask [6]

- o NDIS providers and NDIS self-managing participants who require PPE and cannot obtain these through usual means should email NDIScovidppe@health.gov.au for all requests [6]

Symptom management and medications

- **All settings**
  - o Undertake a clinical assessment to determine expected prognosis, taking into account COVID-19 illness and underlying conditions [1]
    - Be prepared to escalate symptom management to prioritise comfort and address the physical, psychosocial and spiritual care needs [8]
    - Consider the components and potential need for anticipatory prescribing [8]
  - o Establish and communicate clear pathways for escalation of care and palliative care pathways, such as the Care Plan for the Dying Person/Care Plan for the Dying Child (in hospitals)
  - o A review of medication prescriptions is recommended to reduce polypharmacy and prevent medicine interactions and adverse events. Consider reducing polypharmacy or reaffirming clear indications for each medication [1]
    - Consider immediate release medications or whether slow release medications or an alternative delivery route as this may reduce staff interaction and support infection control [1]
  - o Consider patient eligibility for the COVID-19 Home Medicines Service
  - o Be aware of infection risks related to usual activities or management strategies used/recommended by staff or caregivers, and consider alternate methods or ways to mitigate/minimise associated infection risk when undertaking these tasks
  - o Ensure services are aware of the Queensland Health central pharmacy stockpiling of palliative and end-of-life medications
    - Advise patients to not stockpile medications
  - o Utilise clinical advice hotlines (see Table 1) for advice on symptom management and medications
  - o Respiratory distress and a diagnosis of COVID-19 will likely cause high levels of anxiety and distress which may worsen pre-existing conditions. Discuss specific concerns with patients to help alleviate any anxiety and fear they may have about COVID-19 and refer to support services as required [1]
  - o Share factsheets with patients to increase knowledge and awareness of palliative medicines:
    - Palliative Care Medicines Factsheet - Information on medicines for people receiving palliative care and their families.
    - Storing your palliative care medicines safely Factsheet - Information on safe storage of medicines.
    - Disposing of your palliative care medicines safely Factsheet - Information on safe disposal of medicines.
  - o Additional symptom management resources:
    - ANZSPM Guidance document – Further Symptom Management in COVID
      - Symptoms covered include: Common symptoms observed in COVID-19; Breathlessness; Cough; Respiratory Secretions; Anxiety; Delirium; Gastrointestinal (nausea and diarrhoea)
    - ANZSPM Guidance document – Supply and Access issues for medications in COVID
- **Community**
  - o Identify whether the person has support of family/friends to do delivery of medications and/or other healthcare supplies [6]
  - o Local palliative care teams are recommended to identify the pharmacies responsible for maintaining the supply of essential palliative care medications for the relevant area [5]
    - Promote and establish 'Palliative Care Support Pharmacies' by encouraging commitment to stock medicines in line with the Core Palliative Care Medicines List for Queensland Community Patients
  - o Promote the uptake of *caring@home* COVID-19 resources

System capacity and workforce

- **All settings**
  - o Enhance support for non-specialist palliative care clinicians to provide palliative and end-of-life care
    - Promote PallConsult for general clinical telephone advice
  - o Ensure multidisciplinary collaboration amongst the health and social/community teams including pastoral care, within the decision-making process and care delivery [1]
  - o Develop and regularly review workforce contingency plans and safe rostering including risk stratification to respond to possible reduced workforce availability e.g. limiting staff movement across facilities, planning for considerable reductions in workforce etc. Consider:
    - re-training of staff to do multiple roles and expanded scope of practice credentialing requirements, including identification of teams that can be quickly upskilled in palliative care

- - - methods to identify capacity/demand issues early, and develop an interjurisdictional contingency plan to redeploy resources when and where appropriate [9]
    - strategies for workforce preservation e.g. reducing unnecessary risk of exposure by offering staff flexibility to work from home wherever safely possible
    - whether your organisation can implement flexible work arrangements and hours in order to maintain services [6]
  - Review and update all staff and emergency contact details, and provide regular updates to staff as new information is released [6]
  - Identify any staff members in at risk groups and staff who are unwilling to deliver face to face care, and in what circumstances. Identify whether these staff can be redeployed to alternative roles, such as:
    - Providing care via telehealth
    - making phone calls to monitor or support people who are receiving care at home
    - monitoring daily staffing and updating supervisors
    - contacting families regarding any concerns or emergencies
    - completing paperwork etc. [6]
  - Strategize protocols for non-COVID-19 positive patients to die at home in line with their wishes, where possible [9]
    - Consider alternative arrangements for patients to avoid Emergency Department presentations including use of clinical advice support lines
  - Review mortuary capacity and consider arrangements for expanding volume
  - Work within local teams to plan for the separation of COVID-19 palliative care patients. This may be in a dedicated ward/hospital/health facility where traffic flow is minimised. Plan for which hospitals, at what threshold and impact of staff relocation.
  - For paediatric palliative care patients, contact the Paediatric Palliative Care Service for direct support and advice
- **Community settings**
  - Consider establishing a rapid response team to provide urgent palliative care in community settings
  - Facilitate the upskilling of GPs and primary care staff to provide supported end-of-life care [9]

Additional resources and information

- ANZSPM Guidance - palliative care in the COVID-19 context | Australia New Zealand Society of Palliative Medicine
- COVID-19 vaccination – Shared decision making guide for people receiving palliative care or end-of-life care
- COVID-19 - Patients and Carers - Community | CareSearch
- COVID-19 and Palliative Care: A guide to support and services in Queensland | Palliative Care Queensland
- COVID-19 Palliative Care Resources | Centre for Palliative Care Research and Education
- COVID-19 Rapid Response Resources Hub | Center to Advance Palliative Care
- Resources — coronavirus (COVID-19) | Health and wellbeing | Queensland Government
- Aboriginal and Torres Strait Islander populations:
  - Advance Care Planning for Aboriginal and Torres Strait Islander peoples | Advance Care Planning Australia
  - Bereavement Support | Clinical Excellence Queensland
  - Coronavirus (COVID-19) Support Measures | National Indigenous Australians Agency
  - Coronavirus (COVID-19) Updates and Information | National Aboriginal Community Controlled Health Organisation
  - COVID-19 (Coronavirus) resources | Queensland Aboriginal and Islander Health Council
  - COVID-19 Resources for Aboriginal and Torres Strait Islander communities | National Aboriginal Community Controlled Health Organisation
  - Elder Mediation Support Service | Relationship Australia
  - Finding your way: A guide to the shared decision-making model for the mob | Agency for Clinical Innovation
  - Impacts of COVID-19 on Stole Generations survivors | Healing Foundation
  - Journey to Dreaming Toolkit | Australian Indigenous Health *Info*Net
  - Looking After Ourselves – Our Way | Gayaa Dhuwi (Proud Spirit) Australia
  - NACCHO Aboriginal Health App | Aboriginal Community Controlled Health Organisation
  - National Aboriginal and Torres Strait Islander Catholic Council
  - Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19 | World Health Organisation
  - Working with Aboriginal or Torres Strait Islander Grief and Bereavement – A Resource for Workers | Australian Centre for Grief and Bereavement
- Culturally and linguistically diverse (CALD) populations:
  - CALD COVID Health Engagement Project | Refugee Health Network Queensland
  - Head to Health – COVID-19 support for people from culturally and linguistically diverse backgrounds | Australian Government
  - Information for multicultural communities – coronavirus (COVID-19) | Queensland Health
- Paediatric Palliative Care:

- o [A practical guide to palliative care in paediatrics | Children's Health Queensland Hospital and Health Service](#)
- o [Coronavirus and Children's Palliative Care | International Children's Palliative Care Network](#)
- o [COVID-19 resources for Sydney Children's Hospital Network Paediatric Palliative Care Families | NSW Paediatric Palliative Care Programme](#)
- o [Paediatric Palliative Care | Palliative Care Australia](#)
- o [Paediatrics and COVID-19 resources | CareSearch](#)
- o [Quality of Care Collaborative Australia](#)
- Residential aged care services/facilities:
  - o [Aged Care Sector COVID-19 information for Queensland clinicians | Queensland Health](#)
  - o [COVID-19 - Resources | End of Life Directions in Aged Care (ELDAC)](#)
  - o [COVID-19 (coronavirus) information | Aged Care Quality and Safety Commission](#)
  - o [PalliPHARM | Metro South Health](#)

References

[1] [Management of people with COVID-19 who are receiving palliative care | National COVID-19 Clinical Evidence Taskforce](#)

[2] [Guidance for persons in quarantine visiting residents receiving end-of-life care | Queensland Health](#) *(20 November 2020)*

[3] [Palliative Care Communication in the COVID-19 context | Australia New Zealand Society of Palliative Medicine](#) *(April 2020)*

[4] [Pandemic-Context Palliative Care triage: response to COVID-19 | Australia New Zealand Society of Palliative Medicine](#) *(April 2020)*

[5] [Solutions to supply and access issues for palliative care medication during COVID-19 | Australia New Zealand Society of Palliative Medicine](#) *(April 2020)*

[6] [Coronavirus (COVID-19) Guide for Home Care Providers | Commonwealth of Australia, Department of Health](#) *(3 September 2021)*

[7] [Peri & Post-death COVID-19 care at home | Australia New Zealand Society of Palliative Medicine](#) *(May 2020)*

[8] [Essential PEOLC in the COVID-19 pandemic | Australia New Zealand Society of Palliative Medicine](#) *(June 2020)*

[9] Palliative care preparedness and responsiveness plan – pandemic conditions | Qld Specialist Palliative Care Services Directors' Group *(n.d.)*

[10] [Bio-Ethical Principles, Practices, and Recommendations Relevant to the COVID-19 Pandemic | International Association for Hospice & Palliative Care](#) *(n.d.)*

[11] [Principles of Palliative Care for Residents of Residential Aged Care Facilities during COVID-19 | Queensland Health](#)

Version control

Version	Date	Author	Changes	Proposed review date
V1.0	22 October 2021	QPCCN Steering Committee	• New document	
V1.1	19 November 2021	QPCCN Steering Committee	• Feedback from CRG and the Social Policy and Legislation Branch incorporated • Approved by CSRG* (22 December 2021)	19 May 2021
V2.0	10 November 2022	QPCCN Steering Committee	• Links checked for validity • Draft version sent to feedback to Steering Committee for 2 week turn around. • Updated contact details of email address	25 November 2022
V2.1	6 December 2022		• Approved by Steering Committee	30 October 2024

*CSRG = COVID-19 System Response Group

Author: Queensland Palliative Care Clinical Network (QPCCN) Steering Committee, Healthcare Improvement Unit, Clinical Excellence Queensland

Contact: QldPalliativeCareNetwork@health.qld.gov.au

Appendix 1 – Palliative triage elements during the COVID-19 pandemic

Source: [Pandemic-Context Palliative Care triage: a response to COVID-19 | Australian and New Zealand Society of Palliative Medicine](#) *(April 2020)*

Key concept	Element to consider
Palliative triage decisions are not just about access to escalated acute care	1. Think through the "stuff", space, staff and systems that are required to provide palliative care. 2. What changes will be needed to provide care to those who need it as the pandemic progresses?
Specialist palliative care should be available for those who need it	1. Palliative care should be available for everyone. 2. Specialist palliative care should be provided to those whose needs won't be adequately met without that care. 3. How will you determine this for your service?
Local approaches should be informed by their context	1. Key points and considerations are generalisable. 2. Local responses need to be based on their own context. 3. How should these considerations be managed in your context?
The experience of people cannot be forgotten	1. Utilising "objective" clinical tools to triage care is appropriate 2. The experience and comfort of people is important and needs to be considered. 3. How will your service balance these priorities?
Care must be for all	1. Vulnerable populations are at particular risk from COVID-19 and healthcare changes in response to the pandemic 2. How will your service respond to this challenge?
The safety of the healthcare workforce is a priority	1. Healthcare providers are at risk due to their roles 2. Providing care for everyone entails keeping healthcare providers safe and well. 3. Healthcare providers do not have a greater right to healthcare than any other community member 4. How will you provide for your healthcare providers safety?
Proportionate response to the crisis	1. Planning for the crisis is critical 2. How will you ensure that you implement changes based on current (rather than possible future) needs?
Treating clinicians should not be tasked with making resource limitation decisions	1. Triage in clinical practice is routine, but allocating limited critical resources is not. 2. How can these decisions be made by someone other than the treating clinicians in your context?

In addition:

Paediatric palliative care	1. Paediatric palliative care is a specialist cohot within palliative care 2. Consider utilising the specialist advice of this service

Appendix 2 - Stratifying risks of in-home service for people and families living with palliative care needs with current COVID-19 public health responsibilities

Source: [Peri & Post-death COVID-19 care at home | Australia New Zealand Society of Palliative Medicine](#) *(May 2020)*

Stratifying risks of in-home service for people and families living with palliative care needs with current COVID-19 public health responsibilities

	Households with no risk of COVID-19 exposure	Households that may have risk of COVID-19 exposure	Households pending confirmation of COVID-19 exposure	Households confirmed to have COVID-19 exposure
Criteria	No member / visitor has new symptoms* (within the past 3 days) **AND** No member / visitor fulfilling <u>current self-quarantine / testing criteria</u> (within the last 14 days)	Had visitors with new symptoms* (within the past 3 days) **BUT** No member has new symptoms* (within the past 3 days) **AND** No member / visitor fulfilling <u>current self-quarantine / testing criteria</u> (within the last 14 days)	Had members with new symptoms* (within the past 3 days) **OR** Had members / visitors fulfilling <u>current self-quarantine / testing criteria</u> (within the last 14 days)	Had members confirmed to have COVID-19 until formal medical clearance **OR** Had visitors confirmed to have COVID-19 (within the last 14 days)
*Headache, myalgia, runny or stuffy nose, anosmia, nausea, vomiting, diarrhoea, fever, chills, dyspnoea and sore throat. <u>Current self-quarantine / testing criteria</u>: Close contacts of confirmed cases; returned overseas travellers; fever or chills in the absence of an alternative diagnosis that explains the clinical presentation; OR acute respiratory infection that is characterised by cough, sore throat or shortness of breath.				
Eligibility for telephone / telehealth contacts	Yes	Yes	Yes	Yes
Eligibility for face to face contacts	Yes	Yes	**Yes PLUS** mandatory participation to testing of members / visitors	**Yes PLUS** case by case risk assessment
Outside the door consultation / intervention (e.g. drawing up meds)	N/A	As much as possible	As much as possible	As much as possible
Proportion of phone to face to face contacts	No adjustment required	Phone contacts as long as possible	Phone contacts as long as possible	Phone contacts as long as possible + case by case risk assessment
PPE requirements	Current standard infection control precautions	Use of Surgical masks	Full PPE including mask on household members in vicinity	Full PPE including mask on household members in vicinity
Action for delayed identification during face to face contact (i.e. doorway / in house identification)	N/A	Attempt to reduce visit to within 15 minutes; adopt surgical masks if using	Abort face to face contact immediately, schedule revisit with full PPE if required	Abort face to face contact immediately, initiate case by case risk assessment, schedule and revisit with full PPE if required and safe

Appendix 3 - The role of palliative care in the flow of patients with COVID-19

Source: [Palliative Care during the COVID-19 Pandemic | Palliative Care Australia](#) *(n.d.)*

Figure 1. The role of palliative care in the flow of patients with COVID-19