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UOC Rete delle Cure Palliative  
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# Palliative care network framework in response to COVID-19 emergency

Updated on 17<sup>th</sup> March 2020

## Objectives

To set out the procedures for managing patients in the care of the various palliative care services and set out the most appropriate levels of protection for activities performed by professionals in the various settings.

## Introduction

Today, the Bologna Local Palliative Care Network (LPCN) has taken note of the available regulatory documents and organisational guidelines for an effective response to the COVID-19 emergency.

The criteria for the management of patients in the care of the various LPCN services have been assessed.

## Tools

The decision was taken to adopt, as an instrument for assessing the risk of potential infection with SARS-COV-2, a **medical history questionnaire**, updated today, in light of the Prime Minister's Decree (DPCM) of 9 March 2020 and the extension of the "red zone" to all Italian national territory. [The **medical history questionnaire** is at end of this document].

The decision was taken to produce a **flow chart** showing the operational guidelines for home care, which currently represents the most critical service in terms of both the key focus of preventing overcrowding of the emergency services, hospital wards and clinics, and the need to further clarify home care procedures.

Every morning at 9.00 am a **briefing** will be held for the managers of the services at the LPCN centre in Bellaria Hospital to discuss cases: this will involve assessing patients' medical records and the urgency of referrals, and selecting the best possible management strategy for each case together with the local team via phone.

## General recommendations

In accordance with the legislative provisions and scientific evidence currently available, any person with a positive response to at least one question on the **medical history questionnaire** is to be considered a *suspect case*.

Given the sensitivity of the **medical history questionnaire** is not 100%, and in the light of the possibility that asymptomatic subjects may transmit the virus, it is deemed appropriate for all personnel, patients and family members to use standard personal protective equipment.

In accordance with the recommendations of PG/2020/0025566, two levels of protection have been identified:

- A first level, known as **standard protection**, which refers to the personal protective equipment (PPE) to be used as a minimum in all cases.
- A second level, known as **protection against contact and droplets**, which must be used with all patients identified as *suspect cases*.

## Early palliative care clinic (EPCC)

Due to suspension of EPCC services (see email from AUSL Bologna management), it is recommended that patients undergoing treatment at the clinic are managed by phone as far as possible, limiting home care interventions to the conditions listed in the flow chart in attachment 1.

Whenever possible, video calls are encouraged to improve the quality of clinical assessments.

It is also suggested that the suitability of any current non-lifesaving treatment be reviewed and the use of diagnostic tests reduced to a minimum.

To optimise the limited resources, it is useful to seek the advice of specialist colleagues regarding the potential adjustment of treatment that requires continuous clinical and laboratory monitoring, for patients in the advanced stages of disease.

If the request for intervention relates to the supply of drugs, the best available supply distribution will be established.

Depending on the available resources, the home delivery of drugs will be organised with LPCN personnel (delivery without any direct contact).

Alternatively, a family member could be sent to collect the prescribed drugs at the hospital pharmacy, if a prior agreement has been made directly with the distribution points.

Another possible option could be use of the FEDERFARMA (National Association of Pharmacies) freephone number for home deliveries.



## Home care

For home care services, the recommendations already provided regarding the EPCC apply, in particular those relating to phone consultations, in order to reduce physical contact to a minimum.

Patient visits are possible, but only after a telephone consultation and only for EMERGENCIES that cannot be managed in any other way.

Collaboration among all the professionals involved in home care services is essential.

If a home care visit is considered necessary, the **medical history questionnaire** must be completed BEFORE confirming provision of home care.

If the **medical history questionnaire** indicates that the patient is not a suspect case, the home care visit may take place using standard PPE only.

In addition to the use of PPE, it is recommended that contact with the domestic environment is limited as much as possible. It is also recommended that all medical personnel wear the uniform provided instead of their own clothes.

One family member only (the caregiver if possible) is allowed to attend the visit. A safe distance of at least 1 metre must be maintained between all those present. When the distance between the operator, patient and/or the family member needs to be less than 1 meter, the patient and/or family member must be asked to cover their airway with a tissue or mask.

If the **medical history questionnaire** indicates that the patient is a suspect case, a home care visit may not initially be scheduled.

The case must be reported to the Hygiene and Prevention Service (*Servizio di Igiene*) by phone or email, and further instructions awaited.

If the visit is approved, protection against contact and droplets must be used, as indicated in the flow chart (attachment 2).

If a home care service cannot be provided, follow-up must be performed by phone. If a clinical assessment is essential, call the emergency services, indicating the level of risk. LPCN professionals are available to the emergency operators for phone consultations (this can be activated by calling the LPCN centre, diverted to mobile phones between 6.30 pm and 8.30 am, and at weekends).

## **Home care for suspect, probable or confirmed COVID-19 positive patients**

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- Before entering the patient's home, sanitise the hands and put on a surgical mask.
- Provide the family caregiver with a surgical mask for the patient to wear (if the caregiver has symptoms, provide him/her with a mask too).
- Ask for the window to be opened to air the room.
- Ask the caregiver to leave the room.
- Wait few minutes before entering.
- Sanitise the worktop and work surfaces with a solution of sodium hypochlorite.
- Sanitise the hands with an alcohol solution
- Wear the following PPE: gloves, surgical mask with visor (or surgical mask and goggles), single-use gown.
- Dispose of used items in the appropriate waste sacks:
  - Dressings, bandages, etc. in black sacks
  - Sharps (needles, syringes and vials in rigid 6-litre container)
- At the end of the visit:
  - Remove all the PPE and dispose of them in a black sack.
  - Sanitize your hands again.

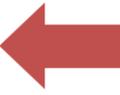
In case of specific services that could generate aerosols (management of tracheostomised patients, NIV patients), use the following PPE:

- Gloves, FFP2 or equivalent masks, goggles, waterproof single-use gown.

**The correct use of PPE based on the risk assessment is strongly recommended.**

## **Disposal of waste from suspect, probable or confirmed COVID-19 positive patients**

All cars used for home care services must be equipped with a rigid 35-litre container for sharps and special waste to ensure the correct collection and disposal of waste produced as part of services.



## Hospice admission procedure

Currently, hospice admission is conditional on a negative **medical history questionnaire**.

Due to the current emergency, patients are no longer allowed to express a preference regarding the hospice where they will be admitted. If the patient/family refuses to be admitted, the patient will be removed from the waiting list.

Hospice workers are advised to use standard PPE.

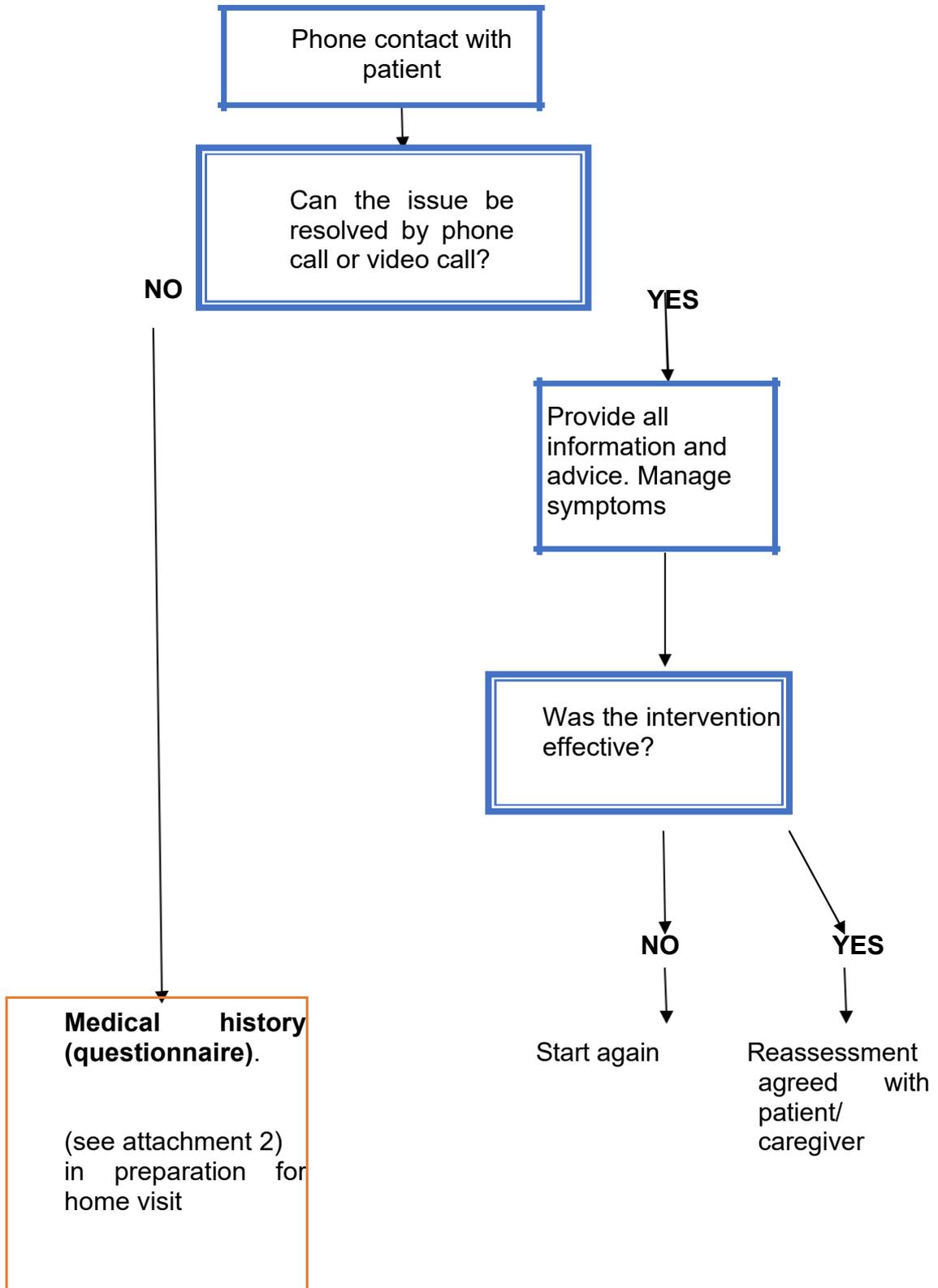
## Discharge from hospital with admission to LPCN

For better management of home care, it is recommended that a “standard anticipatory medicines kit” be provided upon discharge. This will allow the continuity of care physician, GP and palliative care doctor to better manage the patient’s needs.

Phases of the process:

- 1) We receive the consultation request from the ward physician, and this consultation is performed.
- 2) The case and type of care is discussed at the LPCN daily meeting.
- 3) We send an email to the discharging doctor asking for the “standard anticipatory medicines kit” to be given to the patient.
- 4) We send a copy of the same email to all those in charge of the LPCN services.
- 5) The recommended treatment on discharge and the “standard anticipatory medicines kit” is provided to the patient at the hospital pharmacy.
- 6) For patients discharged out of hours when the hospital pharmacy is closed, the kits provided to individual palliative care outpatients will be used. In hospitals where the pharmacy is not open all day (e.g. Bazzano, Vergato, Porretta), patients will receive pre-prepared kits from medical wards.
- 7) For patients who are not given these supplies upon discharge, home delivery will be provided.

**Attachment 1:  
Flow chart showing operational guidelines**



## Attachment 2:



Is the patient suspect for Sars-Cov-2?

NO



Multiprofessional assessment by health care managers of need for home care  
Intervention with **standard level of protection**

- Wear health care uniform
- Professional respiratory protection: surgical mask
- Sanitise hands on entry
- 1 metre distance from patient and family
- Don't touch patient or family

### During visit:

- Sanitise hands
- Single-use eye protection required only if risk of contact with bodily fluids
- Single-use gowns required only for procedures with risk of contact with bodily fluids
- Wear gloves
- Patient respiratory hygiene (tissue / mask)

### End of visit:

- Sanitise instruments and devices used if patient's own devices not available at home
- Remove gown
- Remove gloves
- Remove eye protection
- Sanitise hands

YES



Contact the Hygiene and Prevention Service (by phone or email)

Multiprofessional assessment by health care managers of need for home care  
Intervention with **protection from contact and droplets**

- Sanitise hands
- 1 metre distance as long as possible
- Gloves
- Respiratory protection for patient (single-use mask)
- Professional respiratory protection: surgical mask with visor or FFP2 mask with single-use eye protection
- Single-use gown

### End of visit:

- Sanitise instruments and devices used if patient's own devices not available at home
- Remove gown
- Remove gloves
- Dispose of everything in black sack
- Remove eye protection
- Sanitize hands
- In car, dispose of black sack in container for special waste

**Drugs to be used only after telephone call with palliative care team (Tel. ....)**

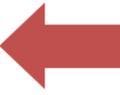
NAME \_\_\_\_\_ SURNAME \_\_\_\_\_ WARD \_\_\_\_\_ DATE \_\_\_\_\_

DRUGS (Italian formulary)	Minimum stock (box or packet)
DEAMETASONE 4 MG/ML FL	3
MEDROL 16 MG CP	1
BUSCOPAN 20 MG/ML FL	1
ALOPERIDOLO GTT	1
TACHIPIRINA 1000 CP	1
KETOROLAC 30MG/ML	1
FUROSEMIDE 20 MG/2 ML FL	1
FUROSEMIDE 25 MG CP	1
PLASIL 10 MG/2 ML FL	1
PLASIL 10 MG CP	1
UGUROL 500 MG/5 ML FL	1
LOPERAMIDE 2MG CP	1
MOVICOL BS	1
PURSENNID CP	1
VALIUM 10mg/2ml FL	1
EN gtt 1 mg/ml	1
ORAMORPH 10 mg fialoidi	1

DOCTOR'S SIGNATURE

**ASK THE FAMILY TO BUY:**

- Liquid soap
- Kitchen paper roll
- Single-use gloves



## Support for COVID-19 hospital wards

### PHONE CONSULTATION pathway for COVID-19 patients :

#### 1) **PHYSICIAN OR CASE MANAGER OF COVID WARD:**

- Complete and send to: xxxxxxxxxxx@xxxxxxxx.xx
- **Pall care referral form COVID-19** (attachment 1)

The following information **MUST** be provided:

- MOBILE PHONE NUMBER OF FAMILY MEMBER
- PHONE NUMBER AND EMAIL ADDRESS OF REFERRING PHYSICIAN (to be informed of response)
- Clinical information
- Any unusual details or critical family issues

#### 2) **LPCN operating centre:**

- **Palliative care nurse contacts the family** for psychosocial support
- **Palliative care physician contacts hospital ward colleague to:**
  - a) Ask for any additional clinical information required
  - b) Agree on treatment
- **Physician prescribes treatment, which is sent via email to ward physician**

#### 3) **LOCAL HOSPITAL PALLIATIVE CARE TEAMS, who are in contact with the COVID-19 wards of the referral hospital**, provide:

- a) Support to the ward teams:
  - **Either on the WARDS** (if necessary, and with joint assessment with the COVID ward colleagues to save PPE): FOR COMMUNICATION WITH THE PATIENT and joint management of symptoms
  - **Or in clean zones**: to discuss management and cases with colleagues (also for support and to prevent burn out)
- b) Support to families, management of communication pathways:
  - **At the LPCN centres** (after completion of questionnaire)
  - **By phone contact** with family members in quarantine, with regular scheduled calls for information and support throughout the COVID disease course

Bologna, 17<sup>th</sup> March 2020



Fabrizio Moggia and Danila Valenti

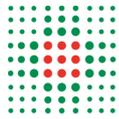
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**Medical history questionnaire for the management of the COVID-2019 epidemiological emergency (V 2.0)**

Dear colleague,

In accordance with the provisions of order 0022151 dated 28/02/2020 from Bologna AUSL, it is now necessary to complete a targeted medical history questionnaire as part of an epidemiological assessment for all patients for whom the following measures are planned:

- scheduled admission to a facility, including the Seràgnoli Foundation hospices
- home visits

The aim of this is to identify **SUSPECT CASES\*** (as per the ministerial definition) that must be reported to the Hygiene and Prevention Service (*Servizio di Igiene*) by phone or via certified email.

Name.....Surname.....Date of birth .....

- 1) In the last 14 days, has the patient and/or a family member been in a hospital ward where a case of COVID-19 has been detected?.....YES NO  
 If yes, provide details.....
  
- 2) Has the patient and/or a family member been in contact with any confirmed cases of COVID-19?.....YES NO  
 If yes, provide details .....
  
- 3) Has the patient and/or a family member been in contact with anyone who fulfils the definition of a suspect case, or a person with an acute respiratory infection (fever, cough and difficulty breathing) who has had close contact with a confirmed or probable case of COVID -19?  
 .....YES NO  
 If yes, provide details .....
  
- 4) Has the patient shown acute flu-like symptoms in the last 14 days (in particular, fever with temperature > 38 °C and respiratory symptoms)? .....YES NO  
 If yes, provide details .....

Questionnaire completed by.....Date .....

**(This questionnaire must be completed when authorising the home visit/admission to the hospice, and repeated on the actual day of the home visit/admission to the hospice.)**

Thank you for your cooperation