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AIM OF THE WORK: Italy is the first and most and dramatically hit country, by Covid-19 emergency, particularly in Lombardy and in the northern regions. In anticipation of a second wave, in October 2020, Italian Palliative Care Society (SICP) and Palliative Care Federation (FCP) published the document: "ROLE OF PALLIATIVE CARE DURING A PANDEMIC". Following a model that classifies the activities in four areas: staff-staff-space-systems, the document ends with some recommendations for the planning of Pandemic Plan, to ensure adequate responses to the palliative care needs in health emergency and in particular in the Sars-CoV2 epidemic.

Fighting the **S**uffering of Covid-19 patients with 4**S** = Raccomandazioni for the pandemic plan



Stuff

- **PPE - OXYGEN - TEST - DISINFECTANTS:** Sufficient supplies for inpatient and home palliative care services
- **PALLIATIVE CARE KIT:** including medications and equipment to deliver medications in hospital, home and nursing home



Staff

- **STAFF:** in particular for the Home Palliative Care Units
- **TRAINING:** for the health personnel of hospitals, nursing homes, and GPs
- **PROTOCOLS, PROCEDURES:** for symptom management, communication, definition of care goals, family support
- **SPIRITUAL SOCIAL PSYCHOLOGICAL ASSISTANCE:** dedicated staff
- **VOLUNTEERING:** involvement of Volunteer Organizations for relational support to patients and families



Space

- **HOME:** Strengthen home palliative care for COVID and NON-COVID patients
- **WARD / HOSPICE:** identify dedicated areas for the hospitalization of COVID-19 patients at the end of life



Systems

- **NETWORK:** strengthen the role of Local Palliative Care Networks
- **CONSULTANCY IN PALLIATIVE CARE:** guarantee the consultancy of palliative care, in presence or at a distance, in all hospitals, and nursing home, including the area of triage DEA
- **QUANTITATIVE INDICATORS:** measure and monitor the response to palliative care needs

LESSONS LEARNED:

Palliative care specialist teams have been involved in counselling for COVID-19 in hospitals. Some Hospices have converted for treating Covid patients, and Home Care Units have adjusted to face the growing demand from COVID-19 and non-COVID-19 patients. In general, however, Covid-19 patients could not access palliative care that would have allowed symptoms control, communication with family members, psychological support and promote decision-making processes.

THE ENTIRE DOCUMENT:

- ✓ www.sicp.it
- ✓ www.fedcp.org



Palliative Care Non Profit Organizations: Impact of covid pandemic

