



A Note About These Guidelines:

These are unprecedented times. There is no roadmap yet. We are facing situations that we never expected or wanted to. Working together we can make it through with empathy, compassion and sense of service intact.

These guidelines have been rapidly assembled and should be seen as an acute response to a fast-moving pandemic. The situation is fluid, and best practice is likely to need to change quickly. As we learn more about the specific needs of people dying with COVID-19, these guidelines will be constantly updated, and we welcome your input and experience in helping to keep these as useful and relevant as possible.

Managing palliative care needs in aged residential care during COVID-19 pandemic

Purpose

To provide guidance and recommendations for staff working in aged residential care facilities and supporting residents, and their family and whānau, during the COVID 19 pandemic. The residents may be dying because of COVID-19 or dying from other causes while infected with COVID-19.

The COVID 19 pandemic is a rapidly evolving and exceptionally challenging health care crisis within New Zealand. This document will therefore require regular review as health outcomes and care needs of affected residents, and their family and whānau, are better understood.

These recommendations need to be considered with Ministry of Health (MOH) and District Health Board (DHB) directives.

Please also refer to:

- Ministry of Health resources
- Hospice New Zealand resources for health professionals, which includes items on symptom management, communication, short term care plan.

Audience:

- All staff working in aged residential care facilities.
- GPs and primary health services and health professionals.
- Local hospice providing specialist palliative care services and support.

Key recommendations

1. The ARC facility should have operation policies and procedures that follow MOH recommendations to manage infection control for all residents, visitors, staff and visiting health professionals.
2. Advance care plans should be recorded and available to direct decision making.
3. ARC facilities should work with their GPs and pharmacies to ensure they have adequate stock medications to ensure symptom management. This should include anticipatory medications recommended for end of life care.



4. Admission to hospital may be necessary on occasion but should be avoided wherever possible - continuity of care in residence should be the first option and all efforts made to access advice and support from specialist services. This will need wide discussion because the opportunity for transfer may not be available if/when the pandemic situation escalates.
5. The ARC facility should work closely with the GP/NP and/or the local hospice service to ensure palliative and end-of-life care is available especially if the management is complex.
6. ARC facilities and external services should implement remote ways of conducting clinical meetings e.g. Zoom, Skype, WhatsApp.
7. Accurate and up to date communication between the ARC facility and external services must be maintained to ensure safe continuous care. Methods to consider include electronic records, email or fax.
8. ARC facilities may need to be prepared to receive some admissions or residents returning from hospital care. They will need to access MOH or DHB advice and recommendations for this process. NZACA is recommending that the new admissions be tested as COVID negative. All potential residents or returning residents need to be tested for COVID. All new and returning residents should be kept in isolation for 14 days regardless of COVID test result (relatively high rate of false negatives).
9. Care and support for families and whānau will be important especially if they are unable to visit their loved one. Remote support by social workers and counsellors should be considered.

Some principles of all COVID-19 guidelines produced by the Collaboration:

As with all guidelines, they are designed to support decision making and best practice alongside individual assessment and ongoing reassessment as possible.

No one size fits all, and the guideline recommendations should be tailored to individual circumstances. If local guidelines are available, these guidelines can be used in addition as appropriate. In some instances, these guidelines may not necessarily be appropriate or fitting.

Whilst these guidelines are aimed specifically for people with COVID-19, the principles may also apply to people who are dying of other conditions too during a crisis.

Please do not share these guidelines on social media: the information may be sensitive to the public if not given the appropriate context.

Please feedback with your experience, and what else needs to be added or changed, as we learn more about how best to help people needing palliative care in a COVID-19 pandemic. Please email rachel@hospice.org.nz

Acknowledgement:

British Geriatrics Society (2020). *Managing the COVID-19 pandemic in care homes*.

Available from: www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes