

ANNEXURE 1.0: PALLIATIVE CARE PROVIDER SAFETY DURING COVID-19 PANDEMIC**Contributors: Dr Krithika S. Rao, Dr Pankaj Singhai**Affiliation: Department of Palliative Medicine & Supportive care
Kasturba Medical College, Manipal Academy of Higher Education,
Manipal.**IAPC Position on recommendations on rational use of personal protective equipment (PPE) for Palliative Care providers**

- Palliative care providers not considered as frontline providers and less access to PPE are at increased risk to COVID-19. Hence health care providers in Palliative care centres require adequate personal protective equipment (PPE) for efficient care of patients and safety of healthcare workers and patients.
- Palliative care providers in India should be trained in correct use, donning and doffing of PPE, and safe disposal of PPE.
- Palliative care centres should develop institutional guidelines adhering to national guidelines that uses setting approach to guide on the type of personal protective equipment.
- PPEs are not alternative to basic preventive public health measures such as hand hygiene, respiratory etiquettes which must be followed at all times.
- Rational use of PPE based on risk stratification and different healthcare settings.
 - PPE use at screening areas and point of entry to the centre. (Annexure 1.1 table 1)
 - PPE use in Palliative Care outpatient department. (Annexure 1.1 table 2)
 - PPE use in Palliative care inpatient/ Respite care/ Hospice care setting. (Annexure 1.1 table 3)
 - PPE use in after death care for the patient. (Annexure 1.1 table 4)
 - PPE use during cross consultations or attending emergency patients. (Annexure 1.1 table 5)
 - PPE use in Home care visits in Community setting. (Annexure 1.1 table 6)

1. Introduction:

The outbreak of novel Corona virus showed clear evidence of human-to-human transmission of the SARS-CoV-2. Healthcare associated infection by SARS-CoV-2 virus has been documented among healthcare workers in many countries. Highest risk is to those who are in close contact with a suspect/confirmed COVID-19 patient or who care for such patients. Personal Protective equipment provides safety to healthcare workers by minimising exposure to a biological agent.

2. Mode of Transmission:

It is also important to note that palliative care providers are not considered as frontline providers and have lesser access to personal protective equipment. Recent analysis of deaths among NHS staff in the United Kingdom highlighted the fact that most infections/deaths due to COVID-19 were noted in non-frontline health workers. (1) Palliative care providers come in contact with very sick patients often who present with respiratory distress, neutropenic fever, oral cavity infections, head and neck cancer patients, and those with tracheostomy who have a potential for high aerosol generation. Procedures like nasogastric tube insertion, tracheostomy suctioning, malignant wound dressings are done routinely in the outpatient department and pose a threat to palliative care workers, especially in the phase of community transmission as not all patients are tested for COVID-19. Discussions regarding goals of care and

counselling are time-consuming and are often done face-to-face, in close proximity with the patient/families. WHO defines exposure as “face-to-face contact with probable or confirmed case within 1 meter distance and for more than 15 minutes.” Palliative care providers are thus at increased risk of exposure, in the OPDs, inpatient and in the community settings.

Based on Ministry of Health and Family Welfare guidelines for rational use of PPE, proposed following guidelines for PPE use in the palliative care setting in a standalone Palliative care centre or Palliative care units in hospitals to minimize risk to providers and ensure safety of patients and palliative care workforce alike. (2)(3)

ANNEXURE 1.1: Rational use of PPE based upon risk profile for healthcare workers in different settings

TABLE 1: RATIONAL USE OF PPE AT POINT OF ENTRY:				
Setup	Personnel	Duty	Risk	Protection
HOSPITAL ENTRANCE	Screening team Doctor/ Nurse	<ul style="list-style-type: none"> • Thermal screening by infrared thermometer • Screening for symptoms of cough, cold, fever, history of travel from red and orange zones. • Instructing patient and family member regarding social distancing, face cover/masks, hand hygiene. • Enforcing mask-wearing, hand hygiene at entrance to hospital • Triaging of elderly patients, malnourished, and children for priority appointment 	High risk in containment zone and COVID-19 hospital areas Moderate risk in non COVID-19 areas	High Risk areas: N-95 Mask, Face- shield*, Plastic Apron*, Latex Gloves Moderate risk areas: Triple Layer Medical mask and Latex gloves. Physical distancing to be followed at all time
	Security	<ul style="list-style-type: none"> • Allowing only 1 caregiver with patients • Ensuring Social distancing and facemasks 	Low risk	Low risk areas: Triple Layer Medical Mask Alcohol based sanitizer at entrance Physical distancing to be followed at all time

	Help desk staff	<ul style="list-style-type: none"> Provide information to patients 	<p>Moderate risk in containment zone and COVID-19 hospital areas</p> <p>Low risk in Non COVID-19 areas</p>	<p>Moderate risk areas : N-95 Mask, Gloves</p> <p>Low risk areas: Triple Layer Medical mask and gloves.</p>
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TABLE 2: RATIONAL USE OF PPE IN PALLIATIVE CARE OUTPATIENT DEPARTMENT

Setup	Personnel	Duty	Risk	Protection
OUT PATIENT DEPARTMENT	Help Desk and Registration staff	<ul style="list-style-type: none"> Smooth and fast registration process, avoiding crowd in registration areas Maintaining physical distancing protocols 	<p>Moderate risk in containment zone and COVID-19 hospital areas</p> <p>Low risk in Non COVID-19 areas</p>	<p>Moderate risk areas: N-95 Mask, Gloves</p> <p>Low risk areas: Triple Layer Medical mask and Latex gloves.</p>
	Nurse	<ul style="list-style-type: none"> Maintaining social distancing in the waiting area Ensuing appropriate wearing of masks Ensuing periodic cleaning and disinfection of the OPD and other patient contact areas Triaging priority appointment – for elderly, children and the very sick OPD screening and documentation of symptoms. 	<p>High risk in containment zone and COVID-19 hospital areas</p> <p>Moderate risk in non COVID-19 areas</p>	<p>High Risk areas: N-95 Mask, Face- shield*, Plastic Apron*, Gloves</p> <p>Moderate Risk areas: Triple Layer Medical mask and Latex gloves.</p>
	Housekeeping staff	<ul style="list-style-type: none"> Regular cleaning of frequently touched surfaces eg. OPD table and chairs, door handles, keyboard and mouse, telephone, granite surface Regular cleaning of toilets 	<p>Moderate risk in containment zone and COVID-19 hospital areas</p>	<p>Moderate risk areas : N-95 Mask, Gloves</p> <p>Low risk areas: Triple Layer Medical mask and Latex gloves.</p>

			Low risk in Non COVID-19 areas	
	Doctors	<ul style="list-style-type: none"> • Preferably consult in a large room with doors and windows open. • Maintain distance of 1 meter unless required for physical examination • Keep OPD interaction to less than 15 minutes • No Aerosol generating process in OPD room like: <ul style="list-style-type: none"> • Nasogastric tube Insertion • Examination of patients with tracheostomy and suction • Oral care and examination • H&N cancer malignant wound dressings • Wearing disposable non-sterile gloves for physical examination and change after examining each patient • Hand hygiene before and after examining every patient • Assess for feasibility of Tele-consultation and educate patients about this option. • Telemedicine for any consults exceeding 15 minutes 	<p>Moderate risk in containment zone and COVID-19 hospital areas</p> <p>Low risk in Non COVID-19 areas</p>	<p>Moderate risk areas: N-95 masks, Gloves, Plastic apron*, face shield*</p> <p>Low risk areas: Triple Layer Medical mask and Latex gloves.</p>
	Patients and Family member	<ul style="list-style-type: none"> • Strict adherence to physical distancing and to wear face masks • Report any flu like symptoms to the Nurses at entrance • Taking prior appointment and enquire about tele-consultation 	Low	Cotton masks, Alcohol based sanitizer in waiting room

* Plastic aprons and Face shield can additional layer of protection depending on availability

TABLE 3: RATIONAL USE OF PPE IN A PALLIATIVE CARE IN PATIENT WARDS/OTHER WARDS / HOSPICE/ RESPITE CARE CENTRE

Patients admitted to ward / hospice/ respite centers should be asked about their history of travel to any hotspot region/ contact with any COVID / suspect, any history of cough, cold, dyspnea and fever. Patients with such symptoms not explained by any other causes should be kept in isolation wards and local infectious disease authority should be informed.

Setup	Personnel	Duty	Risk	Protection
In patient room/ Hospice/ Respite care centre	Nurses	Routine Nursing Procedure: Vitals monitoring, Parenteral Medications, NGT feeding, Wound dressing (Below Neck)	Moderate risk in containment zone and COVID-19 hospital areas Low risk in Non COVID-19 areas	Moderate risk areas: N-95 masks, Gloves, Plastic apron*, face shield* Low risk areas: Triple Layer Medical mask and Latex gloves.
	Nurses/Doctors	Wound dressing (Head and Neck region), Tracheostomy care, Mouth care, oral suctioning, NGT insertion, Ascitic fluid/ Pleural fluid tapping	High risk in both COVID-19 hospitals and containment zones and Non COVID-19 areas.	High Risk Areas: N-95 masks, Gloves, Hospital gown/ Plastic apron, face shield/visor goggle Full complement of PPE if patient from or in COVID- 19 containment zones
	Doctors	IP Clinical examination/ consultation	Moderate risk in containment zone and COVID-19 hospital areas Low risk in Non COVID-19 areas	Moderate risk areas: N-95 masks, Gloves, Plastic apron*, face shield* Low risk areas: Triple Layer Medical mask and Latex gloves.
	Nurses/ Ward assistant staff/ Housekeeping staff	Patient transfer to other areas	Moderate risk in containment zone and COVID-19 hospital areas Low risk in Non COVID-19 areas	Moderate risk areas: N-95 masks, Gloves, Plastic apron*, face shield* Low risk areas: Triple Layer Medical mask and Latex gloves.
	Patients and Family member	<ul style="list-style-type: none"> • Strict adherence to physical distancing and to wear face masks • Report any flu like symptoms to 	Low risk	Face cover/ masks, Alcohol based sanitizer in waiting room

		<p>the Nurses at entrance</p> <ul style="list-style-type: none"> • Taking prior appointment and enquire about tele-consultation 		
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TABLE 4: RATIONAL USE OF PPE DURING AFTER DEATH CARE

Setup	Personnel	Duty	Risk	Protection
Palliative care In patient wards / Respite/ Hospice	Nurses/ Ward assistant staff/ Housekeeping staff	Dead body packing	High Risk for COVID-19 positive patients Low risk for Non COVID-19	High Risk: Full PPE Low Risk: Triple layer medical mask and Latex Gloves
	Ward assistant staff/ Housekeeping staff	Dead body transport to mortuary/ Ambulance	Low risk	Three layered medical mask/Cotton mask and Latex gloves

TABLE 5: RATIONAL USE OF PPE DURING CROSS CONSULTATIONS

Setup	Personnel	Duty	Risk	Protection
Emergency Department/ Intensive Care Unit	Doctors and Nurses	Attending to emergency cases and Patient examination, Family Meetings for Goals of care Discussions Note: No Aerosol generating procedures performed	High risk in COVID-19 containment areas, COVID-19 hospitals Low risk in Non COVID-19 hospital and Non-COVID areas	High risk areas : N-95 masks, Gloves, Plastic apron*, face shield* Low risk areas: Triple layer medical mask and Latex Gloves Additional Note: To follow Hospital guidelines for use of PPE.
		Attending to severely ill patients or patients of SARI while performing aerosol generating procedure	High risk in COVID-19 hospitals and Non COVID-19 areas	Full complement of PPE (N-95 mask, coverall, Nitrile examination Gloves, face shield*, shoe cover)
In patient wards of other clinical departments	Doctors and Nurses	Patient examination, Family Meetings	Moderate risk in containment zone and	Moderate risk areas: N-95 masks, Gloves, Plastic apron*, face shield*

		for Goals of care Discussions	COVID-19 hospital areas Low risk in Non COVID-19 areas	Low risk areas: Triple Layer Medical mask and Latex gloves.
TABLE 6: RATIONAL USE OF PPE DURING HOME CARE VISITS IN COMMUNITY SETTING				
Setup	Personnel	Duty	Risk	Protection
Home care and Community Setting	Doctors / Nurses	Patient examination, Family Meetings for discussions Note: No Aerosol generating procedures.	Moderate risk in COVID-19 containment zone areas Low risk in Non COVID-19 areas	Moderate risk areas: N-95 masks, Gloves, Plastic apron*, face shield* Low risk areas: Triple Layer Medical mask and Latex gloves.
	Doctors /Nurses	Wound dressing (Head and Neck region), Tracheostomy care, Mouth care, oral suctioning, NGT insertion, Ascitic fluid/ Pleural fluid tapping	High risk in both COVID-19 hospitals and containment zones and Non COVID-19 areas.	High Risk Areas: N-95 masks, Gloves, Hospital gown/ Plastic apron, face shield/visor goggle Full complement of PPE if patient from or in COVID-19 containment zones
	Medical Social Worker / Volunteer	Family meetings/ Providing social support (No patient contact) Maintaining 1 meter distance from family/ patient if necessary or else consider teleconsultation	Low risk	Low risk areas: Triple Layer Medical masks Maintain physical distance of more than one metre.

* Plastic aprons and Face shield can additional layer of protection depending on availability

References:

1. Tim Cook, Emira Kursumovic, Simon Lennane (22 April 2020), Exclusive: deaths of NHS staff from covid-19 analysed. <https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article>
2. Ministry of Health and Family Welfare, Government of India, Dated 24th March 2020. <https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf>
3. Ministry of Health and Family Welfare, Government of India, Dated 1st May 2020. <https://www.mohfw.gov.in/pdf/AdditionalguidelinesonrationaluseofPersonalProtectiveEquipmentsettingapproachforHealthfunctionariesworkinginnonCOVIDareas.pdf>

