



MODULE 11



**GUIDANCE ON PALLIATIVE CARE SERVICES DELIVERY IN THE CONTEXT OF
COVID - 19**

Goal

- ▶ To maintain quality palliative care services provision in Uganda and ensure access to essential palliative care medicines for patients and their families in need during the COVID-19 Pandemic.



Objectives

- ▶ To Ensure Patient, Their Families And Palliative Care Team Engagement In A Safe Manner.
- ▶ To Ensure That Patients And Their Families Continue To Receive High Quality Palliative Care.
- ▶ Ensure Continued Access to Essential Palliative Care Medicines Including Pain Relief Medication.
- ▶ To build resilience and prevent burn out among the palliative care providers.
- ▶ To foster palliative care linkages in the health care system.



To Ensure Patient, Their Families And Palliative Care Team Engagement In A Safe Manner.

- ▶ Use of communication channels like telephones /Toll free line / social media platforms to triage, assess and provide appropriate guidance and support to patients and their families in need.
- ▶ COVID-19 symptom screening and appropriate distancing at out patients and home visit preferably in open air if feasible.
- ▶ Use of standard precautions, appropriate use of PPEs and hand hygiene measures while in contact with the patients and their families at the facilities and in homes.



To Ensure that Patients and their Families continue to receive high Quality Palliative Care.

- ▶ Palliative care training in facilities and communities to promote quality service provision by the health care teams.
- ▶ Improve data and information storage and ensure enhanced Psychosocial and spiritual support to patients and their families.
- ▶ Offer end of life and bereavement care through the affordable and appropriate means.
- ▶ Support patients and families in decision making.
- ▶ Adopt protocols, kits and define the cadres to deliver services at home.
- ▶ Offer Nutritional Support to patients and their families in need.



Ensure Continued Access to Essential Palliative Care Medicines Including Pain Relief Medication.

- ▶ Ensure timely medicines orders and a buffer of 3 months stock to avoid stock outs.
- ▶ Use mobile communications to monitor drug adherence, verify required medicines.
- ▶ Define package of services and medicines to be received at health facility and at home and provide at maximum 2 months medicines supply / refill.
- ▶ Ensure other easy and reliable ways on access to medicine by use of VHTs and identified, oriented cyclists.
- ▶ Ensure coordinated transport for patients to access treatment with support from the DHTs



To build resilience and prevent burn out among the palliative care providers

- ▶ Teach and encourage Palliative care teams to stay healthy and observe self care.
- ▶ Identify Palliative Care providers who need psychosocial and spiritual support.
- ▶ Use support forums such as blind or open whatsapp groups etc to allow expression of emotions.
- ▶ Ensure motivation and support to palliative care teams for example work in shifts to allow rest.
- ▶ Reinforce the positives done by team members and reward whenever possible.



Strengthen linkages in the health care system

- ▶ Engage Community Volunteer workers and Local Council leaders to support community referrals and linkages for patients and their families in need.
- ▶ Work with DHTs, RRHs, and MoH to strengthen PC services, streamline referrals
- ▶ Work with other partners/stakeholders to support essential suppliers such as food aid relief for patients and their families in need of nutrition support

