

PALLIATIVE CARE UNIT LEADER

Mission: Provide comfort measures for patients deemed terminally ill.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: Medical Operations Chief/CNO			Signature: _____	
TMTS Location: _____		Telephone: _____		
Fax: _____	Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from Medical Operations Chief/Chief Nurse. Obtain packet containing Palliative Care Unit Leader Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Establish a palliative care area; coordinate with the Charge Nurse and Medical Operations Chief/Chief Nurse.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Brief team members on current situation, incident objectives and strategy; outline team action plan and designate time for next briefing.		
Assess problems and treatment needs in patient care area; coordinate staffing and supplies needed in area.		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Establish respite area for family members.		
Establish communications with the Security Officer, in the event they are needed.		
Provide just-in-time training for staff, volunteers, and family for proper PPE and hand washing in the palliative care area.		
Obtain assistance from the Transportation Unit for transporting deceased patients.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Planning Chief/MST.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with Medical Operations Chief/Chief Nurse for status reports, and relay important information.		
Continue coordinating needed facility support services.		
Ensure patient records and documentation are prepared correctly and collected.		
Ensure patient care is being prioritized effectively when altered care (austere) standards of practice are implemented.		
Ensure all deceased patients moved from palliative care area are covered, tagged, and		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
identified where possible. Photo identification may be necessary.		
Ensure that the palliative care area has proper support and the following are addressed: <ul style="list-style-type: none"> • Family Support Center • Safe and respectful storage (of casualties) • Security • Proper handling of personal effects • Documentation 		
Ensure you physical readiness through proper nutrition, water intake, and rest.		
Advise Medical Operations Chief/Chief Nurse immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue emergency care supervision, including monitoring quality of care, document completion, and safety practices.		
Continue to document actions and decisions on HICS Form 214 and send copy to Planning Chief at assigned intervals and as needed.		
Continue to provide the Medical Operations Chief with situation update information.		
Continue to provide Unit staff with situation update information.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST.		
Submit comments to the after action report.		
Upon deactivation of your position, brief the Medical Operations Chief/Chief Nurse on current problems, outstanding issues, and follow-up requirements.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<input type="checkbox"/> HICS Form 207 – Incident Management Team Chart <input type="checkbox"/> HICS Form 213 – Incident Message Form <input type="checkbox"/> HICS Form 214 – Operational Log <input type="checkbox"/> TMTS organization chart <input type="checkbox"/> TMTS telephone directory <input type="checkbox"/> Radio/satellite phone – phone numbers and radio assignments <input type="checkbox"/> Local resource numbers