**PALLIATIVE CARE UNIT LEADER**

**Mission:** Provide comfort measures for patients deemed terminally ill.

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| 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** |
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| 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 are 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. |  |  |
| Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines. |  |  |
| 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** |
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| 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. |  |  |
| Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines. |  |  |
| 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 identified where possible. Photo identification may be necessary. |  |  |
| Ensure that the palliative care area has proper support and the following are addressed:   * 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** |
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| 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. |  |  |

| **End of Shift/Demobilization/System Recovery** | **Time** | **Initial** |
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| Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment. |  |  |
| Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase. |  |  |
| 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. |  |  |