

**About Us:** The **Palliative Education and Care for the Homeless (PEACH)** team provides palliative care outreach for people experiencing homelessness in Toronto, Canada as part of ICHA. Our team consists of nurses, palliative care physicians, and psychiatrists.

**Contact our PEACH Coordinator, Sasha Hill (T: 647-289-2603) for more info about the PEACH Team**

**Who This Guide is For:** This guide is for frontline social service and healthcare workers (e.g. shelter workers, case workers, RNs, PSWs), focusing on unique palliative care needs of people experiencing homelessness during the COVID-19 pandemic. **You can help provide palliative care for your clients and this document will help guide you in this work.** This guide is intended to help you start conversations about what is important to your client when thinking about their end-of-life.

**Introduction to Palliative Care:** Palliative care is a human right. It is a team approach to caring for clients facing life-limiting illnesses (i.e. illness that will foreseeably result in death). Palliative care includes, but is not limited to, end-of-life care. A palliative approach focuses on **quality of life** for clients and the people who matter to them. This approach affirms life and understands death as part of each person’s journey. Palliative care provides holistic care through:

- **Relief of symptoms** (e.g. pain, shortness of breath)
- **Helping to put extra supports in place**
- **Understanding, and attending to, what matters to the client** (wishes, expectations, values)

**What Can I Do? – How to Help Provide Palliative Care During the COVID-19 Pandemic as a Frontline Worker**

The homeless population is vulnerable to contracting and transmitting COVID-19. Current evidence shows approximately **1-3% of individuals who contract COVID-19 will die**, and that risk is higher for certain populations (e.g. elderly, those with chronic illness). Here are some suggestions of how to discuss COVID-19 with your clients:

1. **Speak with your clients about what to expect and explore how they might want to be cared for if they become unwell.** Helping clients plan for deteriorating health can be difficult. It is helpful to frame the conversation as “hoping for the best, but preparing for the worst.” This approach enables planning for end-of-life care in line with the client’s wishes, while allowing the client to maintain hope. These conversations include discussing **illness understanding, relationships, quality of life, setting/treatment, and legacy**. Helpful online resources to guide you include [The Homeless Palliative Care Toolkit](#) and [The Plan Well Guide](#).

These important conversations are called **Advance Care Planning (ACP)**. They provide space for clients to express their wishes and preferences for when their health declines, or as they approach end-of-life. These discussions allow health care providers to ensure that care is consistent with the client’s values, even if the client is too unwell to express them. You do not have to be a medical expert to have an ACP conversation. **Rapport with your client is more important than medical expertise in initiating these conversations.**

**Physical Distancing & COVID-19**  
 Physical distancing is especially challenging for people experiencing homelessness given limitations of shelter spaces and need for interaction to satisfy basic needs (e.g., food, personal hygiene). There are increasing numbers of people experiencing homelessness on the streets as shelter capacity decreases due to COVID-19 and clients fearful of living in more confined quarters. For those with pre-existing palliative conditions, it becomes more difficult to provide palliative care in the street setting.

**Client Communication & COVID-19**  
 People experiencing homelessness may have added difficulty connecting with frontline workers due to lack of access to a phone or computer. It can be helpful to have ACP conversations when the opportunity arises with clients.

**Please see [Appendix A](#) for an Advanced Care Planning Worksheet to share, or complete with your clients. Reach out to the [PEACH team](#) if you need help with these conversations.**

2. Prioritize these conversations with clients who already have medical conditions.

Health care resource scarcity (e.g. ICU beds, ventilators) has become a global problem during the COVID-19 pandemic. Clients living with pre-existing serious illness may not be offered these limited resources should they become seriously unwell with COVID-19 due to low rates of survival. **All clients will be offered palliative care.** Given the heightened risk of dying during the pandemic, ACP conversations are necessary to align care provision with clients’ values and wishes. ACP conversations tend to lead to increased comfort focus, decreased hospitalizations, and more referrals to palliative care.

**Substance Use & COVID-19**  
People who use substances may be at increased risk of contracting and transmitting COVID-19. They may have poorer physical health at their baseline secondary to their substance use, and are thus at higher risk of becoming seriously unwell should they contract the virus. Please see [this](#) comprehensive document for recommendations around substance use, harm reduction, and COVID-19.

3. Discuss possible “Substitute Decision Makers” with your clients.

A Substitute Decision Maker (SDM) is a person who makes healthcare decisions for a client when they cannot speak for themselves. Ideally, the SDM knows the client as a person, understands the client’s wishes, and is someone the client trusts. SDMs are obligated to act based on the client’s **prior known wishes**. If the client’s prior wishes are unknown or impossible to carry out, the SDM should act in the client’s **best interests**. Every person in Ontario has an SDM based on a [hierarchy](#). If no family exists, decision making for medical care is deferred to the Public Guardian and Trustee. Clients can name a different trusted person (e.g. a friend) to be their SDM. In that situation, care providers (including non-medical workers) can help arrange for the requested individual to be appointed “Power of Attorney (POA) for Personal Care.” **A lawyer is not required** to appoint a POA for Personal Care. [Click here for the form to assign a POA \(Form Pages 21-22\).](#)

4. Provide emotional support in navigating these difficult conversations.

Some ways you can emotionally support your client in these conversations include:

- Initiate conversations with clients by raising the topic of COVID-19
- Establish rapport by providing time to listen and respond with empathy
- Use clear language appropriate to the client’s understanding
- Ask questions about client’s wishes
- Respect client’s desire to disengage from conversation – everyone has different ways to cope with distressing topics
- Be realistic and honest about what you can and cannot do

**Mental Illness & COVID-19**  
Clients living with homelessness and mental illness are vulnerable to contracting COVID-19. Psychosis, cognitive decline, emotional dysregulation, and chronic isolation may all limit some individuals’ abilities to follow the current recommendations for COVID-19 prevention. People with mental illness also experience higher rates of physical illness, which puts them at higher risk of becoming seriously unwell with COVID-19. **It is important to remember that individuals living with mental illness have the same end-of-life needs as the general population;** they want to limit experiences of pain and suffering, and be surrounded by loved ones as their death nears. If there is opportunity, consider discussing values, essentials for quality of life, and substitute decision making with your clients with mental illness. Sometimes severe mental illness can impair an individual’s capacity to make decisions about their medical care. Health care professionals can assist in making assessments regarding capacity.

**Supporting myself and others – Managing Grief and Stress During the COVID-19 Pandemic as a Frontline Worker**

Grief is the pain and suffering experienced before, during, or after loss. Grief is a universal human process which involves a variety of emotions, including anger, sadness, fear, and others. In the context of the COVID-19 pandemic, grief and associated feelings may be understood as normal responses to a highly abnormal situation. During “business as usual”, we live in a society that tends to be death-phobic, and grief is often unacknowledged or not expressed directly. COVID-19 has forced us to confront the possibility of actual or threatened loss of those we work with and care after. As a frontline provider for a highly marginalized population, your grief may be compounded by moral distress and vicarious trauma. This results from witnessing the injustice your clients have faced and may continue to face during COVID-19 due to stigma, structural barriers, and institutional constraints.

**How do I support my clients who are grieving?**

It can be uncomfortable for us to see other people in pain. If a client approaches you and expresses their grief, whether it is for losing a certain way of life or for losing a loved one, providing space for them to express their grief is often most helpful. **Validation** is a powerful response to expressions of difficult emotions. Validation involves communicating one’s understanding and acceptance of an individual. Tips for validation include:

- Adopt a stance of genuineness and authenticity
- Communicate essence of what a client says (i.e. use reflective statements)
- Reflect your understanding of a client’s un verbalized thoughts or emotions (e.g., if they are crying, state that you understand they feel sad)
- Help contextualize and normalize the emotional experience (e.g. “It makes complete sense that you’re feeling sad given the loss you’ve experienced”)

**How do I support myself in my grief?**

Frontline workers have already begun to express their grief, both in relation to their personal losses and due to the losses they may witness through their clients. It may also be difficult for frontline workers to find the time and space to grieve, given the chaotic situation that surrounds them during the COVID-19 pandemic. We recommend finding opportunities for self-care. These might include:

- Maintaining healthy sleep. If you are having difficulty, [this website](#) has helpful tips around sleep.
- Calming yourself through meditation may offer an opportunity to clear your mind. [Meditation Oasis](#) offers free online podcasts with meditations of different lengths and foci.
- Using [stress management techniques](#).

**Trauma & COVID-19**

In people experiencing homelessness, there is a high prevalence of trauma. Previous experiences of trauma can interfere with individuals' perceptions of threats and abilities to cope. In the context of the pandemic - where fear is, understandably, widespread - people who have experienced trauma may experience a “triggering” of past distressing experiences. These clients may therefore require additional support in the form of a caregiver who is available to listen and is closely attuned to the client’s needs. You do not need to know a person’s trauma history in order to provide trauma-informed care. Trauma-informed care emphasizes safety and trust.

**Ask for help: [CAMH](#) has an online resource for frontline workers.**

**Frontline workers also eligible for free therapy support through [COVID-19 Ontario Mental Health Network](#).**

**How do I support my colleagues in their grief?**

You can use the same principles and techniques to support your colleagues in grief as you do your clients and yourself. Where you are able, creating space for colleagues to express their distress can be very supportive. You might consider sharing the resources we have listed above with your colleagues as well.

**If you feel your team is in need of support for processing grief as a collective, consider contacting the PEACH team for facilitation of a [debriefing session](#).**

**[Click Here](#) to provide feedback and suggestions for PEACH Resource for Frontline Workers in COVID-19**

**Version 1 created April 20, 2020 by:**

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**Contributors:** Thank you to Barry Tierney, a Frontline Nurse for his thoughtful feedback!

**Appendix A – Advanced Care Planning Worksheet for Frontline Workers with Clients**

This is not a legal document. It is meant to be a worksheet to help guide conversations with your clients.

\*Adapted from [Homeless Palliative Care Toolkit “Questions to Consider”](#)

<b>Client:</b>	<b>Date completed:</b>
<b><u>Illness Understanding</u></b> What do you understand about your current health situation and how you may be impacted by COVID-19? Are you having any particular worries or concerns about COVID-19?	<b>Comments:</b>
<b><u>Relationships</u></b> Who are the people that you trust the most? Is there a person you would trust to help the medical team make decisions for you if your health condition got worse? Do you have a spouse, children or parents? What living family members have you remained in touch with? Do you have an emergency contact number for a person you would want to update if you got ill?	<b>Comments:</b>
Who would you like to be there if you were to get ill? Who would you NOT want to be there if you were to get ill? Would you like support to reconnect with your family?	<b>Comments:</b>
Are there any cultural or spiritual preferences that are important for us to know about in caring for you?	<b>Comments:</b>
<b><u>Quality of Life</u></b> What brings you joy? What do you enjoy being able to do throughout the day? Are there things you have always wanted to do but have not done yet?	<b>Comments:</b>
<b><u>Setting/Treatment</u></b> Would you like to talk to a doctor or nurse about this? Where would you want to be cared for if you were to get ill with COVID-19? If doctors thought that they could not provide any more treatment to prolong your life is there a place where you would like to receive your end of life care? (eg. Shelter, Hospital, Hospice)	<b>Comments:</b>
Some patients with COVID-19 get very sick and require machines, such as ventilators or life support to keep their bodies alive. Are there any treatments that you know you would want/not want if you became ill? Would you like to talk to a doctor about this?	<b>Comments:</b>
<b><u>Legacy</u></b> Have you thought about what would happen to your things if you were to die? Who might you want to give your belongings to? Have you written a will or letter of wishes? If not, would you like to? What would be important for you at your funeral? How do you want to be remembered?	<b>Comments:</b>