



PALLIATIVE CARE/HOSPICE TEAM

| DESCRIPTION | | | |
|-------------------|---------------------------|---|------|
| RESOURCE CATEGORY | Medical and Public Health | RESOURCE KIND | Team |
| OVERALL FUNCTION | | COMPOSITION AND ORDERING SPECIFICATIONS | |

| RESOURCE TYPES | | | TYPE 1 | TYPE 2 | NO TYPE 3 | NO TYPE 4 |
|------------------------|--|------------|--|---|----------------|----------------|
| COMPONENT | METRIC/ MEASURE | CAPABILITY | | | | |
| Equipment and Supplies | Equipment needed to meet mission objectives | | Range of equipment and supplies | Equipment and supplies are provided by requesting jurisdiction. | Not Applicable | Not Applicable |
| NOTES: Not Specified | | | | | | |
| Overall Function | Comfort care and palliative medicine for the chronic and terminally ill in hospice, home care, and hospital settings | | Comfort care and palliative medicine for the chronic and terminally ill in hospice, home care, and hospital settings. Staff, equipment, and supply capable. | Staff augmentation where specialties/personnel are requested to provide medical support | Not Applicable | Not Applicable |
| NOTES: Not Specified | | | | | | |
| Composition | Core TeamClinical license and competency Additional staff as needed to meet mission objectives | | 1 Medical Unit Team Leader 1 Physician 6 Registered Nurses 1 Pharmacist 1 Nutritionist/Dietician 1 Social Worker 1 Behavioral Health Specialist 4 Patient Care Technicians/Certified Nursing Assistants | Same as Type I | Not Applicable | Not Applicable |
| NOTES: Not Specified | | | | | | |



COMMENTS

1. Security, housing, transportation, food, and work facilities will be provided by the requesting jurisdiction unless other arrangements have been made
2. Recommend additional staff to ensure the ongoing availability of resources required to safely and effectively support the mission assignment (e.g., administrative, logistics, communications, supply, clerical, and/or security staff)
3. Requests for Mutual Aid must specify the clinical area and an accurate mission assignment to ensure staff is qualified to care for patient mix and should include the anticipated length of deployment.
4. Individuals responding with teams are expected to possess the clinical knowledge and skill capability to function in the clinical area for which they are requested.
5. Requesting state should determine # of teams needed based on patient care needs/acuity. As a general guideline, if the case load is expected to exceed 25 patients per team per 12 hour shift or the acuity or volume of patients is exceptionally high additional teams should be requested.
6. Standardized Equipment Lists (SEL) are available from the Interagency Board (IAB) for Equipment Standardization and Interoperability at <http://www.iab.gov/Documents.aspx>. Additional references include recommended basic equipment in the ACC Concept of Operations, Appendix E. ACC refers to Concept of Operations for the Acute Care Center. This document can be found at <http://www.nnemrms.org/surg>.

NOTES

Nationally typed resources represent the minimum criteria for the associated component and capability.