

Supplementary Table S1: content of the PallPan recommendations according to Gauder [11] and selected recommendations for nursing homes (x)

Section	PallPan recommendations
1—Supporting patients and relatives	
1a—Ensuring palliative care for infected and non-infected individuals	
	<p>1: Provision of best possible care for infected and non-infected severely ill and dying patients and their relatives (x)</p> <p>2: Integration of the expertise and resources of specialist palliative care in the treatment process (x)</p> <p>3: Recognition of the risk of loneliness of infected severely ill and dying people and avoidance of stigma and undersupply of patients (x)</p> <p>4: Offering palliative care when making prioritization decisions (x)</p> <p>5: Consideration of palliative care patients' concerns in prioritization concepts (x)</p>
1b—Documenting and respecting patient's will	
	<p>6: Offering early conversations about goals of care and treatment preferences for severely ill patients or at risk for a severe infection course (x)</p> <p>7: Documenting and respecting patient's will (x)</p>
1c—Ensuring visits and proximity between patients and relatives	
	<p>8: Balancing the individual needs of patients with the protection of the public from infection (x)</p> <p>9: Enabling visiting and company of relatives (x)</p> <p>10: Creation of separate regulations for patients receiving palliative care when establishing contact restrictions (x)</p> <p>11: In case of general visiting restrictions, creation of separate visiting concepts for severely ill and dying patients and their relatives (x)</p> <p>12: Provision of sufficient protective equipment and personnel for visits by relatives (x)</p> <p>13: In case of visiting restrictions, offering of intensified company by staff, chaplains, and volunteers (x)</p> <p>14: Provision of means of communication (x)</p>
1d—Ensuring exchange of information and communication between professional carers and relatives	
	<p>15: Regular contacting of relatives by professional carers (x)</p> <p>16: Informing relatives and patients about regulations (x)</p>
1e—Enabling farewell after death	
	<p>17: Enabling farewells to be said to the deceased (x)</p>

	18: Enabling participation in funerals 19: Offering bereavement support(x)
2—Supporting staff	
	20: Ensuring infection prevention for staff (x) 21: Informing staff regularly about the pandemic situation and current regulations (x) 22: Encouraging staff for regular feedback to responsible persons about their problems and needs (x) 23: Training of staff in the treatment and care of the seriously ill and dying (x) 24: Establishing low-threshold support for staff (x) 25: Establishing opportunities for interdisciplinary and multi-professional exchange (x)
3—Supporting and maintaining structures and provision of palliative care	
3a—Maintaining palliative care services	
	26: Maintaining existing generalist and specialist palliative care services and structures 27: Exploring the need for expansion or new creation of palliative care provision 28: Providing preconditions and the framework for digital communication (x)
3b—Integrating palliative care aspects into federal and state governments and local administrations (incl. crisis teams and pandemic plans)	
	29: Providing additional short-term financial resources for the care of severely ill and dying people 30: Naming and including palliative care experts in the development and implementation of pandemic plans 31: Naming and including palliative care experts in crisis teams 32: Networking of palliative and hospice services during the pandemic 33: Naming contact persons responsible for palliative care issues in public authorities

Gauder, S., Pralong, A., Rémi, C., Hodiamont, F., Klinger, I., Heckel, M., Simon, S. T., & Bausewein, C. (2022). Development of a national strategy with recommendations for the care of seriously ill and dying people and their relatives in pandemics: A modified Delphi study. *Palliat Med*, 36(8), 1285-1295. <https://doi.org/10.1177/02692163221114536>