

Guidance on End of Life Visiting in Care Homes During the COVID-19 Pandemic

Background

Care home settings serve a primarily elderly population or vulnerable people experiencing a diverse range of medical requirements. Care homes are unique in being both health-related institutions and people's homes. In available data the risk of dying from COVID-19 increases with age, and most of the deaths observed are in people older than 70. Studies of care home residents have shown that respiratory tract infection and gastrointestinal symptoms can spread more quickly in this population.

Introducing further complexity, residents may have diverse needs through health and functional status, potentially exhibiting behaviours that compromise infection control (e.g. spitting, walking with purpose), carers vary in levels of training, and facilities themselves differ in how they are set up and run.

In response to the COVID-19 pandemic care homes have introduced restrictions on visitors to minimise the risk of spreading the infection to their residents.

What does this mean?

Local risk assessment and practical management should be considered, ensuring a pragmatic and proportionate response. Visits from appropriate health and care staff would be classed as essential. For family and friends, **visits should be restricted to end of life care situations or people with dementia who are distressed.**

How can this be managed?

As a precautionary measure ALL residents are being treated as if they may have COVID-19 to protect them/staff from harm. This means that Personal Protective Equipment (PPE) is used by all staff, all the time, when in direct contact with residents.

What are the implications in end of life situations?

Where a resident has confirmed or suspected COVID-19 and is deteriorating, it will be necessary to contact relatives/significant others and keep them informed. Phone calls or video technology, e.g. Skype, Facetime etc. can be used to keep potential visitors and residents in contact wherever possible. The use of technology will also allow those wanting to visit to see when deterioration occurs, which may help to prepare them that death is approaching.

Wherever possible, significant individuals should be offered the opportunity to visit at the end of life. However, the following points should be highlighted.

- If those wanting to visit are in vulnerable groups or shielding other vulnerable people, then it may be appropriate for them not to visit (even at the end of life), and the risks to them/others should be discussed.

- The number of visitors will need to be restricted to protect other residents and staff. In such instances there should be a named contact for visiting, and ideally visits should involve one/two persons at a time; **no children should be permitted.**

If a potential visitor decides the risk to them, or the risk to the resident/staff is too great e.g. where the relative has COVID-19 symptoms but the resident is dying of another condition, other ways to support relationships should be considered. As well as the phone or technological ways to keep in touch, a handprint or lock of hair can also be taken after death which may help in bereavement. The handprint or lock of hair should be placed in a sealed bag and not taken out for 7 days.

If someone decides to visit, the following should be adhered to:

- Potential visitors should be asked about symptoms on arrival; this may include screening questions and a temperature check. Symptomatic people should stay away.
- If a person wants to visit, they will need to wear PPE in order to be able to spend time with the resident who is approaching end of life. They should be instructed in how to apply and remove it safely.
- A log of all visitors should be kept.
- Visitors must not visit any other rooms or shared areas within the home and should stay within the residents own room for the duration of the visit.
- Visitors should be instructed to take minimal belongings into the room.
- They should use the toilet within the resident's room wherever possible and arrangements made with the home regarding food and drinks to avoid unnecessary footfall within the home.
- Visitor numbers will be restricted to one or two people per bedside and they will be advised to sit a meter away from the patient.

It is important to ensure that any visitors of confirmed COVID-19 residents know that they should self-isolate from other individuals for 14 days.

If the home has no COVID-19 cases and the resident is dying of an unrelated condition, then PPE must still be worn and the risks to visitors explained. Keeping the number of visitors to a minimum helps to protect the rest of the residents and staff by exposing them to the least possible risk from outside.