

Clinical guide for supporting compassionate visiting arrangements for those receiving care at the end of life

11 May 2020

This guidance is focused on supporting compassionate visiting arrangements for those receiving care at the end of life. It provides advice on how visiting at the end of life can be facilitated across a range of settings:

- Healthcare inpatient settings (including mental health and learning disability)
- Care homes
- Hospices
- Home

We acknowledge there may be other settings where care of the dying occurs, and such organisations can consider the applicability of this guidance.

The considerations set out here aim to minimise the risk of infection whilst also allowing close family members or friends to accompany and say goodbye to their loved ones at the end of their life and for visits from faith leaders (including chaplains) if desired. These measures relate to visits to people who are close to the end of their lives (24 to 48hrs), recognising this can be difficult to assess with accuracy. In these circumstances, there is minimal additional risk to the dying person from contracting coronavirus. The considerations assert the rights of the dying to see their loved ones and/or to receive religious support. They also aim to reduce the adverse impact on close family or friends of not visiting their loved one before death.

This guidance applies at the patient's bedside and is consistent with NHS advice on suspension of visiting¹ (published 8 April), advice on palliative care in hospitals during the pandemic² (published 22 April) and wider government advice on social distancing. The

¹ https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0030_Visitor-Guidance_8-April-2020.pdf

² <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0081-AMENDED-Speciality-guide-Palliative-care-and-coronavirus-v2-2020-04-22.pdf>

guidance also reflects the published position of the British Association of Critical Care Nurses³.

Practical considerations to support visiting at end of life during the coronavirus pandemic:

- **The dying person should be asked, where possible, if they would like to receive a visit** from a loved one or faith leader.
- **The number of visitors at the bedside is limited to one close family contact** or somebody important to the dying person. However, where it is possible to maintain social distancing throughout the visit, a second additional visitor could be permitted.

Appendix A provides advice on approaches to virtual visits when a face-to-face visit is not possible.

- **Other people who are in attendance to support the needs of the patient** should not be counted as additional visitors.
- Anyone who is showing symptoms of coronavirus (a new continuous cough or a high temperature) should not visit, even if these symptoms are mild or intermittent, due to the risk they pose to others.
- **Visitors are informed** about what to expect when they see their loved one and practical advice related to wearing personal protective equipment (PPE), handwashing and risks associated with the removal of gloves to hold hands.
- Visitors must be made aware that good hand hygiene (handwashing) is needed to facilitate visiting. This is required to mitigate the risks to the visitor, other patients and staff.

Appendix B offers further advice on potential support for visitors before and during their visit.

- **Continue to keep up-to-date with the latest infection prevention and control advice and advice on the use of PPE from Public Health England.**
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- **Where possible, the dying person should be accommodated in a single room with access to** handwashing facilities.
- **Preparing and supporting staff** to support visiting at the end of life and manage the impact of this on their own wellbeing. Health Education England offers some practical learning around end of life communication (https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_45016_45128&programmeld=45016)

³ <https://www.baccn.org/mediacentre/news/the-infection-prevention-society-ips-and-british-association-of-critical-care-nurses-baccn-issue-joint-statement-on-facilitating-compassionate-car/>

Setting specific advice

In addition to general practical considerations that support visiting at the end of life in all settings, there are separate considerations that may apply in specific settings.

Visiting people at the end of life in in-patient healthcare settings

Those wishing to visit people who are dying will need to make arrangements with wards/departments. The three likely settings will be:

- Critical Care
- COVID-positive ward
- Non-COVID ward

Arrangements will depend upon the inpatient setting and relevant requirements for personal protective equipment and the need to maintain social distancing between visitors, staff and other patients.

- **The visit can be coordinated by ward team and or nurses in charge** with the support of bereavement support teams and, if available, palliative care leads.
- **Support for visitors** can be provided across the whole team, including faith leaders, volunteers and other staff.
- **PPE:** Bereavement support staff and volunteers can take necessary PPE to meet the visitor and ensure that PPE is being worn before reaching the clinical area. Staff should explain the importance of PPE, particularly that the mask must not be touched or removed whilst the visitor is with their relative.
- **Higher levels of protection** may be required if entering the critical care area and staff should assist with putting it on and taking it off safely.

Visiting people at the end of life in care homes

Whilst care homes should limit unnecessary visits, when somebody is dying, it is important that their loved ones are able to visit the person.

The Department of Health and Social Care (DHSC) has set out advice⁴ which emphasises the importance of visits at the end of life for both the dying person and their loved ones. The DHSC guidance has set out considerations to ensure safe visiting in care homes at end of life as follows:

- Family and friends should be advised not to visit care homes, except next of kin in exceptional situations such as end of life. Follow the [social distancing guidance](#).
- Visitors should normally be limited to one at a time to preserve physical distancing.
- Visitors should be reminded to wash their hands for 20 seconds on entering and leaving the home and catch coughs and sneezes in tissues.
- Visitors should minimise contact with other residents and staff (less than 15 minutes / 2 metres apart, etc.)
- Visitors should visit the resident in their own room directly upon arrival and leave immediately after the visit.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-plan.pdf

- Alternatives to in-person visiting should be explored, including the use of telephones or video, or the use of plastic or glass barriers between residents and visitors.
- Cancel all gatherings and plan alternative arrangements for communal activities which incorporate social distancing.

The Home Manager or Nurse in Charge should discuss appropriate arrangements with families and important information on their local processes for ensuring the health, safety and wellbeing of visitors, residents and their teams.

Visiting people at the end of life in hospices

Whilst hospices should limit all unnecessary visits when somebody is dying, it is important that their loved ones are able to visit the person.

Elements of the approaches to supporting safe and compassionate visiting in inpatient hospital care and/or care homes will apply in hospices and these can be adopted, as appropriate, to their organisational circumstances.

The Nurse in Charge should discuss appropriate arrangements with families and important information on their local processes for ensuring the health, safety and wellbeing of visitors, patients and their teams.

Visiting people at the end of life at home

During the pandemic, health and care staff continue to offer care at the end of life in community settings. In this setting, they are the visitors in the dying person's home. Health and care staff coming into the house of the person who is dying will wear PPE according to PHE advice and will observe social distancing guidance, such as is practical within individual households.

When a person is dying at home, healthcare professionals working in the community can support the dying person and their relatives by offering advice to the household on minimising risks to themselves and others including limiting visitors, social distancing and good hand hygiene after contact with the person who is dying.

Visiting at the end of life for women who are pregnant or who have recently given birth

The visiting principles outlined in this document are applicable to the care of a pregnant woman or a newly delivered mother who is dying of COVID. It is important that, where possible, up to two visitors a time should be considered.

Visiting at the end of life for children and young people

We have seen that coronavirus poses a risk to everybody. Whilst we know that children or young people are less likely to become seriously ill with the virus, tragically, children have died as a result of coronavirus infections.

When a child or young person is dying, from whatever cause, the focus of the healthcare team is always to try to make sure that their death is as comfortable as possible and that they have family members or carers with them.

During the pandemic it is important to minimise the spread of infection whilst making sure the child, young person and their family are treated with the utmost compassion. Hospitals are limiting the number of visitors at the bedside to one parent or carer at a time for each child. Visitors need to follow infection control measures, including wearing protective clothing. This is for their own safety, and for that of the child, as well as other patients, staff and visitors.

Sadly, if the parent or carer is suspected of being infected with coronavirus, or any other serious infectious disease, they will not, in principle, be allowed to visit until they are known to be well again. However, it may be possible to enable attendance by moving the child to a separate location or providing PPE for the parent or carer. The family and staff will ensure that during this difficult time extra measures will be put in place to keep the parent and carers updated and in such cases another member of the family or someone close to the child should be able to visit instead.

Sometimes a child dies very suddenly or unexpectedly. Healthcare teams always make every effort to ensure that a parent or carer can be present. It is important that families are reassured that staff will always comfort and care for a dying child in the very rare occasion when a parent or carer cannot be there.

Compassionate visiting arrangements will be agreed within the context of clinical guidelines⁵ for children and young people during the pandemic.

⁵ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0249-clinical-guidelines-children-young-people-with-palliative-care-needs-24-04-2020.pdf>

Appendix A: Approaches to virtual visits

- Many organisations are currently looking at their own arrangements for supporting patients to stay in touch by enhancing family liaison arrangements to provide updates to next-of-kin and this should be encouraged.
- These local approaches are an important way to offer contact and organisations can helpfully promote awareness of local arrangements so that staff and volunteers can signpost to these as necessary.
- Successful examples of 'virtual visits' and other arrangements include:
 - arrangements for getting messages to loved ones supported by voluntary services.
 - central email arrangements and delivery to patients of laminated messages/photographs.
 - taking delivery of a phone for patients from their families/friends.
 - making internet connected kit available to staff to facilitate contact between patients and their families.
 - providing physical symbolic tokens that create physical connection between the dying person and their relatives. Examples include decorated 'Comfort Pebbles' on which personal messages can be written. Further examples are available at <https://nationalbereavementalliance.org.uk/wp-content/uploads/2020/04/Keeping-in-touch.pdf>
- Local policies can be/are being shared through the End of Life Care Practitioners Network.
- As they deploy devices as an alternative to face-to-face visiting, organisations will wish to ensure:
 - good infection control and effective cleaning of mobile devices based on wider official infection control guidance (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/reducing-the-risk-of-transmission-of-covid-19-in-the-hospital-setting>)
 - potential risks to patient confidentiality are understood and mitigated.

Appendix B: Advice and support to visitors at end of life

Emotional support

Emotional support should be provided to visitors. This can take the form of:

- **Preparing** the visitor for what they will see when they arrive in the care setting.
 - **Transport:** visitors can be advised to consider being driven to the hospital by a member of their household, if possible, to minimise the risk of exposure to others. They should avoid the use of public transport – especially after the visit. Visitors driven by a person close to them may welcome the support that person can offer once the visit has finished.
 - **What to do on arrival:** and arrangements to escort the visitor to the care setting by the shortest possible route.
 - **Personal belongings:** visitors should minimise the number of personal belongings they bring with them, eg bags, handbags, electronic devices.
 - **Clothing:** the visitor should remove outer clothing, eg coat or jacket, roll up their sleeves and clean their hands before putting on PPE.
 - **Tips:** such as going to the toilet and having had a small drink before they don PPE helps to avoid the need to don and doff PPE more than once during the visit.
- **Explaining** any limits to the length of time the visitor can stay.
- **Notifying** the nurse caring for the person that a visitor has arrived and ensure that they know how to use the call bell if they need anything or signal when they want to leave.
- **Providing comfort** if the visitor is distressed, hold the persons hand(s), and provide further appropriate emotional support away from the care setting.
- **Providing information** to the visitor about what will happen next if their loved one has died.
- **Reassuring** the visitor that self-isolation is not required following the visit as they have been protected from the risk of transmission by using PPE and performing hand hygiene.
- **Signposting** opportunities to prepare for death, including emotional and spiritual support (chaplains and faith leaders may play an important role here).

Specific visiting advice

Family or friends who wish to visit loved ones at the end of life should be able to do so if the following measures are in place. This guidance also applies to visiting faith leaders (including chaplains). The advice for visitors will vary depending on whether the dying person has confirmed or suspected coronavirus.

1. Patients with coronavirus

In this situation, the main potential risk is to the family or friend visiting a loved one. They should be made aware of the increased risk to themselves and of precautions to be taken.

- Advise the visitor of their increased risk of infection from entering the high-risk zone.
- Personal Protective Equipment (PPE) is to be worn and taken off by the visitor as directed by staff.
- As long as PPE is worn, the visitor does not need to self-isolate afterwards as a result of the visit.
- Advise the visitor to:
 - stay at least 2 metres away from others as they enter and leave the setting and avoid touching any surfaces
 - enter and leave the setting as quickly as possible using the most direct route
 - avoid touching their eyes, nose and mouth with unwashed hands
 - cover any coughs or sneezes with a tissue, then throw the tissue in a bin
 - wash their hands again with soap and water for at least 20 seconds when they are leaving the setting and then again as soon as they get home
 - follow [stay at home guidance](#) if they become unwell.

2. Patients without coronavirus

The main potential risk is to other people in the setting (residents, patients and staff) from visitors entering the setting, but there is also a risk to the visitors themselves, given the high prevalence of infection in healthcare and residential care settings. It is important that any such risk is kept to an absolute minimum through strict adherence to social distancing and rigorous respiratory and hand hygiene.

Anyone who is showing symptoms of coronavirus (a new continuous cough or a high temperature) should not visit, even if these symptoms are mild or intermittent, due to the risk they pose to others.

Visitors may attend if they are asymptomatic and adhere to the following:

- stay at least 2 metres away from others as they enter and leave the setting and try not to touch any surfaces
- avoid touching their eyes, nose and mouth with unwashed hands
- cover any coughs or sneezes with a tissue, then throw the tissue in a bin
- wash their hands again with soap and water for at least 20 seconds when they are leaving the setting and then again as soon as they get home.

If the visitor is in a household that is self-isolating as they have been in contact with someone else who is suspected/confirmed to have coronavirus:

- if symptomatic they **must not** visit the setting
- if the visitor is asymptomatic and wears PPE (latest guidance available here: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>)
- the risk to others is minimal, although they may pose a risk to the person they are visiting if they are less than 2 metres away and stay for longer than 15 minutes (FRSM, apron, gloves)
- stay at least 2 metres away from others as they enter and leave the setting and try not to touch any surfaces
- enter and leave the setting as quickly as possible using the most direct route.

If possible, the visit should take place in a side room.