Supporting visiting for those receiving care at end of life.

Updated guidance May 16th 2020

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

13 May 2020

In March we informed the public that we had made a difficult decision to suspend all visiting to our wards at Pilgrim Hospital in Boston, Lincoln County Hospital and Grantham and District Hospital with immediate effect to protect our patients and staff.

The only exceptions are:

- The maternity department will allow one birthing partner to attend
- Parents who do not show the symptoms of infection can visit their children

In relation to End of Life visiting our statement said that any other visits are to be by exception only and typically will be granted on compassionate grounds agreed in advance with the nurse in charge of the ward.

In early April ULHT guidance was approved that used a risk based approach on an individual basis to permit visiting for one family member at the end of life. This approach has been welcomed and has worked well but has been restricted to ward areas.

On 13th May the NHS published revised guidance on supporting visiting at end of life and our procedure as laid out below has now been updated in response.

This replaces the procedure of 02.04.20.

The risks

The risks are all focused on infection prevention and controlling the spread of Coronavirus and we know these are threefold:

- From the relative coming in to visit; they may have been exposed to or carry the virus and could infect others on their journey to and through the hospital to the ward.
- From the relative when they attend the ward and the risk they could infect staff or other patients.
- From the patient who has (or is suspected as having) COVID-19 and could infect the relative and consequently spreading infection on their return journey on leaving the hospital.

Mitigating the risks

The decision to permit visiting at the end of life will rest with the ward sister / senior clinician involved in the patients care and the following risk assessment must be completed indicating who is responsible for the required controls.

- The assessment requires confirmation of actions taken, who by and when.
- A separate assessment must be completed for each patient visit.
- A copy must be retained on the ward.

When to visit

It is an indescribably difficult time for families but even before COVID-19 there has always been the chance that family are unable to be there at the time of death. Choosing when to visit is going to be hard but has to be an individual decision on discussion with the ward team and the family.

Repeat visits

There can be more than one visit now as there is no requirement to self-isolate – however – this is about end of life visiting; the opportunity to say goodbye or be with someone – this is sadly not yet a reintroduction of more general visiting. Repeat visits will continue to be exceptional based on individual circumstances and all visits remain at the discretion of the nurse in charge.

Visiting arrangements for those receiving care at the end of life.

Patient name	Hospital number	Ward	Date assessment completed
Has the patient agreed to / requested a visit?			

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

Has a discussion been had with the family to determine / explain:	**Brief comment if necessary**	**Name & initials**
First consider two questions to help the relative explore their feelings and fears: 1. Has the relative considered how they may feel if they are unable to visit; they may be nervous if they do but perhaps regret it afterwards if they don't? 2. Has the relative been asked what they think the patient would want them to do – would they want them to take the risk or put others in their family at risk?		
The number of visitors is limited to one person unless the ward **can ensure** social distancing throughout the visit.		
To consider being driven to the hospital by a member of their household, if possible, to minimise the risk of exposure to others. 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. A staff member must meet the relative at the hospital entrance and provide appropriate PPE (fluid repellent surgical facemask, apron and gloves) and ensure the relative washes their hands.		
Any personal belongings must be in line with ULHT property guidance restrictions and be placed in a clear plastic bag on arrival.		
Visitors should remove outer clothing, e.g. coat or jacket, roll up their sleeves and clean their hands before putting on PPE. It can be helpful to suggest the visitor uses the toilet and has a small drink before they don PPE to help to avoid the need to don and doff more than once during the visit.		
Additional specific requirements where the patient has COVID-19		
Advise the relative of their increased risk of infection from entering a high risk zone and in the event that they are living with vulnerable family members need to be fully cognisant of this risk.		
There will be a requirement to wear PPE (fluid repellent surgical facemask, apron and gloves) as directed by the staff. In ICU areas FFP2 and goggles may also be provided.		

Reassure the relative that as long as PPE (fluid repellent surgical facemask, apron and gloves) is worn correctly they will not need to self-isolate afterward as a result of the visit.		
Explain to the relative that during the visit they must: • 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.		
Additional specific requirements where patients <u>do not have COVID-19</u>		
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. • If the visitor is asymptomatic and wears PPE (fluid repellent surgical facemask, apron and gloves) then 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. Therefore asymptomatic visitors from a household that is self-isolating must socially distance and can stay for only 15 minutes. • 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.		
Emotional support and advice during and following a visit		

Established compassionate care will of course be provided not only to the patient who is dying but to the relative who is visiting under such difficult circumstances. It is quite possible that the visit is not at the time of death and the patient may die beforehand or soon after they leave; but when it death does occurs we know from early experiences that grief and bereavement during this pandemic is harder than ever. In the vast majority of cases families are unable to come and support the bereaved emotionally and physically and for all of these reasons added to the trauma that even expected death can bring makes this 'One Chance to Get it Right' even more important.

If as an individual professional or team you are struggling as a patient's death approaches then seek advice from the Specialist Palliative Care Team.

The Trust has also developed Care After Death Guidelines which are provided in the Appendix below. Every Ward has copies of the Bereavement Booklet to which a special COVID-19 insert has been added explaining the process and precautions currently in place in registering a death. The Bereavement service will contact relatives following a death and can also put them in touch with further support.

Jennie Negus. Head of Patient Experience. 26th May 2020

Appendix

COVID-19 Care after Death / Last Offices

Introduction

The nurse's role at the end of life extends beyond death to provide care for the deceased person, support their family/carers and should be considered a privilege. Best Practice should be demonstrated throughout the process, which should be individualised to each patient. Physical care given following death in hospital has traditionally been referred to as "Last offices" however, in these guidelines we refer to 'Care after Death' which is more befitting of our multi-cultural society, and we have used the term family/carer rather than 'next of kin'.

Under normal circumstances death in hospital is emotional and difficult however in the midst of the Coronavirus pandemic this is particularly heightened due to fear of the unknown, public anxiety, the trauma of isolation, the sometimes rapid decline and the reduced ability to perhaps come to terms with prognosis both for the patient and the family/carers. The importance of ***'One Chance to get it right'*** becomes even more critical in such times as we consider the long term effects for the bereaved.

Some deaths are expected and peaceful, while others may be sudden and traumatic. Families/ carers will have a range of different responses and needs, particularly if they feel that the patient has suffered and more so if they have been unable to visit to say goodbye. A process has been put in place to support visiting at the end of life but families may themselves be isolated or shielded and even though we are able to support video calling which is appreciated it can still feel incredibly detached.

It takes courage to address the needs of the bereaved and to provide sensitive support and guidance and even more so during this pandemic with the added trauma it brings. Considering physical appearance and the surroundings is important. At a time when the family will be overwhelmed with different emotions, they may not recall what is said to them but they will remember the manner in which their loved one was cared for, and the kindness and understanding shown to them. If the family have had to visit to say goodbye wearing PPE while the patient was in isolation or over a video call then their view and memory of the death will be a memory that will stay with them for ever.

Immediate Care after Death

Privacy and dignity preceding, and after death must always be maintained. If the family/carers are present at the time of death, then they may wish to spend a little time with their loved one. Chaplaincy / pastoral support can be accessed particularly if the ward is busy and staffing is short or staff are very busy as the chaplaincy team may have more time to be with the family.

It is the responsibility of the trained nurse present at the time of death to immediately inform the medical team in order to certify that the patient has died and document this in the medical notes. A senior nurse with appropriate training can verify the death when it is expected. Between the hours of 20:00 and 08:00 requests for verification of expected deaths can be submitted via the Hospital @ Night team.

The patient's family/carers should be informed of the death as soon as possible. If initial contact is by telephone, it is vital to affirm the identity of the bereaved and during this pandemic guidance has been provided on the use of passwords to enable information to be shared with family who may not have been able to visit. Messages left on answerphones should advise the bereaved to contact the ward as soon as possible and not offer any other details. If not already confirmed, any cultural, religious or personal requirements in handling the body should be obtained and the chaplaincy team can support with specific needs relating to this.

Death at night: To avoid unnecessary distress, where death is expected, care should be taken to ascertain, in advance, whether the family/carers wish to be contacted during the night.

Health and Safety

The key issue during this pandemic is that of infection control and any patient who dies from COVID-19 must be cared for after death in line with the principles of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) this is due to the ongoing risk of infectious transmission via contact although the risk is usually lower than for living patients. Where the deceased was known or suspected to have been infected with COVID-19, there is no requirement for a body bag, and viewing, hygienic preparations, post-mortem and embalming are all permitted. As in normal circumstances it is still important to establish whether the patient has any implanted devices or has been exposed to radioactive substances. In some instances this may mean that the body of the deceased must be prepared in a specific way. Where these hazards may be a threat to others, restrictions may be imposed on viewing the deceased. The use of body bags and biohazard labels may still be advocated in some cases, these are listed below.

Legal Issues: In some cases, referral to the Coroner and/or post-mortem examination is indicated, in which case it is essential that all tubes, lines, cannulas or any other equipment associated with the patient's treatment remain in situ. The medical staff will indicate whether this is required.

PROCEDURE FOR COVID-19 POSITIVE OR SUSPECTED PATIENTS

IMMEDIATE CARE
The following actions are to be carried our directly after death to ensure dignity, await certification of death by the medical staff and to enable family/carers to view and say goodbye either in person - in keeping with the COVID-19 End of Life visiting arrangements – or through video calling technology.

ACTION		**RATIONALE**
1	Ensure the bed area is completely screened	To maintain Privacy and Dignity
2	Wash hands, put on PPE; apron, gloves and mask	To prevent cross infection as per COVID-19 IPC guidelines.
3	Identify any additional infection/ radiation risks	To protect family /carers and staff
4	Lay patient flat on their back with arms by their side and straighten legs	To ensure an appropriate position prior to rigor mortis which occurs 2 -4 hours following death. The hands should not be placed under the body as this causes bruising discolouration and distortion
5	Consider immediate hygiene requirements, remove all obvious bodily fluids.	To ensure dignity and respect and reduce stress of family/ carers should they want view / visit the deceased.
6	Place head on one pillow	To maintain natural positioning of head and neck
7	Apply gentle pressure to eyelids to close the eyes.	To give a more peaceful appearance.
8	Clean patient's mouth and teeth. Clean and replace dentures if worn as soon as possible. (If dentures cannot be replaced they must be sent to the mortuary with the patient in a clearly identified receptacle).	To remove debris and secretions To ensure that dentures are not lost and can be inserted later.
9	Close the patient's mouth and support the jaw if necessary with a pillow. Place a standard surgical face mask over the patient's mouth and nose.	To improve the aesthetic appearance and ensure least distress to family/ carers To remove risk of aerosol generation on moving the body.

10	Brush / comb hair into natural style	To improve appearance
11	Remove all unwanted equipment and patient belongings Speak quietly and refrain from inappropriate conversations and provide subtle lighting and adequate seating for the bereaved.	To provide a respectful environment and to help reduce stress and anxiety.
Provide the family/carers with the ULHT bereavement booklet / information regarding receipt of Medical Cause of Death Certificate (MCCD) and Registration of the death. A specific bereavement booklet COVID-19 leaflet insert has been provided that explains specific precautions and arrangements.		

Secondary Care after Death
This is the care given to the patient after Certification/Verification and prior to their journey to the mortuary.

Equipment Required - use patient's personal items when appropriate
Trolley with the following items:

- COVID-19 PPE, gloves, mask and apron
- Disposable wash bowl, soap, towel, wash cloths, brush/comb, denture pot.
- Disposable receiver
- Dressing pack, cotton wool balls and swabs, occlusive dressings
- Disposable forceps
- Adhesive/ waterproof tape.
- Disposable gown if Patients own clothing not used.
- 2 complete Identification labels, Mortuary Transfer form
- 2 clean sheets, blue lateral slide sheet, (pat slide to be available)
- Plastic bag for any soiled clothing.
- Clinical waste bag.
- Patient Property book, envelope for valuables
- Deceased Patient property bag and additional large clear plastic bag.
- Body bag if required due to other infection or significant leakage
- Infectious waste and laundry bags

ACTION		**RATIONALE**
1	Collect all items necessary to carry out this procedure	To minimize disruption when carrying out procedure
2	Wash hands, put on PPE; apron, gloves and mask	To prevent cross infection as per COVID-19 IPC guidelines.
3	Apply pressure to lower abdomen to empty bladder. Packing of cavities is only deemed necessary if there is excessive leakage of bodily fluids, pads and pants may be used if necessary.	The body can continue to excrete fluids after death. Leaking can pose a health hazard to staff handling the body. If leaking cannot be contained then a body bag must be considered.
4	Redress all wounds with absorbent dressing and cover with occlusive dressing. Cannula/drains/catheters are to be spiggotted and to remain in situ Place clean bag over any stoma sites.	To absorb any leakage from any wound site and prevent possible health hazard as per above.

5	Wash the patient (unless contra-indicated by religious/cultural issues) Ensure hair is groomed and finger nails are clean.	To maintain patients hygiene and appearance.
6	Shave the patient only if absolutely necessary.	To prevent razor burns and possible marking which can appear days later. Ideally leave to funeral directors
8	Dress the patient in clean clothing either of their own or a hospital gown.	To maintain Privacy and dignity and meet Religious and Cultural beliefs or family / Carers wishes
9	**Do not** detach existing identification label and if necessary affix an additional label. **Avoid hand written labels**. Attach two identification labels to opposing wrist and ankle with patient details: full name, date of birth, NHS number, and ULHT number, name of ward or department. Date of death is not required.	To always have the ability to confirm the identity of the patient there should be a minimum of three identifiers
10	Wrap the body in a clean sheet and secure with minimal adhesive tape. The sheet must be folded loosely to avoid facial deformity. Place the patient on a Blue Lateral Slide sheet Use a body bag for the following • Category 3 & 4 infections • Faecal leakage • Patients that are leaking or at risk of leaking from wounds or cavities. • Patients infested with fleas, lice, maggots etc. • Patients with traumatic injuries • Patients whose lifestyle puts them at increased risk of infection e.g. IV drug users • Unidentified patients **A body bag is not required specifically for COVID-19**	To avoid damage or distortion to the body during transfer to the mortuary. To comply with Manual Handling guidelines. To prevent any leakage and minimise risk of cross infection/contamination.
11	Remove mask, apron and gloves and dispose as per IPC policy.	To minimise risk of cross infection/ contamination
12	Check and document all remaining property and valuables with a second member of staff. Remove all loose items of jewellery and deposit with any other valuables Tape all rings in place unless removal is requested by the family Secure any religious items such as Rosary or Prayer Beads to the palm of the hand.	To comply with (Patients Money and Property) section of ULHT Financial Procedures Notes and IPC requirements.

During COVID-19 precautions ALL PATIENTS PROPERTY regardless of COVID diagnosis must be doubled bagged and labelled with the following information before being taken to the Bereavement Office: • **Patients ID sticker label** • **Date of death** • **Time of death** **This is to prevent cross contamination into the bereavement suite and also to ensure bereavement staff can quarantine COVID patient's property for the required 72 hours.**		
13	Document on Mortuary Transfer Form any jewellery or personal possessions left with the deceased Fully complete the Mortuary Transfer Form.	The person transferring the deceased patient to the mortuary is responsible for the property left on the body during transit and should ensure it is correct before leaving the ward or department. This provides all information and Audit trail required by Human Tissue Authority
14	Request portering staff to transfer the deceased to the mortuary as soon as possible with a Nurse Escort. Screen adjacent areas prior to movement of the deceased and offer support to other patients in the ward if required. **Plus size (bariatric) patients** Inform Portering service at the earliest opportunity if the deceased patient cannot be transferred using the standard mortuary concealment trolley. Request either standard size hospital bed or plus size bariatric bed concealment cover. The concealment cover is placed over all 4 corners of the bed so that the patient is completely covered.	Decomposition occurs rapidly in overheated rooms and hot weather this may create a bacterial hazard for those handling the body. Autolysis and growth of bacteria are delayed if the body is cooled. To reduce distress to other patients. To avoid potential distress to patients and their family/carers To ensure deceased plus size patients are transferred from the clinical are to the mortuary with the upmost dignity and respect
15	Complete Nursing documentation	To record date and time of death, name of staff present and those completing Care after death.
16	Initiate the Checklist Following Death	To ensure timely communication with other disciplines, including updating health records and Medway.

Requests to visit / view the Deceased

Requests made for viewing during normal office hours will be made through the Bereavement Office. Outside of normal working hours requests will usually be made through the ward where the patient died. Requests may also occasionally be made through the Mortuary or Bereavement Service during working hours for appointments outside of normal hours.

During COVID surge situations there is likely to be reduced capacity to support out of hour's requests to visit / view the deceased and the opportunity to offer viewings may be reviewed.

Any requests need to initially be made directly to the ward where the patient died or the Bereavement Office who will liaise with the requestor to ascertain the following information to be added to the Mortuary Viewing Log

- The name, address & date of birth of the deceased

- Whether the person(s) wishing to visit are the next-of-kin
- If they are not the next-of-kin nor accompanied by them, do they have their permission to view? (this **must** be confirmed directly with the next-of-kin)
- The date and time of the viewing
- The names of everyone wishing to attend for the viewing appointment

The ward staff or Site Duty Manager will liaise with the Portering staff to ensure they are able to prepare the deceased for the requested time. In addition to the above information, the Site Duty Manager or ward staff member will make a note of the NHS number on the Viewing Log to be able to check 3 points of identification on the deceased's ID bracelet.

ACTION		**RATIONALE**
1	On receipt of the call, establish the name of the caller and their relationship with the deceased.	Confidentiality, information governance, safeguarding.
2	Patients that have been referred to the Coroner can only be viewed with the consent of the Coroner's office, therefore there is a prior need to establish whether the patient has been referred to the Coroner.	This can be arranged through the bereavement office and is a legal requirement.
3	Agree a day and time for the visit which will need to be checked is convenient with the Portering staff before making a definite appointment. Take the caller's name and telephone number and call them back to confirm once the arrangements have been made.	It is imperative to ensure all arrangements can be made before agreeing a time in order to minimise distress and to enable the relative to 'prepare' themselves as it is an upsetting experience.
5	Prior to taking the family/carers through to physically see the deceased, it is essential that you carry out the following: • Put on mask, apron and gloves. • Examine the body and confirm the deceased identity • Ensure the body is presentable • Inform the family/carers of injuries / tubes that are in situ. • Provide the family with mask, apron and gloves. • Ask the family not to touch the body due to potential presence of Coronavirus. • Allow the family/carers time alone with the deceased but remain in the vicinity to offer support. Following the viewing, ensure the family/carers are escorted back to the hospital exit / their transportation.	To ensure the correct body is prepared, is presented in a dignified manner and the risks of cross infection is eliminated.
6	Following the viewing ensure the body is re-covered and returned to the mortuary.	

Bereavement service

- The Bereavement service is available on both the Lincoln and Boston sites 7 days throughout the COVID period, and is available 0900hrs to 1600hrs. Contact Lincoln: 573403 or Boston: 445255
- Grantham arrangements continue through the wards and the central bereavement team can provide advice and assistance.
- Bereavement staff will obtain notifications regarding any deaths in the hospital on a daily basis from the mortuary department.
- Staff from the ward are required to bring notes and any property (sealed as detailed above) down to the Bereavement Service. If there are any difficulties please contact the Bereavement team.
- Bereavement Service will ensure timely completion of the Medical Certificate of Cause of Death (MCCD) and where appropriate any cremation paperwork. The Bereavement Team will also liaise with relatives regarding next steps.
- Completion of all certification and onward scanning to the correct department will be undertaken as detailed through the modifications to registrations processes outlined in the Coronavirus Act 2020.
- The Medical Examiner Service will be available to undertake reviews and support completion of MCCD's.

Jennie Negus. Deputy Chief Nurse. April 2020