

Exceptional visiting guidance for supporting visiting in exceptional circumstances (including for those receiving care at the end of life). March 2022

Due to coronavirus (COVID-19) the arrangements are needed to allow inpatient visiting in a very careful and Covid-secure way.

Exceptional circumstances for inpatient visiting are:

- patient receiving end-of-life care (see section below)
- a familiar carer/parent or guardian/supporter/personal assistant for patients with complex care needs relating to conditions e.g. learning disabilities or dementia

The matron supporting each ward area should discuss arrangements for exceptional visiting each weekday with the nurse in charge of the ward. The site team or duty matron should assist ward areas with advice if required out of hours.

The management for the attendance of exceptional visitor should be supported as described below, however if not end of life then numbers of visitors should be minimised in attendance at one time and in sequence.

End of life visiting

The aim is to minimise the risk of infection whilst 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, recognising this can be difficult to assess with accuracy. Clinical teams should identify those patients who are unlikely to survive their current hospital admission and is in the last week of life. This will allow visits from family/carers at a time close to the patient's death before they lose the ability to communicate, where possible.

Should the clinical/ward team need advice or support in this decision-making, the palliative care team are available 7 days per week

**Bedford Hospital Site on bleep 327
Luton and Dunstable Hospital Site on bleep 492**

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 visiting released in March 2022 [Coronavirus » Visiting healthcare inpatient settings during the COVID-19 pandemic \(england.nhs.uk\)](https://www.nhs.uk/coronavirus/visiting-healthcare-inpatient-settings-during-the-covid-19-pandemic/)

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.
- **Number of visitors at the bedside:** – this should be limited to one close family contact or somebody important to the patient where social distancing can be maintained throughout the visit. If there are specific needs that have been agreed with the clinical team up to 4 visitors could be permitted: e.g. a family member for individuals receiving end-of-life care;

Patients may be accompanied where appropriate and necessary to assist their communication and/or to meet their health, religious or spiritual care needs,

- **Lateral flow testing is no longer required**
- **Other people who are in attendance to support the needs of the patient** should not be counted as additional visitors. This includes Blossom end of life volunteers.
- 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.
- **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&programmId=45016)

Setting specific advice

Clinical areas are also advised to keep a list of hospital visitors' names and contact details, to aid the NHS Test and Trace teams if contact tracing is indicated

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 surgical 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 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.

Appendix A: Approaches to virtual visits

- Many organisations have enhanced family liaison arrangements to help patients stay in touch with those important to them. These also provide updates to one close family contact, or somebody important to the patient, and should be encouraged.
 - 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 equipment available to staff to facilitate contact between patients and their families. This option is being implemented at time of this guidance circulation
 - 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>
 - Potential risks to patient confidentiality are understood and mitigated.
 - A compassionate approach is essential in balancing the importance of close family members (including children) and others important to the dying person being able to spend precious time with them and say goodbye, with the need to manage infection risk and maintain the safety of the visitor, staff and other patients. Organisations should, in conjunction with the local incident team, use their own risk-based assessment to decide to what extent more relaxed visiting arrangements can be facilitated.
- It may be especially important for the dying person (or their family) to receive spiritual, emotional or religious support at this time. This can be assessed and provided by the healthcare chaplain, who is part of the multidisciplinary team, can assess and provide this or contact an external faith leader if required. Provision of the extra practical and emotional support that visitors may need in this situation should be co-ordinated

Appendix B: Practical advice and support for visitors

- **Prepare** the visitor for what they will see when they arrive in the care setting.
- **What to do on arrival** and if required arrangements to escort the visitor to the care setting by the shortest possible route.
- **Personal belongings:** Visitors should bring as few personal belongings as possible with them, e.g. bags, handbags, electronic devices, gifts and food for the patient.
- **Clothing:** Visitors should remove outer clothing, eg their coat or jacket, roll up their sleeves and clean their hands.
- **Personal protective equipment (PPE):** in some settings in addition to wearing a Surgical facemask visitors may be required to wear PPE. Staff will guide and support them in this. Going to the toilet and having had a small drink before putting on PPE can help avoid the need to remove it and put it back on during the visit.

- **Reassure** the visitor that they do not need to self-isolate following the visit as by performing hand hygiene and where required wearing PPE they are unlikely to present a risk to those they encounter.
- **Explain any limits to the length of time that the visitor can stay.**
- **Ensure that the visitor knows how to use the call bell** if they need anything or to signal when they want to leave.
- **The visitor may need comfort and support** during or after the visit. If possible, ask if they would like to be accompanied as they walk away from the care setting as this can be a particularly difficult time.
- **Give the visitor information about what will happen when their loved one has died**, including whether they will be able to see them in the clinical setting or in the mortuary and any limitations to that. Signpost them to emotional and spiritual support (chaplains and faith leaders can play an important role here) and bereavement support services.

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: 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.