

Visiting for End of Life Care or supporting someone with a mental health issue such as dementia, a learning disability or autism during COVID-19 precautions

On March 22nd 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.

Nationally and internationally there have been heart-breaking stories of people not being able to say goodbye when someone is dying and this is proving really hard for families and staff as we know we have just 'One Chance to Get it Right'.



This guidance details how we will do all we can to do the right thing and help our families to say goodbye.

One Chance to Get it Right:

On April 8th further national guidance was received regarding supporting someone with a mental health issue such as dementia, a learning disability or autism, where not being present would cause the patient to be distressed. This guidance applies to all inpatient, diagnostic and outpatient areas and should be arranged with the person in charge of the ward or department.

The risks

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

- From the relative coming in to visit; they may 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 thereby risking 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 has been pre-populated and requires confirmation of actions taken, who by and when. This must be retained on the ward.

Risk assessment form

Subject of risk assessment: Relatives visiting COVID-19 / suspected COVID-19 patients at the end of life.

Date of assessment: 01.04.20

Assessment completed by: (Name & role)

What is the risk? (to patients, staff, visitors or assets)	What is being done already to control this risk?	How much of a risk is this? *	What action (if any) needs to be taken to improve control of this risk?	Who is responsible for taking action? (name & role)	Expected completion date (dd/mm/yy)
Coronavirus cross infection risk to public and staff from relative attending the hospital and journeying to the ward.	<ul style="list-style-type: none"> National instructions and guidance. Suspended visiting other than in exceptional circumstances. Development of Family Liaison Team to support messaging and contact to isolated patients. Provision of video-calling for families 	Very High Risk	<ol style="list-style-type: none"> The relative (and where appropriate the patient too) must be informed and fully appreciative of the risks and be able to physically and emotionally abide by the precautions required. Only one relative may visit and as they will have been exposed they will not be able to visit again as they will need to self-isolate having been in contact with COVID-19 A staff member must meet the relative at the hospital entrance and provide appropriate PPE (face mask) and ensure the relative washes their hands. A staff member must explain the process for the donning and doffing of PPE (face mask with visor, gloves and apron) during the visit and act as the relatives buddy. 		
Coronavirus cross infection risk to public and staff from relative entering the closed ward.					
Coronavirus cross infection risk to relative from patient they are visiting.					
Coronavirus cross infection risk to public and staff from relative leaving the hospital and journeying to the ward.					

Version 2 Approved 02.04.20