

21 May 2020

**To: All Midlands Health and Social Care Leaders**

**Re: THE MIDLANDS CARE HOME CELL; Resources to support care of the dying in a Care Home Setting**

Further to our letter dated 20 May 2020 relating to resources supporting individuals becoming acutely unwell in a care home setting, I am writing to share with you a pathway to support care of the dying, and another relating to verification of death.

The attached pathways are collated from recently published guidance and lay out in straightforward flowchart format the steps that need to be taken to ensure each resident receives the most appropriate care in the most appropriate setting for their clinical and emotional needs; that staff are protected, and that the resident's wishes and expectations, including consideration of MCA responsibilities where appropriate, influence decision making around their care.

As per the discharge and acute illness pathways, please do note that the content of this document only applies within the current pandemic and are not applicable to BAU, and it is equally important to note the converse that BAU approaches do need to be modified to ensure local frontline services are able to operate as a system in order to mitigate the impact of SARS-CoV-2 virus on local communities.

Again: this document is **not intended to replace** the detailed work you will be doing involving all the key partners within your local systems. The document merely sets out the steps and guidance you will need to consider in developing your own plans in the context of the **specific needs of your local communities and the care home sector** within your area.

Best wishes



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## Pathway: Palliative Care - suspected COVID19

Covid 19 has had a significant impact on both health and social care settings, and it is important that we have a consistent approach to managing the spread of infection, supporting staff, respecting residents' individual needs and wishes, and ensuring people are in the setting most appropriate for their level of clinical need.

The attached pathway is a collation of published guidance (below).

It is intended to be complementary to that guidance and is subject to change as guidance changes.

Please do note that it is critical that in developing Advanced Care Plans (ACPs), you have followed best practice – **these are individual, considered conversations, that should not be rushed**, and where decisions are made on an individual basis.

The flow charts are intended to be used for support at system level and at an individual resident level.

### For systems:

It highlights key clinical and Infection Prevention and Control considerations (drawn from guidance) that would reasonably be expected to be included in any individual system pathway. It is understood that system capacity and ways of working will influence the most appropriate path to be taken through the flowchart; having a regional description of key components helps ensure a consistent approach is taken.

### For use with individual patients:

It lays out in a straightforward flowchart format the steps that need to be taken to ensure each resident receives the most appropriate care in the most appropriate setting for their clinical need; that staff are protected, and that the resident's wishes and expectations influence decision making around their care.

<https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>  
(BGS, 2020)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/878099/Admission\\_and\\_Care\\_of\\_Residents\\_during\\_COVID-19\\_Incident\\_in\\_a\\_Care\\_Home.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878099/Admission_and_Care_of_Residents_during_COVID-19_Incident_in_a_Care_Home.pdf)

<https://www.nice.org.uk/guidance/ng163>

<https://content.govdelivery.com/accounts/UKCQC/bulletins/283e565>

<https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-car>

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision>

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0393-clinical-guide-for-supporting-compassionate-visiting-arrangements-13-may-2020.pdf>

<https://elearning.rcgp.org.uk/mod/page/view.php?id=10537> (RCGP Resource Hub)

<https://www.rcn.org.uk/clinical-topics/infection-prevention-and-control/novel-coronavirus>

<https://www.gov.uk/government/publications/coronavirus-covid-19-verification-of-death-in-times-of-emergency/coronavirus-covid-19-verifying-death-in-times-of-emergency>

## Care Homes:

Ensure that the details of the individual's GP practice(s) are readily available together with family and NOK details

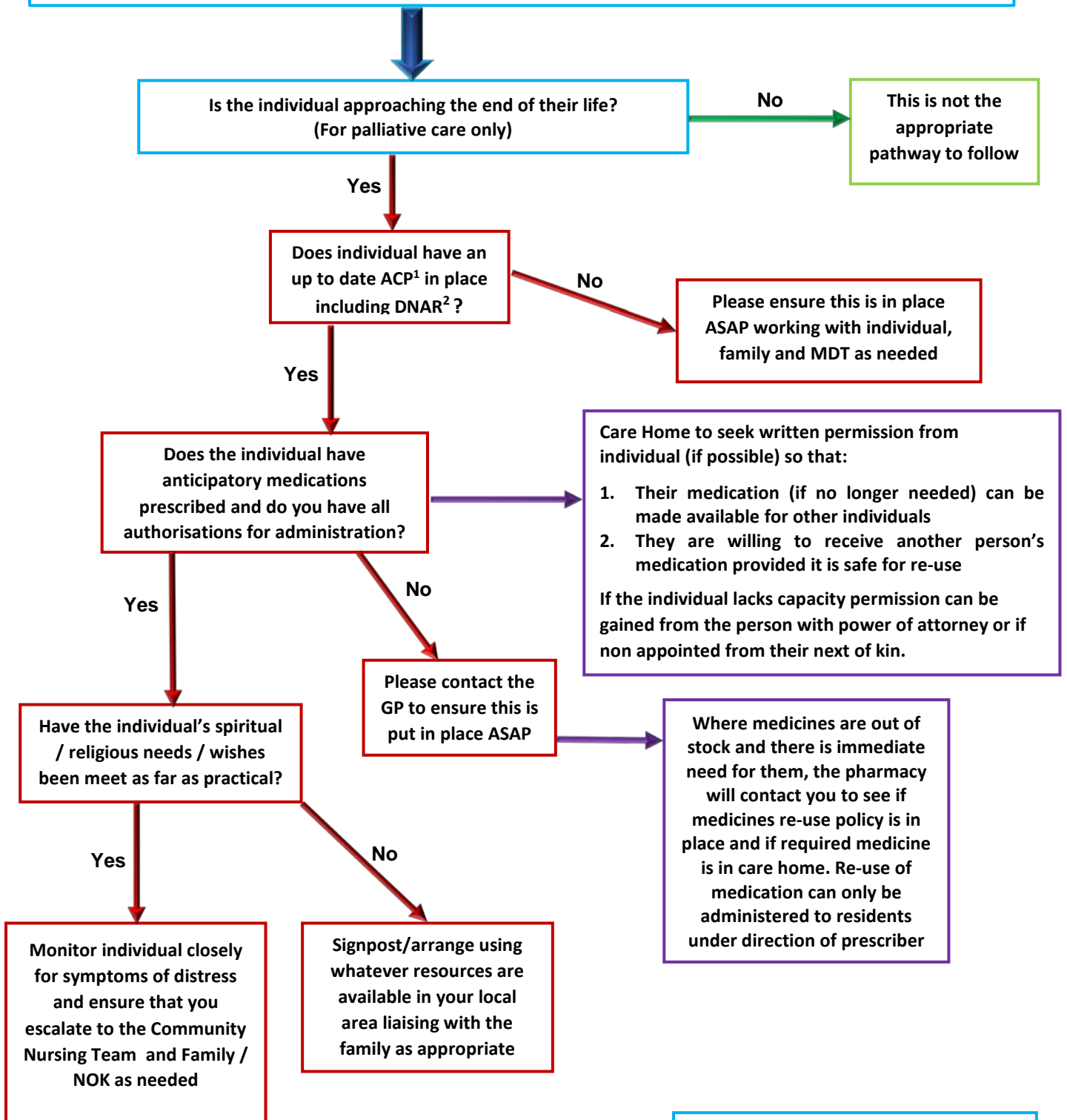
Ensure up to date ACP<sup>1</sup> is available for individuals (including DNAR<sup>2</sup>/RESPECT) as applicable

Care Home to have awareness of individual's spiritual / religious needs / wishes as far as practical

Multi-Disciplinary Team (MDT) support is available to this Care Home from \_\_\_\_\_  
(complete as applicable)

Ensure you are aware of the lead Healthcare Professional who is assuming the overall clinical responsibility for the delivery of care to the resident (e.g. GP / Palliative Care Doctor / Palliative Care Nurse)

Care Home should meet the IPC / isolation / cohorting requirements – please see Appendix 1



### Notes:

<sup>1</sup> - ACP – Advanced Care Plan

<sup>2</sup> - DNAR – Do not attempt resuscitation

# Appendix 1

## INFECTION PREVENTION CONTROL (IPC) REMINDER:

- When transporting the individual, you should wear a surgical face mask.
- All staff and carers to wear disposable gloves (single use), plastic apron (single use) and fluid resistant surgical mask (sessional use) for any care encounter or entering room. Eye protection should also be used if the individual is coughing or there is a risk of body fluids reaching the eyes.
- Transport to single occupancy ensuite / private facility room away from any shielding or immunocompromised individual.
- Clearly sign the room by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room
- Room door(s) should be kept closed where possible and safe to do so.
- Where this is not possible ensure the bed is moved to the furthest safe point in the room to try and achieve a 2 metres distance to the open door as part of a risk assessment.
- Individual does not leave room (including for meals) for 14 days.
- Staff caring for symptomatic people should also be cohorted away (please see below) from other care home residents and other staff, where possible/practical.
- Home to ensure it conducts individual risk assessment based on staff circumstances, as to who the best staff are to care for those individual. For example, staff who are – at increased risk from severe illness from COVID -19 should be carefully assessed when assigning duties.

## 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 advice 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.
- Clinical guide for supporting compassionate visiting arrangements for those receiving end of life care immediately after the visit.
- 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.

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0393-clinical-guide-for-supporting-compassionate-visiting-arrangements-11-may-2020.pdf>

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.

## Cohorting



Confirmed case of  
COVID-19



Symptoms of  
COVID-19



Close contact of  
symptomatic resident



No contact with  
symptomatic residents

Residents in the four groups above should be kept in separate cohorts where individual isolation is not possible, as much as practically possible. Staff should also be cohorted in this way.

Residents in the shielding group should be in a single room and should not share bathrooms or common areas with other residents.

## Pathway: Verification of Death

Covid 19 has had a significant impact on both health and social care settings, and it is important that we have a consistent approach to managing the spread of infection, and supporting staff, whilst treating residents and their families with dignity and compassion.

The attached pathway is a collation of published guidance (below).

It is intended to be complementary to that guidance and is subject to change as guidance changes.

The flow chart is intended to be used for support at system level and at an individual resident level.

### For systems:

It highlights key clinical and Infection Prevention and Control considerations (drawn from guidance) that would reasonably be expected to be included in any individual system pathway. It is understood that system capacity, ways of working, and personal considerations will influence the most appropriate path to be taken through the flowchart; having a regional description of key components helps ensure a consistent approach is taken.

### For use with individual patients:

It lays out in a straightforward flowchart format the steps that need to be taken to ensure a timely verification of death, whilst respecting staff sensibilities and preventing the spread of infection.

<https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>  
(BGS, 2020)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/878099/Admission and Care of Residents during COVID-19 Incident in a Care Home.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878099/Admission_and_Care_of_Residents_during_COVID-19_Incident_in_a_Care_Home.pdf)

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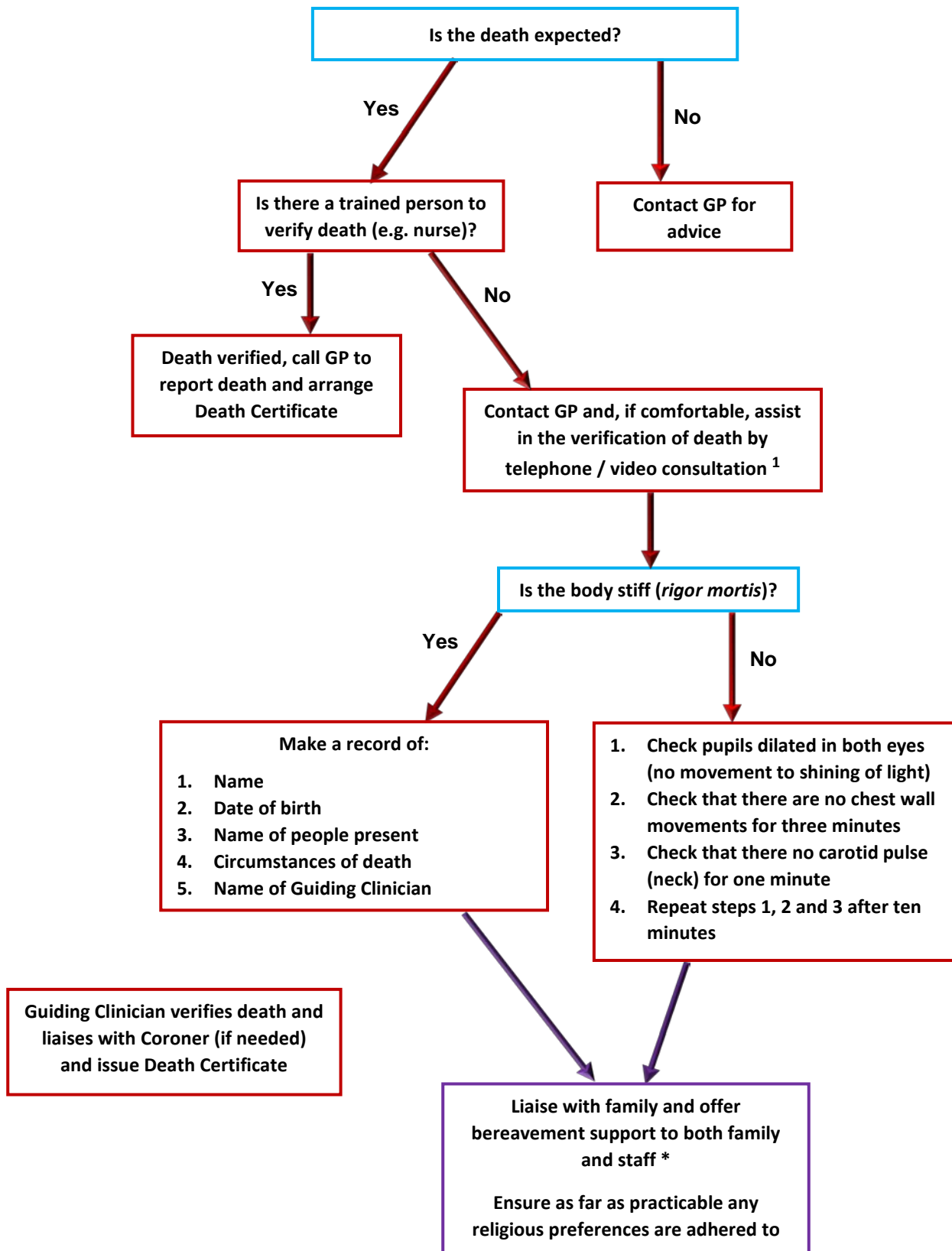
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<https://elearning.rcgp.org.uk/mod/page/view.php?id=10537> (RCGP Resource Hub)

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<sup>1</sup> - Non-medical professionals should not experience any pressure to verify deaths. If they are not comfortable or equipped to verify, they should defer to medical colleagues (Community Nurses / Paramedics / individual's GP)

# Notes

## Verification of death PPE:

There is likely to be continued risk of infection from the body fluids and tissues of cases where COVID-19 is identified (either clinical or laboratory confirmation). In all cases carers must:

- Wear disposable gloves
- Wear disposable plastic apron
- Wear fluid-resistant (Type II R) surgical mask (FRSM)
- Wear disposable eye protection
- Body bags not required
- Viewing by family permitted - there is a small risk to visitors from contact with the deceased. Wear PPE as above

## Cleaning following care:

- Use disposable cloths / mop heads to clean and disinfect all hard surfaces, floor, chairs or door handles, etc. Use either:
  1. Use a combined detergent disinfectant solution at the dilution of 1000 parts per million (ppm) available chlorine
  2. Use a neutral purpose detergent followed by disinfection (1000 ppm available chlorine)
    - Follow manufacturer's instructions for dilution / application and contact times
    - Any cloths and mop heads must be disposed of as single use items
- Clean all reusable equipment systematically from top/furthest away point
- If carpeted floors, consult the manufacturer's instructions for a suitable alternative, followed or combined with detergent cleaning

## Care after death:

- Mementoes and keep sakes must be placed in a sealed plastic bag and family advised not to open for seven days
- Deceased resident's property to be handled by staff using PPE (as above). Clothing should ideally be disposed of. If clothes must be returned to family, double bag, tie securely and inform family of the risks
- \* Offer bereavement support for both family and staff

### Bereavement support

- During this difficult time, you may be struggling with the loss of friends, family members or colleagues. Being isolated from friends and family can make feelings of grief much more intense.
- Hospice UK have launched an Adult Social Care Bereavement and Trauma line. You can speak to a specialist counsellor at 0300 303 4434. They are available between 8am and 8pm to support you if you have experienced a bereavement, have witnessed traumatic deaths as part of your work or need to discuss any other anxiety or emotional issues you are experiencing as a result of the COVID-19 pandemic.
- [Cruse Bereavement Care](#) offers advice and support on dealing with bereavement and grief during the coronavirus outbreak.
- [At a Loss](#) provides signposting to other services across the UK that can provide resources and support to those that are bereaved.