

From the Chief Nursing Officer
Professor Charlotte McArdle



BY EMAIL:

Department of Health
C5.14
Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: **I&S**
Email: Charlotte.McArdle@health-ni.gov.uk

Date: 11 May 2020

Dear Colleagues,

RE: Update to visitor guidance to in-patient health settings in times of Coronavirus (COVID-19)

On 9th April 2020 I issued advice on restricting visitors to in-patient healthcare settings during the Coronavirus (COVID-19) pandemic. At this time the approach taken in Northern Ireland was to prohibit visiting in Intensive Care Units. I appreciate that staff found this a consistent message and to date in the majority of cases this has been adhered to. As we emerge from the peak of the COVID-19 surge I have received many requests to relax this approach and to facilitate where possible the opportunity for family members/loved ones to have the opportunity to spend some precious time with their dying relative.

I have therefore consulted with a wide group of staff and I have sought advice from CCaNNI on this issue specifically relating to ICU. As a result I would draw your attention to the Principles attached at **Annex A**. This updated guidance, to be used alongside the previous published guidance, outlines the principles for facilitating visiting for patients who are approaching the end of their life particularly but not limited to those patients in Intensive Care Units. The guidance applies equally to care home settings and other community settings as well as hospitals.

3.3.1 People have the right to be with a loved one/family member/next of kin at the time of death and this should be respected and accommodated where possible. This is the expectation of the CMO/CNO and the health Minister for NI.

3.3.2 Family members and/or the loved ones of a patient dying from COVID-19 must be able to make an informed decision about whether visiting is the right thing for them or the patient in their particular circumstances.

3.3.3 Where possible, and as early as possible, staff caring for patients with COVID-19 should record the patient's wishes about their end of life care and should identify the person they wish to have with them during their dying moments.

3.3.4 Staff should, with the patient's permission, share this information with family members as early as possible in the patient's COVID-19 care journey.

3.3.5 Only in extreme cases should family members/ loved ones next of kin be denied the possibility to be with a patient at the time leading to or of death. Where this is the case the reasons should be clearly outlined to the patient and his/her family members and/or loved ones.

3.3.6 Care facilities are entitled to limit the frequency of visits, duration of visits, or numbers of visitors in accordance with the risk to other patients, other care staff, or other practical considerations in the care setting. However, the reasons for this must be documented and be in accordance with the framework outlined above.

3.3.7 Organisations especially those with limited space may limit the number of visitors to one at a time - when this is the case the situation should be explained clearly to those wishing to visit. In any case there should be no more than 2 people visiting at any one time.

3.3.8 Infection prevention and control requirements should not be so rigid as to prevent family members/loved ones from saying goodbye in as humanely a way as possible- this includes the ability for them to hold hands and touch the dying person.

3.3.9 When face to face visits are being accommodated visitors should be made aware of the PPE requirements and should be supported to adhere to these. Only where visitors are able and willing to comply with PPE requirements should the visit be facilitated/permitted.

3.3.10 In all cases, visitors must agree to undertake the subsequent isolation and quarantine restrictions appropriate to the contact that has occurred in association with their visits.

3.3.11 Where face to face visiting cannot be accommodated the reasons should be explained to the family and the patient and all efforts to accommodate virtual visiting should be made.