

Compassionate Visiting Access at End of Life in Intensive Care Units

Background

On 26th March the Permanent Secretary and HSC Chief Executive wrote to the health service in relation to preparations for COVID-19 surge. In that document it was noted that “all general hospital visiting across Northern Ireland has stopped”. Exceptions were detailed, which included Critical Care areas, where one visitor was permitted to visit with the duration and timing to be agreed in advance with the Ward Sister or Charge Nurse.

On April 9th, 2020 a COVID-19 Visiting Update for Health and Social Care was published. This update stated that:

“With immediate effect all intensive care and general hospital visiting across Northern Ireland has now stopped.”

Although palliative (end of life) care outside of Intensive Care was listed as an exception, there was no exception for those patients receiving end of life care within Intensive Care Units.

At the COVID-19 press conference on April 16th, 2020 Minister Swann made the following comments in relation to visiting at the end of life in Intensive Care:

“There is a particular issue with visiting COVID patients in Intensive Care wards. However, today I have spoken to a number of senior clinicians and their collective expert opinion is that allowing significant numbers of visits to ICUs presents too significant a risk given the serious risks of infection, especially if PPE is not donned and doffed in the correct manner. Such visits present a real challenge to both visitors and staff. However, this is something that I have asked the Northern Ireland Critical Care Network to currently review”.

CCaNNI have undertaken a rapid review of the current situation with respect to visiting within Northern Ireland Intensive Care Units at the end of life and views of the service on the barriers that would have to be overcome to enable this to happen safely in selected cases. This consisted of communication with senior medical and nursing staff in Intensive Care Units.

Part A – Medical Leads

Clinical Leads (medical) were asked to respond urgently to the following 14 questions:

1. Does your unit recognise end-of-life as a special circumstance and allow loved one(s) to visit, where possible?
2. If no, what are the reasons for not allowing visiting?
3. If yes, how many relatives do you allow to visit, and how often?
4. Do you have a written unit SOP/policy on this?
5. How do you organize access to the hospital, and from there access to the unit?
6. Do you have someone meet the relatives on entry to the hospital to shepherd them to the unit?
7. Do relatives apply PPE e.g. mask, apron & gloves on entry to hospital before they walk to ICU?
8. What PPE do you provide for access to the ICU?
9. Do you screen relatives for symptoms prior to entry, or assume all are potentially infected?
10. What information do you provide to relatives about the risks of entering the ICU area and of infection?
11. Do you ask relatives to sign a document which outlines the risks and their acceptance of them?
12. Logistically, how feasible is it to use side-rooms for end-of-life care in your unit?
13. Do you have any other comments about facilitating visiting for compassionate reasons at end-of-life in ICU?
14. Do you have any comments on the usefulness of the Joint IPS/BACCN statement “Facilitating compassionate care for patients dying with COVID-19”?

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Responses were received from the following adult Intensive Care Units:

- Regional Intensive Care Unit (RICU), Royal Victoria Hospital
- South West Acute Hospital
- Belfast City Hospital (Nightingale)
- Ulster Hospital
- Craigavon Area Hospital
- Antrim Area Hospital
- Altnagelvin Area Hospital

Question 1: Does your unit recognise end-of-life as a special circumstance and allow loved one(s) to visit, where possible?

Only 2 units currently facilitate visits at the end of life. One of these units cares predominantly for non-COVID-19 patients and the visits are facilitated to this patient group at end of life. The other allows end-of-life visits to patients with COVID-19 also.

Question 2: If no, what are the reasons for not allowing visiting?

Reasons cited for not allowing visits, in line with 9th April advice, included:

- Risk of infection from relatives to staff
- Insufficient staff numbers to facilitate it
- Insufficient PPE to facilitate it/protecting PPE supply
- Congested clinical areas
- Minimising movement of people through the hospital
- Protection of other patients
- Protection of the visitors from risk of infection
- Difficulty with donning and doffing
- Keeping a simple visiting message
- Ensuring families who have lost a relative are treated the same as the next family (change when lockdown rules change)
- At odds with social distancing advice
- National and regional guidance

Question 3: If yes, how many relatives do you allow to visit, and how often?

In relation to non-COVID-19 patients, the number and frequency of visits at end-of-life was at the discretion of the Consultant and Nurse in charge. In the Unit with COVID-19 patients, visits allowed from 1 relative, trying to limit to 1 visit when death felt to be imminent, with the Nurse in charge having final discretion.

Question 4: Do you have a written unit SOP/policy on this?

No Intensive Care Unit reported having a standard operating procedure or policy on end-of-life visiting during the pandemic.

Question 5: How do you organize access to the hospital, and from there access to the unit?

Access to patients in RICU was via normal access routes up 17/4/20 as full PPE was not in use in the Unit. The Unit with COVID-19 patients made contact with relatives by phone and had a separate access to the critical care building, allowing relatives to be met at the ICU and escorted from there.

Question 6: Do you have someone meet the relatives on entry to the hospital to shepherd them to the unit? Response to this question covered in Question 5.