

Advice and supporting guidance for end of life care for residents in Housing with confirmed/suspected Covid-19

Scope of the document

This guidance is intended for use across all rented, homeownership and extra care housing locations during the Covid-19 crisis.

Summary

The involvement that you have with an individual at end of life and the death of a resident on a housing location is likely to vary greatly dependent on what type of location you manage. Infection control measures and current government guidelines around social distancing apply to all. Other guidance will need to be adapted to suit local resources, tenure type and each individual's unique situation.

Background principles

End of life care is the care and support that is provided to a resident in the last days of their life. The general care and support that can be safely provided during a pandemic may be more challenging and need to differ from the ideal, but the principles for all services of treating the resident and their families with dignity and respect does not change.

If death is as a result of a suspected or confirmed case of Covid-19 all colleagues and visitors should be aware that there is a continuing risk of infection from handling the body or coming into contact with bodily fluids and additional precautions can be implemented to safeguard everyone. Whilst much of this care will be provided by regulated services – care providers, health professionals and community palliative care teams - you may retain an important role in supporting the individual and close family through this emotionally intense and challenging time.

End of life care

The term 'End of Life' can be interpreted in many ways, for the purposes of this guidance it refers to the last few days of an individual's life.

Last days of life

The decision that a resident is considered to have entered the last few days of life will be made by a medical professional and discussed with the individual and essential care / health providers. A discussion may also take place with relatives, local housing

managers and anyone else that the individual may wish to know or who supports them.

If you are aware that a resident has completed an Advance Care Plan or Respect form (also known as DNR or DNACPR), it is important that the individual is reminded to have this displayed where it can easily be seen by those providing care or attending in an emergency in order that their preferences are supported. This is the case whether someone is receiving palliative care or not.

If the resident is willing or able to talk about their plans encourage them to do so with family, friends, carers or yourselves - whoever is best placed to have and support those conversations.

Visitors

We also need to make every effort possible to ensure that residents, who are in the last days of their lives, are enabled to have key visitors in line with government guidance. The comfort brought to a dying person and their families, by being able to be together at this time, cannot be underestimated. However, it is important for the protection and safety of everyone else on the location that this is as closely managed as possible dependent on resources and tenure type.

If and when managers are aware of visitors, the following guidance should be encouraged as best practice.

- Current organisational and government restrictions will continue to apply to all residents, apart from those deemed to be in the last days of their lives.
- Wherever possible it is important to work closely with anyone providing care or support to an individual in the last few days of life – this may be care providers, community palliative care team, spouse, family, medical and specialist practitioners. At a time of stretched medical and care resources much of the end of life care may fall on immediate family members.
- To avoid unnecessary distress, sensitive but clear communication with the immediate family of any resident identified as end of life will help manage visiting, procedural and practical expectations at this time.
- Visiting needs to be for immediate family only - if there is a large family group, government advice is that visiting should be staggered, with ideally only two family members visiting at a time.
- In line with government guidance all visitors should be free of the symptoms of Coronavirus/Covid-19 and not in self-isolation.
- It may be possible to enable the family to remain connected by using alternative means of communication e.g. Skype, WhatsApp. Whilst this situation is likely to be very upsetting for everyone, it is vital at this time that other vulnerable residents and colleagues are not put unnecessarily at risk of infection

- Identify the quickest and most direct route from the entrance to the resident's flat, in order that visitors can avoid contact with anyone else.
- There should be clear signs denoting the handwashing area which should be fully equipped with soap, paper towels and waste bin. Visitors should be encouraged to abide by government guidelines and practising social distancing within the location.
- In line with government advice visitors are advised to wear PPE if visiting someone who is symptomatic. This would need to be provided by themselves. Visitors should be advised to remove it before leaving the flat and dispose of in line with current advice (bagged for 72 hrs within the flat before being disposed in normal way see Disposal of Rubbish Guidance, The Bridge).
- Visitors are asked to remain in the resident's flat for the duration of their visit. On their visit to/from the flat, they are requested to maintain a minimum two metre 'social distancing' from all other colleagues and residents
- Only facilities in the residents' flat should be used by visitors, they should not access communal toilet facilities elsewhere in the building other than initial handwashing.
- Wherever possible additional cleaning of door handles and toilet doors needs to take place after any visit. This reduces any risk of cross infection but will be challenging on many locations due to resources and timings of visits.
- Where possible, immediate family should be supported through this time, if not in person then by a supportive, courtesy telephone call.

Actions in event of death

When the resident has died it is important that wishes and preferences expressed in any Advance Care Plan are followed and the family supported as much as possible.

In exceptional circumstances if a death is expected and next of kin is unlikely to be available, it's recommended that the location manager has discussed this with the individual or Next of Kin and has written confirmation of any required actions in advance. This would mean that when death occurs anyone on site or on-call is in a position to contact the preferred funeral director and ensure that the registered GP is informed as soon as practical.

During the Coronavirus pandemic there may be occasions when the length of time taken for the funeral director to collect the resident's body may be longer than usual.

Confirmation of death

There may be occasions, due to the pressure on GPs and health services during these unprecedented times, when this takes significantly longer than usual

Care after death

If death is unexpected

The body of the deceased should not be touched. Heating turned off. GP contacted to

attend and confirm that life is extinct. Next of Kin informed. The flat vacated and locked until the arrival of a medical professional and the local police have confirmed the death is not suspicious. This is in line with normal procedure.

If Covid-19 isn't suspected

If the deceased resident has had no signs of infection, the after-death process should continue as usual, maintaining their dignity and privacy. Family or care providers may carry out basic after death care as normal in line with the deceased wishes if known. If no family are present the heating should be turned off and the flat locked until the GP or medical professional has attended.

If Covid-19 is confirmed or suspected

- Colleagues will need to ensure that everyone maintains a distance of at least 2 metres (3 steps) or are in another room from the deceased person.
- If family or care colleagues need to provide care for the deceased person this should be kept to a minimum and appropriate personal protective equipment is advised to be worn as the virus remains infectious and may be exhaled during the process. The resident should continue to be treated with dignity
- The undertaker **MUST** be informed that the resident has had suspected/confirmed Covid-19 so that they can take necessary steps. Be aware that collection of the body may take longer than usual.
- If collection of the body is delayed for any reason the heating must be turned off and the temperature of the room remain cool, open windows slightly if necessary. The room must remain locked and colleagues and next of kin (NOK) should be informed that the deceased remains in the room and they should not enter. If you are aware that your local area is experiencing a high volume of deaths it may be worth speaking to or advising family to contact their preferred undertakers in advance as they may be able to offer some practical support to minimise any effects that may occur with a delay in collecting the deceased.
- If there is a delay in the collection of the deceased, the relatives should be informed and then notified again when the deceased has been collected and transferred to the undertaker's care.
- Complete an updated coronavirus notification form.
- Once the resident's body has been removed their flat should remain locked for 72 hours with the advice that no one is to enter the flat during this period of time.
- After 72 hours immediate family may visit to remove personal belongings and perishable goods. It is advised that personal protective equipment (PPE) is worn. All waste from the resident's room and PPE must be bagged and removed from the room and then placed inside another bag. These bags can then be disposed of safely in the normal way.
- Family may be self-isolating and unable to visit. To prevent an environmental hazard with NOK or relevant local authority permission and if resources allow, following the master key policy 2 colleagues may enter the flat after 72 hours to remove perishable items only. Pictures of goods removed should be taken and

stored for future reference if necessary. The flat should then be locked. See Void to Let Guidance – Coronavirus.

Should family and loved ones who were not present at the death wish to view the deceased resident this will need to take place at the funeral directors, not on location.

Colleague support

As with any death of a resident, colleagues may be distressed and need support from their colleagues and managers. The possibility of an increased number of deaths at this time may cause additional upset.

The Colleague Advice Line 000000000 is available for those who may need further support.