Guidance on Control of COVID-19 in Specialist Palliative Care In-patient Units

National Guidance Document

V1.0. 03.11.2020

Version	Date	Changes from previous version
V1	03.11.2020	Initial guidance

All HPSC guidance should be read and interpreted in conjunction with the Government's Framework of Restrictions

Scope of this Guidance

This guidance is intended for healthcare professionals working in specialist palliative care in-patients' units. It is recommended that wherever possible support of Infection Prevention and Control Practitioners is accessed to support implementation. For additional guidance or to confirm that you are using the most current version of this guidance, please go to www.hpsc.ie

Summary of Key Recommendations

In all healthcare settings, Infection Prevention and Control (IPC) practice must be applied with due regard to the needs of the individual person cared for and their family and friends. This requirement merits attention in the context of palliative care in general and in particular in the context of end-of-life care.

Each specialist palliative care in-patient centre should evaluate the intensity of care delivered in the centre to determine if the intensity of care is most closely similar to an acute hospital or most similar to a community hospital/long-term care facility. It may be that individual sections within a centre may be categorized differently and will apply different guidance.

Each specialist palliative care in-patient centre should implement either:

1. Acute Hospital Approach
   Acute Hospital IPC Precautions for Possible or Confirmed COVID-19 in a pandemic setting.
   https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/
   and
   COVID-19 Guidance on visitations to in-patient Areas of Acute Hospitals including Children's Hospitals, rehabilitation services and other healthcare settings providing a similar intensity of care
   https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/visitorsvisiting/Guidance%20on%20visitations%20to%20Acute%20Hospitals.pdf

OR

2. Long-Term Residential Care Facility Approach
   Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/RCF%20guidance%20document.pdf

and

Interim Public Health, Infection Prevention & Control Guidelines on: Admissions, Transfers to and Discharges from Long Term Residential Care Facilities during the COVID-19 Pandemic

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/Guidelines%20on%20admissions%20transfers%20to%20and%20discharges%20from%20RCF.pdf

and

COVID-19 Guidance on visitations to Long Term Residential Care Facilities

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/Guidance%20on%20visitations%20to%20LTRCF.pdf

Given the specific needs of people cared for in specialist palliative care in-patient services all reasonable efforts should be made to accommodate visiting with due regard to the safety of all service users and staff. With that in mind, it is important to take a broad view of the meaning of visiting in critical and compassionate circumstances as outlined below.

Background

The following background to palliative care services in Ireland comes from "**The adult palliative care services model of care for Ireland**" which states that its aim is that "Every person with a life-limiting or life-threatening condition can easily access a level of

> There are few if any circumstances in which there is an Infection Prevention and Control justification that is sufficient to require a person to die without the support of a person of their choice who understands the risks and choses to be there.
> A person who chooses to be there at this time should be offered all possible support to minimise the risk to themselves and to others.

palliative care appropriate to their needs, regardless of care setting or diagnosis, in order to optimise quality of life".

"Palliative care is care that improves the quality of life of patients and their families who are facing the problems associated with life limiting or life-threatening illness. Palliative care prevents and relieves suffering by means of early identification, impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems. Palliative care is understood as both a set of principles that underpin an approach to care, and as a type of service that is provided. In Ireland, palliative care services are organised into specialist and non-specialist services that operate in partnership as part of an integrated network of providers.

Many people still think of palliative care as care provided at the very last stage of life, around the time of death. However, in the last 20 years the scope of palliative care has broadened to providing palliative care at an earlier stage in the disease trajectory. In this model of integrated palliative care provision, palliative care is not dependent on prognosis and can be delivered at the same time as curative treatment. While the broader definition is far from the original idea of terminal or end of life care it does still include it. As Cicely Saunders stated "you matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die."

Palliative care is delivered in homes, clinics, hospital and in specialist palliative care in-patient units. Existing IPC guidance for care in the community and for hospital care applies to palliative care delivered in those settings. The Model of Care document, mentioned above, refers to 236 in-patient beds provided by 9 palliative care organisations in 11 locations. It is with respect to these in-patient beds that there is a requirement for guidance regarding IPC practice in the context of COVID-19. The specialist palliative care in-patient services are quite heterogeneous reflecting differences in the emphasis or focus required for the care of people with very different care needs. In some units, the intensity of care is comparable to that delivered in an acute hospital setting and the person's journey involves frequent transitions between specialist palliative care in-patient services and acute hospitals. In other units, the focus is more on care in the setting of advanced disease and for people who have decided that they will not return to the acute hospital sector.

In all healthcare setting, the principles of Standard Precautions are essential to control the risk of healthcare associated infection. Transmission Based Precautions are always in addition to Standard Precautions. General guidance on IPC for all settings is available in the Interim Guidance on IPC for the Health Service Executive 2020 available at https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/hseinfectionpreventionandcontrolguidanceandframework/Interim%20HSE%20Guidance%20on%20IPC.pdf

There is a particular challenge in relation to end of life care for people infectious with COVID-19 because of the need to minimize elements of IPC practice that are intrusive while ensuring that other people using the service and healthcare workers are protected to the greatest degree practical from acquiring COVID-19.

Recommendations

Given the heterogeneity of practice, it is not appropriate to proscribe a common approach to IPC for all specialist palliative care in-patient settings. Therefore, the following is recommended with respect to specialist palliative care in-patient settings.

1. In all healthcare settings, IPC practice must be applied with due regard to the needs of the individual person cared for, their family and friends and the healthcare workers who provide care. This requirement merits attention in the context of palliative care in general and in particular in the context of end-of-life care.
2. Each specialist palliative care in-patient centre should evaluate the intensity of care delivered in the centre and within each discrete section of the centre to determine if the intensity of care is most closely similar to an acute hospital or most similar to a community hospital/long-term care facility. It may be that individual sections within a centre should be categorized differently.

3. Each specialist palliative care in-patient centre should implement the national COVID-19 Guidance relevant to the acute hospital setting or long-term residential care facility as appropriate based on their evaluation.

4. A broad view must be taken of the meaning of visiting on critical and compassionate grounds as follows.

Critical and compassionate circumstances are difficult to define and of necessity require judgement. The term should not be interpreted as limited to circumstances when the death of a person is imminent. A compassionate approach to care is relevant in all settings but has particular relevance to specialist palliative care in-patient units.

Subject to a risk assessment in each case, other examples of critical and compassionate circumstances may include:

- Circumstances in which a person is significantly distressed or disturbed and although unable to express the desire for a visit there is reason to believe that a visit from a significant person may relieve distress.
- When there is an exceptionally important life event for the person (for example death of a spouse or birthday).
- When the visitor may not have another opportunity to visit for many months or years or never (for example because they are leaving the country or are themselves approaching end of life).
- Increased visiting is recommended by their doctor as a non-pharmacological therapeutic alternative to an increased dose of an existing agent or introduction of a new anxiolytic or sedative agent.
- A person expresses a strong sense of need to see someone whether for personal reasons, to make financial or other arrangements or to advocate on their behalf.
- A person nominated by the person cared for expresses concern that a prolonged absence is causing upset or harm to that person.
- Other circumstances in which the judgement of the medical or nursing staff or other staff member caring for the person is that a visit is important for the person's health or sense of wellbeing.

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