



Advance Care Planning and Care After Death: Community COVID-19 Guidance

This advice is for cases where COVID-19 is suspected or confirmed. If tested and awaiting results, treat patient as high risk during care after death.

The utmost consideration and care must be given to the safety of other carers and staff by maintaining infection control procedures at all times. The Swan Bereavement team, the Mortuary team, Trinity Hospice and Coroner's Offices can be contacted for additional support and guidance.

Full PPE should be worn in care after death in line with Trust advice. Further PPE guidance can be found at:
[http://fcsp.xfyldecoast.nhs.uk/E/emergencyplanning/Pages/Coronavirus-\(2019-nCov\)-.aspx](http://fcsp.xfyldecoast.nhs.uk/E/emergencyplanning/Pages/Coronavirus-(2019-nCov)-.aspx)

Advance Care Planning

Background

The UK population is aging and many more people are living with chronic illness and multiple comorbidities. A third of all patients admitted unexpectedly to hospital are in the last year of life. **Advance Care planning is of value at any time** for palliative and frailer patients with underlying health conditions. The current risk of an acute deterioration from Covid-19 infection makes it even more important.

In the event of an acute deterioration from Covid-19, NICE Guidance (March 2020) indicates patients with a frailty scale score of five or more have an uncertain benefit from critical organ support.

Consideration

Open, honest and sensitive conversations should take place regarding ceilings of treatment and overall goals of care with all palliative and frailer patients (where appropriate). Acknowledging this and discussing what is important to the patient and family may inform decisions around ceilings of treatment.

This enables those with significant potential to recover to receive the appropriate level of care and that those unlikely to survive an acute deterioration (from whatever cause) receive good, appropriate, individualised and patient centred care at end of life.

Consider discussions around preferred place of death and care

Consider a DNACPR in line with national guidance

If a DNACPR form is commenced in hospital, this must be communicated to the GP practice; the requirement for a GP countersignature on discharge has been suspended.

Document in clinical notes and the Electronic Palliative Care Coordination system (EPaCCS)

Community Support

- Good practice in providing symptom control at end of life is described in the Clinical Practice Summary and is helpful for all patients dying of any illness including COVID-19: Guidelines on consensus to managing Palliative Care Symptoms (NHS North West Coast Strategic Clinical Network 2017),
https://www.nwscnsenate.nhs.uk/files/4615/0661/0362/Clinical_Practice_Summary_-_Lancashire_South_Cumbria_Consensus_Guidance.pdf.
- There is also a Fylde Coast specific guidance on community symptom management in the last days of life where there are shortages of syringe drivers or insufficient healthcare professionals to facilitate frequent subcutaneous injections (during COVID-19 outbreak). This can be found on Trinity Hospice's website <https://www.trinityhospice.co.uk/education/health-and-social-care-professionals/end-of-life-care-plan/>
- Both pieces of guidance provide information on non-drug measures to help with symptoms such as breathlessness and delirium (acute confusion) where community and care home staff can play a key role.
- The community team at Trinity has expanded their virtual clinic to become "trinity virtual hub". The hub will be held Monday- Friday, 9am -11am to support care homes, nursing homes and the enhanced primary care teams in community. The neighbourhoods, care home team and Clifton can contact Trinity Hospice between these times using Cisco Jabber for support in managing their palliative care patients.

TRINITY VIRTUAL HUB: CALL VIA CISCO JABBER (01253) 952597

Trinity Hospice have enhanced the medical support to the community specialist palliative care team who will also be available for advice to GPs, community teams and care home staff via the number below.

**24 HOUR SPECIALIST PALLIATIVE CARE ADVICE ACROSS THE FYLDE COAST COMMUNITY VIA TRINITY HOSPICE:
(01253) 952566**

Verification of Death

Verification of expected death can be undertaken by any registered health care professional, who has undertaken specific training.

Covid19 is a natural cause of death and deaths can be verified.

- Within working hours, the HCP verifying the death must inform the patient's GP either verbally or by recording it in the GP notes.
- Out of hours, the HCP verifying the death must inform the Urgent Care Centre who is then responsible for informing the patient's GP.
- The HCP should notify the next of kin and liaise with them regarding contacting the funeral director.

Information for Relatives

- Contact with relatives and loved ones is important; where families/carers are unable to visit please consider the use of digital technology (i-Pad, Skype etc.)
- Please discuss with the patient and loved ones any personal wishes. Keepsakes (e.g. locks of hair) can be offered and taken **at time of death**. These **CANNOT be offered once the deceased is in a body bag**. Jewellery must be placed in a sealed bag and the family advised not to open the bag for 72 hours.

Chaplaincy and Spiritual Care Guidance

- Not all spiritual needs are religious. Some will talk about the need to speak with family, a quiet moment, hear a piece of music, or simply want to articulate how they feel.
- Before death - establish if the patient has any specific religious needs they would wish to have observed. If more clarity is required, always ask the next of kin. This should be documented.
- Do not make assumptions about what may/may not be required. Some patients align themselves to a faith in name only, others have been practising their faith for years.
- Where the spiritual needs around an anticipated death or care of the deceased are complicated, specialist advice is available from the Chaplaincy and Spiritual Care Department.
- There is 24/7 On-Call Chaplaincy for urgent calls. This is accessed by ringing the Hospital Switchboard. Non-urgent referrals can be left on the Department telephone: (01253) 953876
For more information, please see: 'Chaplaincy and Spiritual Care Provision' [CORP-PROC-588.docx](#)

Transfer of the Deceased Patient to Funeral Directors

Body Bags MUST be used for suspected and confirmed COVID-19 patients.

Funeral Directors should be informed beforehand if the deceased patient for transfer is suspected or confirmed to be infected with COVID-19. The Funeral Director will provide a body bag which must be used for the transfer of all suspected or confirmed COVID-19 patients.

A cloth should be placed over the mouth of a deceased patient with suspected or confirmed coronavirus to help prevent the release of aerosols when moving the patient. The cloth can be a clean flannel, folded pillowcase or Conti Wipe.

Further information and guidance on care of the deceased with suspected or confirmed coronavirus can be found at <https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19>

Completion of Death Certificate & Cremation Forms (Doctor's responsibility)

The new guidance requires a Doctor to issue a Medical Certificate Cause of Death (MCCD) if they are satisfied that they can state the cause of death, which is natural, to the best of the Doctor's knowledge and belief, *and* they "*attended*" on the deceased within the previous 28 days *or* they have viewed the body after death (this has to be seen in person).

There is no clear legal definition of "*attended*" but it is generally accepted to mean a doctor who has cared for the patient during the illness that led to death and so is familiar with the patient's medical history, investigations and treatment. "*Attended*" would include any of the following whilst the patient was alive:

- A consultation by any audio-visual communication (FaceTime, video link etc. but not telephone)
- A medication review involving consideration of the patient's condition
- A review of the patient's medical history and treatment by a doctor, such as may occur after discussion with another healthcare professional (such as an Advanced Nurse Practitioner who has seen the deceased whilst alive).

The doctor has a legal duty to complete an MCCD and arrange for delivery of it, which can now be electronically transferred, to the relevant Registrar as soon as possible.

The completion of a 'Crem 5' form has been temporarily suspended (i.e. a second doctor does not need to complete the second part of the Crem form)

Registration of the Death

- With immediate effect all MCCDs will be scanned and electronically sent to the Registrars.
- Families will be asked to book an appointment to register the death using the online booking system at www.blackpool.gov.uk/deaths or by phone (0300 123 6705). For Lancashire patients information can be found at <https://www.lancashire.gov.uk/births-marriages-and-deaths/deaths/register-a-death/>
- All death registrations will now be done over the phone.
- Please ensure relatives have all the information they need for the appointment by providing them with the 'For You in Your Loss' book.
- Further information and guidance regarding registering a death can be found at: <https://www.blackpool.gov.uk/Residents/Life-events/Registering-a-death.aspx>