COVID-19: REGIONAL PRINCIPLES FOR VISITING IN NORTHERN IRELAND

A Pathway to Enhanced Visiting

(First Published 30 April 2021)

Anyone showing or experiencing the symptoms of COVID-19 or any other infection should not visit, even if these symptoms are mild and unconfirmed. Similarly, those who have been in contact with someone diagnosed with COVID should not visit.

In these circumstances the individual should remain at home and follow the latest public health advice on self-isolation and testing

All people visiting/attending Health and Social Care Settings will be required to adhere to all public health advice such as maintaining social distance and wearing face coverings for the foreseeable future.

Children under the age of 13 and others listed in the face covering guidance here are exempt from wearing a face covering

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Current Version effective from: 20 October 2021

This document replaces, in its entirety, the relevant elements of the Department of Heath's visiting guidance **COVID-19: Regional Principles for Visiting in Care Settings in Northern Ireland.**

VERSION CONTROL

Version	Effective Date	Summary of Changes
1.01	07 May 2021	None - Original Document
1.02	20 October 2021	**Appendix 2 n - p** Addition of clarification over visiting arrangements for Ministers of Faith/Religion

INTRODUCTION & BACKGROUND

1.1 During this COVID-19 pandemic, normal visiting arrangements in all healthcare settings were subject to significant restrictions as outlined in the Regional Principles for Visiting guidance which was broadly aligned to the UK-wide Alert levels based on the best scientific advice available at any given time.

The restriction of visitors has been a key strategic component of managing the pandemic and was introduced to protect patients, their families and staff by reducing the risk of infection transmission. The Regional Principles for Visiting recognised the rights of patients to receive visitors, and the rights of, partners, children, parents and carers to visit their loved ones while in health and social care facilities in Northern Ireland. However, it is acknowledged that this guidance could never facilitate the level of usual visiting contact.

1.2 The approach to managing the COVID-19 pandemic has meant that many difficult requests have been made of the public around health service / care provision, especially regarding visitor access to hospitals and other healthcare settings during these unprecedented times. This is not the level of compassionate care that we would hope to be able to provide to the people of Northern Ireland, but these decisions have been made in response to exceptional circumstances.

1.3 As the pandemic has progressed, guidance around the management of visiting across all care settings has been kept under constant review, with amendments applied as experience and the science allowed, recognising that restricted visiting, while aimed at mitigating transmission of the SARS-CoV-2 virus, can impact on a patient's quality of life.

1.4 The most recent update was issued on the 25th February 2021 to reflect the decision to revert to National Alert Level 4, and took effect from 1st March 2021.

1.5 We do not underestimate the serious consequences of the transmission of COVID-19, particularly in already sick and/or frail people. However, there is growing awareness of the negative impact on patients' mental health and consequent impact

on their physical recovery when restriction is placed on visiting for any significant period.

1.6 It is intended that this guidance will enable contact through visiting which approximates more usual circumstances or as close to usual circumstances as possible, given the current context and supported by appropriate mitigations.

1.7 Following the publication of the NI Executive's plan to manage a return to more normal life as the pandemic eases, the Department of Health has reviewed the appropriateness of existing temporary visiting restrictions as the general COVID-19 restrictions in Northern Ireland are gradually eased from April 2021.

1.8 This review of the visiting guidance took account of the right of next of kin, partners, children, parents and carers to visit their loved ones while in health and social care facilities in Northern Ireland. It has also taken account of Article 8 of the European Convention on Human Rights (ECHR), which provides a right to respect for private and family life, asserting that blanket visiting bans are contrary to the rights of both patients and their families and that failure to adopt an individualised approach to the safety of visits will breach the Article 8 rights of both the patients and their families[1].

1.9 Updated guidance has been produced as an outcome of the review. The Minister of Health, who having accepted the recommendations, has authorised that the new guidelines contained herein should come into effect from Friday 7 May 2021.

1.10 A phased approach to the reintroduction of visiting will be adopted in the updated guidance – progression will be as fast as possible while fully taking into account the risks in specific areas. We understand that increasing the numbers of visitors to hospital will carry with it the risk of increasing transmission, but easing of restrictions to visiting is being managed in the context of a downward trajectory in incidence and prevalence of COVID-19 in the general population. This situation can of course change and will be monitored by the Trust as well as the Public Health Agency and the Department of Health.

[1] https://www.echr.coe.int/Documents/Guide_Art_8_ENG.pdf

1.11 The 4 week phased approach to reviewing the visiting guidance will allow consideration of the risks associated with the current visiting arrangements and the impact of further relaxation**.** Adoption of any change to the visiting arrangements will require an evaluation of the risks and benefits of that change, bearing in mind there is a need for a reasonable proportionality between these two factors.

1.12 From the 7th May 2021, every patient in hospital in Northern Ireland will be able to benefit from a daily visit with at least one person (however, local decisions regarding extremely clinical vulnerable patients remains – see Appendix 1). Some controls may be put in place to ensure congestion in communal/circulation area does not impact on the safety of patients / visitors / staff.

2.0 LOOKING FORWARD: FACILITATING VISITING MOVING FORWARD

2.1 This updated guidance is aimed at all HSC Trust and Hospices, including General Wards, ICU, Mental Health, and Learning Disability Inpatient Services, Maternity Services, Children's Hospital Services and Hospices, outpatient, day procedures and emergency department attendance. Separate, specific guidance is available for Care Homes – details are on the Department of Health Website (here).

2.2 For the purpose of this visiting guidance a visitor is defined as:

- A person visiting an inpatient; or
- A person accompanying a patient attending an outpatient appointment, day procedure, or attendance at an Emergency Department.
- Reference with respect to access to the patient is also made to a parent caring for a child. There is a recognition that a parent is a key part of the child's care team and therefore more than a visitor.

2.3 The first priority continues to be to limit the instances of COVID-19 acquisition in care settings, by preventing transmission of the SARS-CoV-2 virus as much as possible, thereby ensuring the health and safety of patients, visitors and staff. Visiting was only restricted because it was absolutely necessary to do so to protect against the risk of transmission of SARS-CoV-2 virus and the subsequent development of COVID-19 infection. Given progress that has been made, the time is now right to take steps to carefully enhance visiting arrangements.

2.4 We particularly welcome the good news that, thanks in no small part to the efforts of our health and social care workforce and the wider public, we are now seeing infection numbers consistently declining, and the threat of health services being overwhelmed has receded. While transmission rates, hospital pressures and deaths continue to remain higher than we would wish to see and so some level of visiting restrictions must remain, the time has come to introduce a more accessible approach to visiting in all settings.

2.5 The grid at ***Appendix 1*** sets out the phased approach to easing the restrictions, establishing what we now consider to be the "**Minimum Requirements**" for permitting visiting in each setting.

2.6 The Minimum Requirements for visiting are underpinned by a number of **Principles** to enable person centred, safe visiting**.** ***Appendix 2***

2.7 A review of the visiting restrictions is scheduled on a four week cycle in the first instance.

2.8 The ultimate aim is broadly the same across all settings: a return to the enhanced person centred visiting / accompanying of patients during their hospital stay, supported by appropriate restrictions and mitigations to preserve the safety of the visitors, staff and patients.

2.9 Clear and regular communication with patients and families will be key in the successful implementation of this guidance. HSC Trusts should work in collaboration with patients and relatives to ensure that all official information and guidance is cascaded directly to patients and relatives in a clear, unambiguous manner.

OTHER CONSIDERATIONS

2.10 Whilst all healthcare environments can be a source of virus spread, including among healthcare workers, patients, and visitors, the risk of spread of infection in facilities can be mitigated using appropriate personal protective equipment (PPE), good hand hygiene, and good respiratory hygiene and maintaining social distancing as per guidance.

2.11 Since rates of transmission, other related factors and consequent risk levels may vary in a particular geographical area or facility, from time to time more locally focussed guidance relevant to the assessed risk may apply. It is important that where organisations are unable to facilitate visitors in line with this guidance, that they have a clear record of their decision-making and rationale. This will assure the public they have considered all reasonable adjustments.

2.12 The ability of certain locations to go beyond the application of these principles may be influenced by local facilities, such as the availability of single rooms or room space, to better allow adequate adherence to Infection Prevention and Control measures, including use of PPE and social distancing. These issues will form part of the local risk assessment, but the visiting to be facilitated should always reflect the **Minimum Requirements**.

3.0 IMPLEMENTATION

3.1 Public-facing links to this guidance advising service users and the wider public of the current visiting arrangements will be made available via the Department of Health Website.

3.2 Dissemination to HSC Trusts, Public Health Agency, HSC Board, Regulation Quality Improvement Authority and Executive Directors of Nursing will be via the Department's Chief Nursing Officer (CNO).

3.3 This regional guidance will be available on DoH, PHA and HSC Trusts websites and will be updated as the science dictates. Local outbreaks in HSC Trust areas may occur which will require a specific local response aligned to this guidance, but reflecting the particular circumstances in that area.

A Phased approach to Enhanced Visiting
Appendix 1

This Grid outlines the Minimum Visiting Requirements to apply in each setting.

This summary MUST be read alongside the Executive's full COVID-19 guidance applicable at the current time.

This guidance provided in this Grid will be subject to 4 weekly review (or sooner if risk assessment dictates as necessary).

- Helping people in hospital to get the vital support they need from family, carers or friends through visiting is of paramount importance. This should be managed in a way that recognises the balance of risks proportionately and has the wellbeing and safety of all concerned at its heart

- In order to enable the minimum requirements for visiting to be met, individual wards and hospitals are best placed to decide how to manage visits based on patient need, physical environment and local incidence and prevalence of COVID-19. Examples of ways this has been managed include restricting the duration of the visit, implementing one-way systems, signing in and out, and arranging visits in advance. These and other considerations will be especially necessary in multiple occupancy patient areas

- Pastoral care visits, including from Hospital Chaplains and other Ministers of Faith will be accommodated as far as possible, in line with the guidance (paras n-p) in Appendix 2 below.

- The relevant provisions set out under the **Exceptional circumstances** section of Appendix 2 below should apply where relevant in all areas of care.

Area Of Care		Cautious first steps Minimum Requirements Gradual Easing	4 weeks Review	Indicative Minimum Requirements Further Easing	4 weeks Review
Hospice Facilities	**All**	One daily visit from two nominated individuals can be permitted at the same time, with particular effort made to keep the environment COVID secure (*see definition). **NB:** Any child admitted can be accompanied by both parents, or two nominated caregivers at all times. Since safe management of visiting remains crucial, it may be necessary to continue to restrict visiting times to certain periods within the day, so the timing and duration of visits should always be agreed with person in charge. If the two nominated individuals are not from the same household and social distancing cannot be		One daily visit from two nominated individuals can be permitted at the same time, with particular effort made to keep the environment COVID secure (*see definition). **NB:** Any child admitted can be accompanied by both parents, or two nominated caregivers at all times. Since safe management of visiting remains crucial, it may be necessary to continue to restrict visiting times to certain periods within the day, so the timing and duration of visits should always be agreed with person in charge. If the two nominated individuals are not from the same household and social distancing cannot be	

		maintained, such visits can take place separately Alternatives, for example, outdoor visiting, virtual visits, should continue to be made available.		maintained, such visits can take place separately Alternatives, for example, outdoor visiting, virtual visits, should continue to be made available.	
Maternity Units	**Maternity Units**	**Maternity Outpatient Services:** A chosen birth partner will be facilitated to accompany the pregnant woman to any pregnancy related appointments and ultrasound scans with particular effort made to keep the environment COVID secure (*see definition). **Labour and Birth:** A chosen birth partner will be facilitated to accompany the pregnant woman for induction of labour, duration of labour and birth and, for up to three hours after the birth. **Maternity Inpatient Services:** One daily visit from one of two nominated individuals (from up to two households) can be permitted, with particular effort made to keep the environment COVID secure (*see definition). Where the visitor requires assistance then no more than 1 additional person will be permitted to accompany them when this can be accommodated within social distancing guidance.		**Maternity Outpatient Services:** A chosen birth partner will be facilitated to accompany the pregnant woman to any pregnancy related appointments and ultrasound scans with particular effort made to keep the environment COVID secure (*see definition). **Labour and Birth:** A chosen birth partner will be facilitated to accompany the pregnant woman for induction of labour, duration of labour and birth and, for up to three hours after the birth. **Maternity Inpatient Services:** One daily visit from two nominated individuals (from up to two households) can be permitted at the same time, with particular effort made to keep the environment COVID secure (*see definition). If the two nominated individuals are not from the same household and social distancing cannot be maintained, such visits can take place separately.	

		Duration of visits should be agreed with person in charge. Alternatives, for example, outdoor visiting, virtual visits, should continue to be made available.		Duration of visits should be agreed with person in charge. Alternatives, for example, outdoor visiting, virtual visits, should continue to be made available.	
Hospitals	**General Hospital Wards (including ICU)**	One daily visit from one of two nominated individuals (from up to two households) can be permitted, with particular effort made to keep the environment COVID secure (*see definition). Where the visitor requires assistance then no more than 1 additional person will be permitted to accompany them when this can be accommodated within social distancing guidance. Duration of visits should be agreed with person in charge. Alternatives, for example, outdoor visiting, virtual visits, should continue to be made available.		One daily visit from up to two nominated individuals can be permitted at the same time, with particular effort made to keep the environment COVID secure (*see definition). If the two nominated individuals are not from the same household and social distancing cannot be maintained, such visits can take place separately Duration of visits should be agreed with person in charge. Alternatives, for example, outdoor visiting, virtual visits, should continue to be made available.	
	Emergency Departments	One person only to be facilitated to accompany each patient with particular effort made to keep the environment COVID secure (*see definition).		One person only to be facilitated to accompany each patient with particular effort made to keep the environment COVID secure (*see definition).	

Hospitals	**X Ray Units**	One person only to be facilitated to accompany each patient with particular effort made to keep the environment COVID secure (*see definition).		One person only to be facilitated to accompany each patient with particular effort made to keep the environment COVID secure (*see definition).	
	Out Patient Departments	One person only to be facilitated to accompany each patient with particular effort made to keep the environment COVID secure (*see definition).		One person only to be facilitated to accompany each patient with particular effort made to keep the environment COVID secure (*see definition).	
	Day Procedure Units	One person only to be facilitated to accompany each patient with particular effort made to keep the environment COVID secure (*see definition).		One person only to be facilitated to accompany each patient with particular effort made to keep the environment COVID secure (*see definition).	
	Cancer/ Burns/ Renal Units	Where possible, visiting arrangements should reflect the guidance for general hospital inpatient wards/units. However as some patients in these units may be particularly immunocompromised the guidance can be locally defined based on individual risk assessment.		Where possible, visiting arrangements should reflect the guidance for general hospital wards/units. However as some patients in these units may be particularly immunocompromised the guidance may be locally defined based on individual risk assessment.	

Hospitals	**Paediatric hospital settings**	Any child admitted can be accompanied by two persons (either/both parents or two nominated caregivers from up to two households) at all times for the duration of the stay.		Any child admitted can be accompanied by two persons (either/both parents or two nominated caregivers from up to two households) at all times for the duration of the stay.	
	Neonatal hospital settings	Any child admitted can be accompanied by two persons (either/both parents or two nominated caregivers from up to two households) at all times for the duration of the stay.		Any child admitted can be accompanied by two persons (either/both parents or two nominated caregivers from up to two households) at all times for the duration of the stay.	
	Mental Health Wards	One daily visit from one of two nominated individuals (from up to two households) can be permitted, with particular effort made to keep the environment COVID secure (*see definition). In specific circumstances where the visitor requires assistance then no more than 1 additional person will be permitted access to visit at any one time where this can be accommodated within social distancing guidance. Duration of visits should be agreed with person in charge.		One daily visit from two nominated individuals can be permitted at the same time, with particular effort made to keep the environment COVID secure (*see definition). If the two nominated individuals are not from the same household and social distancing cannot be maintained, such visits can take place separately Duration of visits should be agreed with person in charge. Alternatives, for example, outdoor visiting, virtual visits, should continue to be made available.	

		Alternatives, for example, outdoor visiting, virtual visits, should continue to be made available.			
	Learning Disability Wards	One daily visit from one of two nominated individuals (from up to two households) can be permitted, with particular effort made to keep the environment COVID secure (*see definition). In specific circumstances where the visitor requires assistance then no more than 1 additional person will be permitted access to visit at any one time where this can be accommodated within social distancing guidance. Duration of visits should be agreed with person in charge. Alternatives, for example, outdoor visiting, virtual visits, should continue to be made available.		One daily visit from two nominated individuals can be permitted at the same time, with particular effort made to keep the environment COVID secure (*see definition). If the two nominated individuals are not from the same household and social distancing cannot be maintained, such visits can take place separately Duration of visits should be agreed with person in charge. Alternatives, for example, outdoor visiting, virtual visits, should continue to be made available.	

***COVID Secure**: Particular effort should be made to ensure:

- That social distancing of 2 metres should be maintained wherever possible
- That optimal hand hygiene and personal hygiene measures are followed
- That the setting has good ventilation, opening windows where appropriate
- That appropriate PPE is used when required as directed by staff
- That all visitors wear face coverings appropriate to the circumstances

Regular Reviews:

The effectiveness of the implementation of these guidelines will be kept under constant review. However, the pathway requires scheduled formal reviews to be completed at minimum every four weeks, to consider issues that are presenting, possible mitigations and decide whether it is appropriate to progress on to the next stage.

Those review sessions will involve representatives from all five Health & Social Care Trusts, the Hospice sector, the Public Health Agency and the Department of Health.

Appendix 2
PRINCIPLES FOR VISITING

a. Visiting and visitor numbers will be restricted as the defined **Minimum Requirements** permit (**Appendix 1**). Where possible, and safe, and aligned to public health guidance and regulation, those in charge of individual care settings can decide to allow a more relaxed visiting regime, but the default position in the Minimum Requirements must apply as a starting point.

b. Visiting may be managed through a booking system to ensure that the number of visitors on the premises at any one time can be controlled, in advance of any return to a normal "visiting hours" approach; this will include determining the duration of each of the visits.

c. All people visiting/attending Health and Social Care Settings will be required to wear face coverings for the foreseeable future. People will be required to supply their own face covering and will not be permitted to enter the facility without it.

d. All people visiting are expected to adhere to wearing of PPE as guided by the staff.

e. Visitors should not be permitted where there is an increased risk due to the possibility or proximity of aerosol generating procedures (AGPs). There should be no visiting until at least 1 hour after an AGP procedure. However, in very exceptional circumstances e.g. death is imminent following AGPs**,** PPE must be worn by the visitor and the visitor should provide confirmation that he/she understands the risk posed to him/herself and others.

f. Anyone showing or experiencing the symptoms of COVID-19 or any other infection should not visit, even if these symptoms are mild and unconfirmed. In these circumstances the individual should remain at home and follow the latest public health advice on self-isolation and testing.

g. Members of the public who are clinically vulnerable are strongly discouraged from visiting hospitals and other community healthcare settings.

h. If found to be effective for certain patients, virtual visiting should remain a viable option as this reduces the risk of spread of COVID-19. Thus to support this all settings should continue to facilitate virtual visiting where possible.

i. Additionally there may be occasions where it is necessary to ensure reduced footfall in any particular area at a particular time. In this scenario the visitor may be asked to temporarily leave. It is anticipated this would be the exception rather than the norm.

j. Visitors should stay with the patient throughout visiting, minimising movement around the hospital/facility, maintaining social distancing from other patients, visitors and staff to reduce risks of infection spread. Where the environment and/or weather permits, outdoor visits can be encouraged and facilitated.

k. Visitors will be required to sanitise their hands on entering and leaving the hospital/ facility and again on entering and leaving the ward or area where the visit is taking place.

l. In hospitals, all lockers and bedside tables and surroundings should be left as clear as possible to facilitate cleaning, there should be no sitting on beds and visitors are discouraged from bringing anything other than essential items for the patient. In particular flowers will not be accepted into wards/departments.

m. Flexibility will be required, for example, in the event of an outbreak in a hospital and/or evidence of rapidly increasing community transmission or outbreaks. In these instances the decision may be taken to reinstate some restrictions for short periods to protect patients, families and staff as is normal practice in outbreak situations

Pastoral Care Visiting

n. Hospital Chaplains are members of the multi-disciplinary teams providing pastoral support to patients/residents and are not counted in the number of nominated visitors. Therefore, attendance by such Chaplains as part of the care a patient receives will be facilitated.

o. It is also recognised that Ministers of Faith / Religion can perform a valuable role in providing pastoral support to some patients. Such visits should not be counted in the allowed number of visits as set out in Appendix 1 above. However, Ministers of Faith /

Religion should normally only visit one patient during any one visit, as visiting across a number of patients and wards could significantly increase the risk of transmission of the virus to vulnerable people. Ministers are encouraged to undertake lateral flow tests prior to their visits, to give greater confidence in the ability to keep people safe.

p. Where there are specific concerns regarding clinically extremely vulnerable patients, local incidents of infection outbreak in a particular setting and/or evidence of rapidly increasing community transmission or outbreaks, there may be occasions when access for such Ministers may have to be limited. In these circumstances, Ministers should liaise with the nurse in charge of the ward to agree how the religious and pastoral needs of those patients can be met.

Exceptional circumstances (including End of Life care):

a. It is also recognised that some individuals may have specific support and assistance requirements to ensure that their communication or other health and social care needs are met due to a pre-existing condition. To meet the needs of the individual this may necessitate the presence of a carer or family member from a small pool of carers/family members to support and assist the patient whilst in hospital. In these circumstances the person in charge will discuss the individual's needs with the patient and their carer/family, and as far as possible facilitate their needs. It may be helpful to include other people who know the person well but this will not always be necessary. The patient needs to be central to decision making in each case. This support from carer/family will be in addition to visitors to the patient and therefore all other guidance around visiting in this document will apply.

b. Visiting restrictions should be applied as per regional guidance whilst maintaining the compassion required in caring for those with a life limiting diagnoses and in receipt of palliative care. This could include situations where someone is receiving difficult information about a life-changing illness, when a life limiting illness is causing extreme distress to an individual and the presence of someone important to them is essential for their emotional, psychological and spiritual well-being.

c. There may be exceptional circumstances where the person in charge of the particular setting considers it essential for a visitor to be allowed access regardless of other factors. This decision should be based on a holistic risk assessment which deems it necessary for the visitor to provide physical, psychological and emotional support, in decision making, care coordination and continuity of care, e.g. the benefits outweigh the risks.

e. **End of life:** An individualised risk assessment should be undertaken with regards to accommodating visiting for a patient who is approaching the end of their life.

f. A patient may have indicated who they would like to have visit them as they approach end of life. If this has not been recorded, patients approaching end of life should be asked where possible who they would like to visit them. Family, next of kin and/or appropriate others may be able to advise where someone is unable to provide this information themselves.

g. Staff caring for patients where end of life is anticipated in the coming days should record the patient's wishes, identifying the person(s) they wish to have with them during their final days of life. Advance care plans** should be considered as early as possible and should involve family members who can then help the person "decide" without angst or guilt who they wish to be present.

h. The Ethical Advice and Support Framework (2020) states that only in extreme cases should family members/ loved ones next of kin be denied the possibility to be with a patient as they approach the end of their life. Where this is the case the reasons should be clearly outlined to all concerned.

i. All requirements in terms of the setting's visiting policy, which includes applicable infection prevention and control (IPC) measures, use of PPE etc. must be adhered to. Infection prevention and control requirements in these circumstances 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.

j. Every effort should be made to support people important to the person visiting them, with due regard to risks and responsibilities regarding COVID-19. However, some restrictions to prevent the transmission of COVID-19 will still need to be applied. A palliative care approach involves caring for the patient and those close to them to ensure that there is relief from distress, support and dignity at end of life. Maintaining contact between a patient and those close to them can alleviate anxiety and emotional distress for both parties. An individualised approach to visiting is necessary to balance the public health and infection control guidance with the need for compassionate care at end of life.

k. Where patients have been clinically assessed as actively dying, (considered to be the last 72 hours of life) visits should be facilitated over the full 24 hour period wherever possible. Local risk assessments should be undertaken to determine the number of visitors permitted to be present at any one time and the total number of visitors within any 24 hour period. In any case, there should be no more than 2 visitors present at any one time.

l. Where there is particular benefit from the Minister of Faith/chaplain being present, this should be accommodated whenever possible, as an extra to the maximum of “2 visitors”.

m. Where young children need to visit the patient (either parent / grandparent / sibling), this will be agreed locally with the person in charge and consideration given to any additional protective measures.

n. In all cases, visitors must agree to undertake the subsequent isolation and quarantine restrictions appropriate to the contact and exposure that has occurred as per public health guidance.

o. In very exceptional circumstances, where the balance between allowing humane visiting at end of life and the need to prevent transmission of infection becomes challenging and impacts on the end of life situation, the clinical lead/GP/Consultant/nurse in charge may consider escalation to the organisation’s Clinical Ethics Committee/ Forum.

*https://cks.nice.org.uk/topics/palliative-care-general-issues/background-information/definition/

**https://www.publichealth.hscni.net/publications/your-life-and-your-choices-plan-ahead-booklet