Infection prevention and control should be applied as a force for good: minimising restrictions in residential and nursing care. [Editorial]

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Infection prevention and control should be applied as a force for good: minimising restrictions in residential and nursing care

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People living in care homes have complex social, psychological and physical needs. They often have multiple comorbidities as a result of older age in addition to cognitive decline. From March–June 2020, there were nearly 20,000 deaths (30% excess mortality) in England and Wales (ONS, 2020). Up to the end of October the Care Quality Commission have recorded 14,869 in England and in Scotland 46% (*n*=2138) of COVID-19 registered deaths have been attributable to COVID-19. A similar picture exists across Europe and North America (European Centre for Disease Prevention and Control, 2020; Comas-Herrera et al, 2020). In the UK ONS Vivaldi study, care homes with higher numbers of infections during the period from March to June 2020 were found to have a number of common factors that contributed to infections among residents. These included the prevalence of staff infection, greater use of bank and agency staff, the burden of pre-existing conditions that increased vulnerability of residents and the existence of sickness benefits for staff.

The vulnerability of care home residents and the initial 3-month enforced isolation of the population across the UK lead to a position where stringent control of family contact and visiting were imposed by many care homes following government and local authority guidance. Despite the easing of national restrictions on social interaction over the summer, residential care homes have continued to impose restrictions on visits from family and friends, with many only allowing a single family member to be with their relative at the end of life. The types of restriction include restricting visitors to a single member of a family; limiting the duration of the visit; prohibiting physical contact; only allowing visits through a window or outside in a garden. This has resulted in untold distress for residents and their families or closest friends, with many recounting harrowing narratives of how their loved ones have deteriorated significantly over the past six months. Family campaign groups such as Rights for Residents[1] and John's Campaign[2] have been working to draw attention to the enormous impact of infection prevention and control measures that are being applied without the balance of concern for the quality of life and wellbeing of their loved ones.

Infection prevention and control is not and should not be a barrier to compassionate care. Restricting the ability of older people to interact with loved ones is not a natural consequence of protecting the vulnerable from infection. In many cases, infection prevention and control teams have not been involved in helping care home organisations and managers to consider what is needed and how risks can be mitigated for residents and their families. A study by Verbeek and colleagues (2020) found that reducing restrictions on visiting in care homes in line with national guidance in the Netherlands had a positive impact on residents and their families.

In order to highlight the issue and stimulate a wide range of stakeholders to work together, a coalition of infection prevention and control experts and other concerned individuals wrote an open letter that was published by the *Nursing Times* in October (Storr, 2020) stating that "infection prevention and control should be applied as a force for good". In it, the signatories, which included the current, incoming and four past presidents of the Infection Prevention Society, drew attention to the following issues.

- **The "rules" of infection prevention and control do not and should not prevent family members and close friends of residents entering a home, even during lockdown.** The use of infection prevention and control as a rationale for prohibiting safe entry to homes is a misinterpretation and at

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times even an abuse of infection prevention and control principles.

- **Infection prevention and control should instead be used as an enabler and supporter of safe entry to homes.** If masks, hand hygiene, appropriate use of other personal protective equipment and a hygienic environment are promoted as a protection in all settings, these measures can protect vulnerable residents in homes, when applied properly.
- **The longer the current situation prevails, the more likely it is to become routinised and de-implementation could become a concern in the future.** Already we are hearing, for example, that some homes are considering outdoor heaters to support outdoor "visits" by families in winter and the use of video call technology is becoming an unacceptable "norm". This is not the answer; these are peoples' own homes, often at the later stages of their lives.
- **Infection prevention and control and compassionate care are not mutually exclusive.** The restrictions or bans must be lifted and not just for immediate end-of-life situations. Families provide (unpaid) care too: all infection prevention and control recommendations for paid carers can be applied to others.

The signatories went on to present six actions targeted at policy makers and local authorities, the nursing, care and residential home sector, infection prevention and control professionals, healthcare leaders and families and campaigning groups in order to help everyone move forward with revised decisions and in the interests of residents.

1. **Nursing, care and residential homes:** Allow normal family interactions by stopping restrictions and instead continue to inform and support families on the steps to take for safe contact in a spirit of trust and cooperation. Be confident that restricting visits should not be used as a replacement or shortcut for inadequate infection prevention and control measures: address gaps in safe practices where they exist. Commit to using infection prevention and control as an enabler that will protect staff, residents and families.
2. **Government, local authorities/public health departments:** Remove any statements that may be seen to justify "blanket bans" on visiting. Instead actively vocalise the need for local decision makers to facilitate safe, normal interaction, appropriate to the local situation. Even where an outbreak occurs and some restrictions may be warranted, make it clear that safe, compassionate exemptions must still prevail and be actively facilitated. Continue to address gaps in safe practices and lack of resources, in order to facilitate infection prevention and control.
3. **Infection prevention and control professionals:** Speak up in support of safe family interactions now and apply infection prevention and control with compassion. Actively facilitate safe family interactions and support planning to ensure adequate infection prevention and control supplies, and the implementation of training and communication activities/materials.
4. **Healthcare leaders:** Speak up and support infection prevention and control with compassion, respect infection prevention and control expertise but help apply it in support of the ethos of this letter.
5. **Families:** Understand, respect and adhere to the infection prevention and control recommendations requested of you to support the safety of yourself, your loved ones and care home staff.
6. **Campaigning groups:** use this letter to support your efforts.

The full letter is now available on the Infection Prevention Society website to enable anyone to download the letter, add their signature and send it to their Member of Parliament and Director of Public Health with a call to reconsider current restrictions and apply sensible infection prevention and control to protect people in a way that maintains their right to human contact and a family life.

Notes

1. https://www.rightsforresidents.co.uk/
2. https://johnscampaign.org.uk/#/

Acknowledgements

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