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This important Open Letter was printed in the Nursing Times Oct 2020.

Led by IPC Consultant [ PD ] and signed by many prominent members of the IPC community.

- Nursing Times (2020) Infection prevention and control should never be at the expense of compassionate care <https://www.nursingtimes.net/opinion/open-letter-infection-prevention-and-control-should-never-be-at-the-expense-of-compassionate-care-16-10-2020/>

**Open letter: Infection prevention and control should never be at the expense of compassionate care**

**16 OCTOBER, 2020**

An open letter from infection prevention and control experts and concerned others about the restrictions enforced in nursing, care and residential homes

Restrictions are being imposed in relation to Covid-19 across too many nursing, care and residential homes in the UK and beyond, in the name of infection prevention and control.

As experts in this field, and together with interested and concerned individuals and organisations, here we summarise why infection prevention and control should be an enabler not a barrier to safe, compassionate human interaction in nursing, care and residential homes.

It is almost impossible to underestimate the harm and mental anguish that barring entry to nursing, care and residential homes has caused to thousands of residents, their families and significant others. Such action also supports the dangerous narrative that elderly and vulnerable people matter less.

We fully appreciate the seriousness of the disease, the risks it presents and the utmost importance of infection prevention and control and public health measures to prevent its spread and protect people, especially those most vulnerable. We know, however, from a scientific perspective that it is possible to both protect people from infectious disease through infection prevention and control while enabling safe, compassionate, human interaction, including physical contact between loved ones.

We know that in a lot of cases, people are simply trying to do their best within the resources and circumstances they face, and we would like to help them. Therefore we now call for urgent action to end what we perceive to be incorrect application of infection prevention and control, often disproportionate to the realities of nursing,

care and residential homes, and at odds with what is required for compassionate, kind and safe care.

We specifically draw attention to the following:

- **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 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 routinized 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;
- **In summary, infection prevention and control should be applied as a force for good.**

We present six actions targeted at nursing, care and residential home managers, governments/local authorities, the infection prevention and control community, health care leaders, families and campaigning groups, to help everyone move forward with revised decisions.

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 vocalize 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 community:** 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.

We recognise and support the ongoing efforts of groups such as [Rights for Residents](#), [John’s Campaign](#) and others as examples of those active in the UK. We fully support for example the [previous open letter](#) to the secretary of state of 2 July and acknowledge the exemplar work of some care home managers who have not imposed blanket restrictions and have demonstrated that safe, compassionate interaction is achievable. Essentially what is needed is an ultimate and urgent change in the current approach. In this next phase of the pandemic we call for an approach that places humanity, compassion and people at its centre, alongside appropriate infection prevention and control. We appreciate that some small changes are being made.

By adding our voice our intention is to accelerate action to end this uncompassionate treatment of people in homes as well as for their families and other loved ones.

This pandemic is far from over. Continuing to restrict and in some cases forbid families from seeing each other in the name of infection prevention and control will continue to cause devastating harm to the very people in care homes that these measures purport to protect, and will lead to untold mental anguish to many, many

people. Failing to show humanity in how we treat our most vulnerable undermines trust.

The current approach is ruining lives, but this can be changed, safely and quickly.

We welcome being challenged with any reasoning as to why entry continues to be prohibited – and will help people understand why stopping entry is wrong. We also acknowledge that these measures and this call to action also apply to hospices.

To reiterate, what do we want to see happen next? A response to the points raised in this letter by those making the decisions; revised policies and statements allowing safe entry.

Signed, (see below for all signatories)

Contact:

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