**Facilitating virtual visiting of inpatients by family/friends during the coronavirus pandemic - SOP**

Rationale

To limit the risk of infection, the trust is not allowing visitors to inpatient wards during the coronavirus pandemic. Not being able to communicate with your loved ones is one of the cruelest aspects of the virus. This gravely affects the psychological well-being of patients who are unwell, vulnerable and may be at the end of life. We aim to facilitate this communication by enabling patients to be virtually visited by their loved ones using video teleconferencing.

Principles

1. To provide a high quality and user-friendly teleconferencing experience for inpatients who cannot be visited by family and friends due to coronavirus restrictions. Confidentiality, dignity and privacy will be prioritised.
2. To ensure stringent compliance with coronavirus infection control policies.
3. To cause minimum disruption and workload to nursing and ward staff

Technologies

Research tablet devices will be temporarily recommissioned for this purpose.

* The devices will be registered to the ICHT Wi-Fi network by their unique MAC address

The Jitsi application (iOS, Android) will be used for the video meetings.

* Jitsi is an open-source, 100% encrypted teleconferencing platform
* It has been selected for its ease of use: a single meeting is set up for a single encounter, no logins or registrations are required by host or participants.
* The visitor does not have to download an app. It can be accessed on a website
* <https://jitsi.org/about/>

Disposable single-use headsets with microphones will be issued on a per-patient basis

* Patient will be issued headset the first time they have a ‘visitor’
* The headset will stay with the patient for the remainder of their stay
* The headset will be disposed of when the patient is discharged
* **Strictly no recycling of headsets between patients**

Standard operating procedure

Each participating ward will be issued a tablet device for virtual visiting. The device will be the responsibility of the ward charge nurse and will be stored in a locked office outside of ‘visiting’ times. **The location of the device must be specifically handed over at each shift change.**

A paper log of device removal, return and cleaning will be signed at each use for audit purposes

 The ward will determine the ‘visiting hours’. By default, this will be the same as the pre-coronavirus hours (i.e. not to coincide with medication rounds and mealtimes), but are at the discretion of the ward staff.

**NB: Visiting hours are expected to be relaxed in the context of end-of-life, at the discretion of the charge nurse.**

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| Patient wants to make a call:   1. Patient will ask their nurse if the device is available 2. The nurse will start a new meeting on Jitsi (cleaning log signed) 3. The **patient** will inform their ‘visitor’ the unique meeting name using their own telephone 4. The nurse will disinfect the device (see procedure below) and give it to the patient 5. The ‘visit’ is conducted 6. The nurse will disinfect the device (see procedure below) and place back into clean case (cleaning log signed)     Visitor wants to make a call:   1. The visitor will telephone the ward requesting to ‘visit’. 2. The nurse looking after the patient will confirm whether they accept the visitor and the device is available. The nurse will inform the visitor of the meeting name and hang up. 3. The nurse will start a new meeting on Jitsi (cleaning log signed) 4. The nurse will disinfect the device (see procedure below) and give it to the patient 5. The ‘visit’ is conducted 6. The nurse will disinfect the device (see procedure below) and place back into clean case (cleaning log signed)   *Information sheets for patients and visitors will be provided*  *Nursing staff will be provided training on the device and protocols*  ***A log of device sign-in, sign-out and cleaning will be kept for audit purposes*** |

Disinfection procedure

*Before use:*

* A clean member of staff will open the case and bring it to the threshold of the covid bay.
* The covid nurse in the bay (wearing PPE), will remove the device from the case *without touching the clean case* and take it into the bay.
* The nurse in the bay will clean the device: wipe front and back with a single clinell wipe and allow to air dry.
* The device will be handed to the patient

*After use:*

* The patient will hand the device to the nurse in the bay
* The nurse in the bay will clean the device: wipe front and back with a clinell wipe and allow to air dry
* A clean member of staff will bring the case to the threshold of the covid bay
* The nurse will put the device back into the case and the clean staff will shut the case
* The outside of the case will be wiped clean prior to returning to a secure location.

**Clinell wipes are used in current practice to clean multi-use and sessional PPE items such as visors and goggles. They are therefore deemed to be sufficient for this purpose.**

**A signed paper log for pre- and post-use cleaning will be kept in the secure device location for audit purposes**

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| **Specific Considerations**  Including covid and non-covid patients:  All patients are affected by the visiting restrictions regardless of their covid status  In the first instance the scheme will be made available to covid patients  When additional devices are available, a separate device will be available for non-covid patients  **The devices will be identified by the colour of their clean case (red – covid; green – non covid)**    How to name a meeting  Meeting names must be unique. Please name the meeting in the following format:  **Hospital abbreviation**<space>**Ward name**<space>**patient initials**  E.g. for Sameer Zaman, on A7 ward, Hammersmith hospital:  Meeting name = “HH A7 SZ”    Length and number of visits  Maximum call time will be 30 minutes  Maximum 1 ‘visit’ per patient per day, during the agreed visiting hours |

Team members:

Dr. Sameer Zaman: *SpR lead, staff trainer, point of contact for staff and users*

Zun San (Alex) Wong: *Nursing lead, staff trainer, point of contact for ward staff and patients*

Dr. Punam Pabari: *Consultant lead*

Dr. Ahran Arnold: *Cardiology registrar, IT and operational support*

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