

UCSF Health COVID-19 Guidelines for Visitor Restrictions and Exceptions

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II. PURPOSE:

To ensure the safety of our patients and staff, and in compliance with the San Francisco Ordinances on the Limitation of Hospital Visitors, we continue to limit the entrance of visitors to our Hospital and Ambulatory sites.

- UCSF will continue to limit when and where visitors are permitted and asks that only patients with specific caregiving needs bring a visitor with them when seeking medical care.
- The policy below clarifies the times when visitor restrictions can be lifted and clarifies the number and timing of allowed visitors
- Visitors who fail to comply with the policies below will be restricted from entering the premises

III. DEFINITIONS

- **General Visitation:** Visitation for patient support without a “medical or caregiving necessity” is allowed only for patients in the Inpatient and Perioperative Areas during Green or Yellow surge levels. Visitor numbers and hours may be restricted during an Orange or Red surge and changes to inpatient and perioperative visitation will be communicated with the Visitation levels in Table 1 below. Ambulatory visitors are only allowed Necessary Visitation.
- **Necessary Visitation:** Visitation for patients with “medical or caregiving necessity” is allowed for eligible patients upon unit/clinic leadership approval, regardless of surge level. Each area has specific criteria for Necessary visitation.

IV. UCSF VISITOR POLICIES AND PROCEDURES:

- A. General Visitation: Visitation for patient support without a “medical or caregiving necessity” will be guided by the prevalence of COVID-19 at UCSF Health and in San Francisco. Inpatient visitation will be guided by data and utilize Levels 1-3, dependent on the level of COVID-19 surge in the community. See Table 1 below for description of the levels.
- B. ED and Ambulatory visitors are only allowed “Necessary Visitation” as below.
 - In the adult hospitals, switches can be made to another visitor every 24 hours in the adult setting. Visitors to adult patients can stay during visiting hours only (subject to change based on surge level) and will be allowed to come and go on and off premises during visitor hours.

Process:

Ambulatory: Ambulatory patients are not allowed general visitation. Please see allowed visitors below under necessary visitation.

ED patients The ED is unable to allow general visitation at this time. Only visitors meeting criteria for “necessary visitation” are allowed. Switches with other caregivers are not permitted, unless by exceptional circumstance.

Procedural and Perioperative patients will be allowed one visitor as part of a surgical admission, come-and-go surgery and procedures/radiology. Due to space constraints in our recovery rooms and PACUs, for all procedures, visitors will be encouraged to wait in one of the designated waiting areas in a socially distanced

fashion or off-site if waiting areas are full and will not be allowed into the PACU/procedural area, unless there is a need that meets “Necessary Visitation” criteria below. For inpatient surgeries, the PACU or bedside RN will have the responsibility of adding a designated visitor to the list to enable them to enter once the patient is transferred to the floor. Visitors will not be allowed to wait on hospital floors.

Inpatients will be allowed one visitor on their approved list at Visitation Level 1 and 2 as per the restrictions above. A patient’s bedside RN will have the ability to add a designated visitor to the list and then daily verify with patient and/or family the approved visitor for that day.

- For general visitors with cognitive or physical disabilities for whom a visit may present a safety concern, an additional visitor to serve as an escort will be approved upon request.
- Inpatients at the Pediatric and Adult Hospitals and Birth Center who stay longer than two weeks can request a scheduled visit by their minor dependents once per week, as long as those minors are at least 5 years of age and able to comply with masking and physical distancing policies. At Level 3, minor visitation will be suspended.
- For patients requesting outside spiritual care services for specific services that can only be provided in person, a single chaplain may be allowed in addition to the essential visitor upon approval by UCSF Spiritual Care Services and unit leadership.
- Doulas will be allowed in addition to the one general visitor for all Birth Center patients during the labor phase of the admission only. Doulas are suspended at Level 3.

Table 1. Visitation Levels

General Visitation Level 1: Inpatient Areas (Patients without COVID-19)			
<i>Patient Population</i>	<i>Visitors</i>	<i>Hours/Duration</i>	<i>Notes</i>
Adult Inpatient	One healthy visitor	10 am-8 pm	No overnight visitors, switch every 24 hours
Pediatric Inpatient	One healthy visitor	One caregiver all hours. Second caregiver 10 am-8 pm.	Two primary caregivers on the visitor list for entire hospital admission. Caregivers can switch twice per day.
Birth Center (L&D/Maternity)	One healthy visitor	All hours	Two primary caregivers on visitor list. Doulas allowed during the labor phase of admission only. Visitors allowed to switch every 12 hours if needed.
Parnassus Emergency Department	No general visitation		Visitors are only allowed for patients with specific caregiving needs
Mission Bay Emergency Department	One healthy visitor for pediatric patients	All hours	
Inpatient Adult Surgery	One healthy visitor	During surgery hours	Escort to Surgical Waiting Area only. Necessary visitation in Pre-Op/PACU. Must wait off-site or in designated waiting areas
Inpatient Pediatric Surgery	Two healthy visitors	During surgery hours	One caregiver can wait in Surgical Waiting Area during procedure. Second caregiver asked to wait off site due to space constraints.
General Visitation Level 2: Inpatient Areas (Patients without COVID-19)			
<i>Patient Population</i>	<i>Visitors</i>	<i>Hours/Duration</i>	<i>Notes</i>
Adult Inpatient	One healthy visitor	2 pm-8 pm	No overnight visitors, switch every 24 hours
Pediatric Inpatient	One healthy visitor	One caregiver all hours. Second caregiver 2 pm-8 pm.	Two primary caregivers on the visitor list for entire hospital admission. Caregivers can switch twice per day.

Birth Center (L&D/Maternity)	One healthy visitor	All hours	Two primary caregivers on visitor list. Doulas allowed during the labor phase of admission only. Visitors allowed to switch every 24 hours if needed.
Parnassus Emergency Department	No general visitation		Visitors are only allowed for patients with specific caregiving needs
Mission Bay Emergency Department	One healthy visitor for pediatric patients	All hours	
Inpatient Adult Surgery	One healthy visitor	During surgery hours	Escort to Surgical Waiting Area only. Necessary visitation in Pre-Op/PACU. Must wait off-site or in designated waiting areas
Inpatient Pediatric Surgery	Two healthy visitors	During surgery hours	One caregiver can wait in Surgical Waiting Area during procedure. Second caregiver asked to wait off site due to space constraints.

General Visitation Level 3: Inpatient Areas (Patients without COVID-19)

<i>Patient Population</i>	<i>Visitors</i>	<i>Hours/Duration</i>	<i>Notes</i>
Adult Inpatient	No general visitation		Necessary visitation granted by exception
Pediatric Inpatient	One healthy visitor	All hours	Two primary caregivers on the visitor list for entire hospital admission. Caregivers can switch twice per day.
Birth Center (L&D/Maternity)	One healthy visitor	All hours	Two primary caregivers on visitor list. Doulas are suspended during surge. Visitors allowed to switch every 24 hours if needed.
Parnassus Emergency Department	No general visitation		Visitors are only allowed for patients with specific caregiving needs
Mission Bay Emergency Department	One healthy visitor for pediatric patients	All hours	
Inpatient Adult Surgery	No general visitation		Necessary visitation granted by exception
Inpatient Pediatric Surgery	One healthy visitor	During surgery hours	

Inpatient Area: (Patients with COVID-19)

COVID-19 Adults	Video visitation only	All hours	Exceptions made at the end of life
COVID Exposed	One healthy visitor	See Level 1 or 2	Patient must remain asymptomatic
COVID-19 Pediatrics	One healthy guardian	All hours	

General Visitation: Outpatient Areas

<i>Patient Population</i>	<i>Visitors</i>	<i>Hours/Duration</i>	<i>Notes</i>
Ambulatory Clinics	No general visitation	Clinic Hours	One Caregiver allowed on advance request for patients with specific caregiving needs
Cancer Center / Infusion	No general visitation	Clinic Hours	One Caregiver allowed on advance request for patients with specific caregiving needs
Outpatient Surgery/ Procedures	No general visitation	While surgery is in progress	Visitors are welcome in designated waiting areas
Outpatient Radiology	No general visitation	While procedure is in progress	Visitors are welcome in designated waiting areas

The Visitation leadership team will recommend moving to more restrictive visitation levels when at least two of the criteria for a stricter visitation are met. The Visitation leadership team will recommend moving to less restrictive visitation when all three of the criteria for the lower level are met.

Table 2. Guide for Moving Between the Visitation Levels*

	Level 1	Level 2	Level 3
UCSF Surge Status (7 days in new range)	Green or Yellow (0-40 patients)	Orange (41-60 patients)	Red (greater than 60)
Shelter in Place Order for SF	Not active	Not active	Active
Test Positivity (7-day average)	Less than 5.0%	Less than 6.0%	Greater than 6.0%

*Transition to a lower visitation level requires that all conditions of the lower visitation level be met. Transition to a higher visitation level will happen when two of the three criteria in the higher visitation level are met.

- C. Necessary Visitation (by approval only): Patients have specific caregiving needs who require a “necessary visitor” are eligible for special visitors at all visitation levels. Exceptions may be granted upon approval by unit/clinic leadership. In special circumstances, visitors may be allowed in ambulatory settings and for longer duration and in greater numbers in the inpatient setting. Visitors will need to be approved by the receiving space prior to being allowed entry to the hospital. While waiting for approval, visitors must wait in designated waiting areas or off site.

Process:

Ambulatory: No visitors are permitted except in the following circumstances where (1) caregiver is required to accompany patient to his/her visit and/or treatment for “Necessary Visitation” exceptions below.

1. Family members of patients who are in Comfort Care/Hospice. Visitors of all ages are allowed.
2. Visits by anyone who is legally authorized to make decisions for the patient, whether by operation of a DPOA or conservatorship, or a surrogate decision-maker as recognized by the provider team for patients who lack decisional capacity.
3. Support persons for patients with developmental disabilities, physical disabilities/limitations or cognitive impairment who require assistance.
4. Support persons for patients who have delirium and/or dementia where the presence of the visitor is necessary to reduce the patient’s delirium, reduce the risk of falls or other injury, and otherwise reduce the risk of medical or clinical harm.
5. Visits by family and legal advisors to update a patient’s will or other legal papers.
6. Unique situations that may arise where the visitor need should be discussed with the on-site manager.
7. Evaluations for transplant that require a patient to bring a caregiver or other support person because the clinical team needs to ensure a comprehensive support system is in place and assess the support person’s ability to comply with the post-transplant expectations per UNOS and CMS guidelines.
8. For Pediatrics and the birth center: All patients with an appointment in a Pediatric clinic or Pediatric Infusion Center (this is not limited to patients who are <18 years of age due to instances when older patients may have developmental reasons that require a visitor/caregiver to accompany them)
9. For Orthopedic Institute Surgery Center: All surgical patients may be accompanied by a caregiver or support person who is their source of transportation.

Periprocedural/Radiology/Perioperative/PACU: For inpatient and come-and-go surgeries, given space constraints, visitors to the PACU will be limited to necessary visits as below. Visitors for patients meeting exception criteria should be alerted to PACU Unit Director by the surgical clinic or Prepare prior to DOS. Approved visitors will be placed on the approved visitor list and then entered by the PACU RN on the DOS. DOS approvals for visitors will be reviewed and approved by the Preop charge nurse. For Radiology procedures, a

manual list should be brought down to the front desk daily ambulatory visitor workflow will be followed, entering the necessary visitor: reason and info (if available) in the patient appointment notes.

1. Visits by anyone who is legally authorized to make decisions for the patient, whether by operation of a DPOA or conservatorship, or a surrogate decision-maker as recognized by the provider team for patients who lack decisional capacity. Revised 20 July-2020
2. Support persons for patients with physical or developmental disabilities who require assistance (examples: hearing loss, wheelchair bound, LVADs, dementia, aphasia).
3. Minors allowed one adult visitor*.
4. Family members of patients who are in end of life care or experiencing an acute life-threatening event who, in the judgement of the provider team, is expected not to survive the current hospital stay.
5. Patients and family members who would benefit from face to face teaching either because of the complexity of the material or the needs of patient or caregivers.
6. Any obstetric ultrasound

**Unattended minors: adult patients with a minor will not be permitted to have the minor stay in the dept unattended; Pedi patients with parent and minor sibling will not be permitted to have the sibling stay in the dept unattended.*

Adult ED, Birth Center and Inpatients: meeting the criteria below may be approved for additional visitors and visitors for extended hours under “Necessary Visitation.” Visits to COVID positive patients or those undergoing testing (PUI) will not be permitted except at the end of life.

1. Visits to a patient who is at the end of life. End of Life is defined as a patient expected to survive less than 7 days, those on comfort care, or those with a challenging disposition to hospice as their next level of care. Visitors of all ages are allowed. (NOTE: As above patients may be, but do not need to be, on comfort care orders). Outside spiritual care providers are also eligible to visit as an EOL visitor.
2. Support persons for patients with cognitive impairment and/or other neurologic injury (e.g. stroke) or those who have developed hospital delirium, where the consistent presence of the visitor is necessary to reduce the risk of medical or clinical harm.
3. Support persons for patients with developmental disabilities who depend on continuous support person for medical care and/or support.
4. Adult and minor patients who have experienced a fetal demise, whether due to ectopic pregnancy, miscarriage, still birth during their hospitalization are allowed to have a one visitor stay overnight.
5. Postpartum readmission to the Birth Center—primary caregiver and infant allowed for rooming in to promote initiation of breastfeeding
6. COVID + Birth Center patients who require care in an adult ICU would not be allowed to have a visitor, per the adult inpatient visitor restrictions.
7. Discharge teaching that requires the presence of a visitor(s) (maximum 2) at the bedside.

Children’s ED and Inpatients: meeting the criteria below may be approved for additional visitors and visitors for extended hours under “Necessary Visitation.” Visitors to COVID positive patients are strongly recommended to designate one caregiver at the bedside (not trade out). If this is not possible, allow caregivers to trade out as per our hospital policy. All visitors to COVID positive patients must adhere to the infection control guidelines below.

- Caseworkers from DCFS, CPS
- Complicated Discharge Needs—two primary caregivers allowed for teaching and coordination. Examples include, but not limited to:
 - a. 24 hours of care for new trach patients
 - b. Appointments with equipment vendors for training requiring multiple caregivers

- c. At time of discharge to assist with equipment coordination, if is a lift restriction for mother (postpartum), or disabled parent/caregiver.
- MIBG—two primary caregivers allowed to split radiation load
- Symptomatic primary caregiver if essential to care of the patient and no alternative can be identified
 - a. Caregiver must wear mask at all times while on campus, including in the patient room
 - b. Caregiver must stay in patient room at all times
- Surgical cases where the patient will recover in a critical care setting—two caregivers are allowed for peri-op period and during immediate post-op period in ICU, except at Level 3 visitation.
- Patient on ECMO during cannulation and decannulation
- Patients with documented/diagnosed severe behavioral challenges who require a second caregiver to control behavior during peri-op period and while initiating inpatient admission. This may include during the inpatient stay with Patient Care Director discussion & approval.
- Patients with two or more medical devices (FLIGHT patients) for peri-op period and while initiating inpatient admission
- Patient deterioration, code, Med-Stat or RRT event until situation stabilizes
- Juvenile Justice Center Minors Accompanied by ACPD (Alameda County Police Department)
- Family Meetings—additional caregiver allowed for meeting only, not at the patient’s bedside.
- Rooming-In—allow two caregivers at bedside for 24-48 hours to ensure readiness for discharge for medically complex patients
 - a. Cardiac surgery patients discharging with home monitoring, complex discharge needs, teen parents, first time parents, parents who can only visit infrequently
 - b. Intensive Care Nursery patients going home with complex discharge needs, teen parents and their chaperone, first time parents, parents who can only visit infrequently
 - c. PICU patients with complicated discharge needs or equipment management, including trachs, Remodulin pump
 - d. Bone Marrow Transplant and Oncology—new diagnosis, complex discharge needs
 - e. Any new trach patient, central line, newly diagnosed diabetic, complicated discharge after consultation after consultation with case management

BCH-SF Long Length of Stay Exceptions	Level 1	Level 2	Level 3
Siblings	At 30-day LOS, unit directors can approve all minor siblings (age 5 and older) to come once every two weeks for up to four hours. Siblings under the age of 5 will need to be reviewed by the Visitor Escalation Committee.	At 60-day LOS, unit directors can approve all minor siblings (age 5 and older) to come once every two weeks for up to four hours. Siblings under the age of 5 will need to be reviewed by the Visitor Escalation Committee.	On Hold. Please request through Visitor Escalation Committee.
Additional Visitor	At 30-day LOS, unit directors can approve one additional visitor to come once every two weeks for up to four hours. The additional visitor can change every two weeks, but is limited to just one person every two weeks.	At 60-day LOS, unit directors can approve one additional visitor to come once every two weeks for up to four hours. The additional visitor can change every two weeks, but is limited to just one person every two weeks.	On Hold. Please request through Visitor Escalation Committee.

- All siblings and additional visitors must comply with PPE requirements, pass screening, and stay in the patient room at all times, except when entering and exiting the hospital.

- Maximum number of visitors at the bedside is subject to unit limitations
- As needed on a case by case if no alternative can be identified after consulting with unit director and patient care director

For additional information guiding pediatric visitation, see the BCH-SF Caretaker and Patient Guidance in Appendix B.

D. Approval for Necessary Visitation

Additional visitors to Adult and Children’s ED and Inpatient areas, allowed under “Necessary Visitation” must go through an approval process.

Step 1. Determine whether a requested visitor meets the exception criteria set out by DPH and UCSF as above	Step 2. <u>The attending physician(s)*</u> must obtain approval for Visitor exceptions from the unit director (adult) or hospital supervisor (peds) prior to granting visitors permission to visit	Step 3. RN Unit Directors & hospital supervisors are responsible for managing the exception visitor lists and facilitating visitor entry through screening & security	Step 4. Primary teams or SW MUST communicate to visitors the limitations on the numbers and timing of visitors along with the exception granted.
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1. STEP 2. Attending physicians MUST review all “Necessary Visitor” requests with the nursing unit director or hospital supervisor prior to granting visitors permission to visit. *For patients in the ICU, both ICU attending and the primary team must agree that the patient is EOL.
2. STEP 3. After approval, visitor name(s) and contact will be added to patient in record in APeX by the Unit Director or Hospital Supervisor. Names will be visible to 1) Guest services who will be screening patients and visitors 2) Unit staff 3) Clinician teams. Currently, the unit directors will be responsible for managing the exception list of “Necessary visitors” for their unit. After approval, visitors will be added to the necessary visitation list and will be allowed through security.

If a visitor clearly meets the criteria and circumstances above, the unit director can grant permission for Necessary Visitors. For exceptions beyond our current policy, requests will be escalated to the Visitor escalation group.

- M-F: Regular business hours (0700-1800) UD/AUD approves necessary visitors for their unit(s)
- Off hours and weekends (M-F, 1801-0659 and Sat, Sun, holidays) Visitor Escalation team will review once daily. If urgent, please contact Hospital Supervisor
- Exceptions to the policy will be escalated to the Visitor Escalation Committee by the exception requestor, unit director, and/or hospital supervisor as appropriate. (see below)

3. STEP 4. There are restrictions on the numbers and duration of visitors to ensure patient and unit staff safety. It is up to the primary team to ensure visitors understand the limitations on number and timing of visitors.

	COVID + and – Patients at the End of Life (patients may be, but are not necessarily comfort care)	Non-COVID/PUI patients with Delirium, Dementia, Neurologic Injury and Developmental Delay
Adult ICU and Floor	Patients at the EOL are allowed up to eight total visitors on their approved list for the remainder of their hospitalization and two visitors at a time including one visitor at a time to stay overnight. Other visitors must wait in the cafeteria or off site. When death is imminent†, four visitors may be allowed at the bedside by request to the unit staff depending on the size of the room and patient acuity. Multiple visitors may switch out during the day. At Level 3, total visitors at EOL decreases to 4.	A patient’s visitor is allowed to stay and sleep overnight**. In the ICU, sleeping accommodations cannot be provided.

Children's ICU and Floor	<p>Two primary caregivers are allowed at bedside at all times.</p> <p>An additional six visitors allowed, for total of eight for the remainder of the hospitalization. No more than four total people at the patient's bedside at any time. The eight people on the visitor list must remain the same for the duration of the hospitalization—no switching of visitors allowed.</p> <p>At Level 3, total visitors at EOL decreases to 6.</p>	Pediatric Visitation is 24 hours/day
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* *End of Life is defined as a patient expected to survive less than 7 days, those on comfort care, or those with a challenging disposition to hospice as their next level of care.*

** *Overnight is defined as hours outside normal visiting hours.*

† *Imminent death is defined as patient expected to pass away within 12 hours.*

E. Approvals for requests outside of the current policy:

For approval requests that do not fall within the policy, those making the request should address their concerns to the Visitor Exemption Committee by filling out this form: <http://tiny.ucsf.edu/VisitorRequest>

The Visitor Exception Committee is a rotating group of physicians, nursing leaders, chaplains, and social workers who will review requests outside the policy and providing a decision on the request. Decisions will be made within the same business day if possible or by mid-day the follow day for late afternoon requests.

Guidance for General Visitation and Necessary Visitation:

1. Visit Duration: For Adult General visitation, visitors are limited to Visiting Hours (see Table 1 for specifics). In the Children's Hospital and the Birth Center, general visitors (primary caregivers and support persons) are allowed 24 hours a day. **Necessary visitation must be for as short duration of visit as appropriate, and based on urgent health, legal, or other issues that cannot wait until later.**
2. Number of Visitors: General Visitation visitors will be limited to a single person. Necessary Visitation Exceptions are limited to number's in the table above.
3. Visitor Screening: All support persons / visitors must be screened for symptoms; those screening positive will *not* be permitted to visit and/or may be asked to leave the patient care areas. They will be given explanatory material including instructions on hygiene and social distancing, and a recommendation to seek care from their primary provider.
 - Note that given rapidly changing conditions and to avoid risk of bias, UCSF does not currently have restrictions based on visitor place of residence, travel to specific locations or restrictions for airplane travel. Visitors are expected to adhere to the CDC policy on 14-day quarantine for international travel.
 - Visitors of concern should be discussed with the entire care team to ensure that all clinicians have an opportunity to express their concerns or defer from in-person care as desired.
 - All specific requests for exemptions will be directed to the Visitor Exceptions Group
 - General concerns about the visitor policy should be addressed to Kim.Scurr@ucsf.edu and Michelle.Mourad@ucsf.edu
4. Visitor Responsibilities: All support persons / visitors who qualify under these exceptions will receive the "Visiting Responsibly (APPENDIX 1)" instruction sheet, including direction on handwashing, mask wearing, social distancing, other infection prevention measures, and limitations on movement within the hospital. Visitors will be made to acknowledge their agreement with the Visiting Responsibility Sheet.
5. Transportation: For patients that rely on another person for transportation, instruct driver that they will be put in designated "visitor holding" areas at each campus (City Lights Room at 1st floor Millbury Union at Parnassus, 2356 Sutter Street Ida's Café at Mt Zion, *Mission Bay location TBD*). Driver can also choose to drop off and return at end of appointment for pick up. Staff will collect drivers' contact information so staff can communicate end of appointment time and coordinate pick up.

Note:

1. Forensic patients: Follow existing workflows, ensure security & patient are screened per established policies.
2. Service Animals: Patients must be screened for service animal per UCSF policy- no emotional support animals or pets accommodated under any circumstance.

V. INFECTION CONTROL GUIDANCE FOR NURSING UNITS:

For COVID NEGATIVE Patients:

1. Unit staff should remind visitors they **MUST** wear a mask at all times when on the unit and adhere to social distancing guidelines. No additional PPE is required for visitors, unless otherwise dictated by their room precautions.
2. Any visitor found to not be wearing a mask should be reminded to do so with a warning that repeated reminders may result in loss of visitor privileges. Visitors who need repeat reminders should be escalated to unit leadership. Sleeping visitors are allowed to sleep without a mask if they are >6 feet away from the patient and out of the flow of unit staff.
3. Unit staff can recommend, but are not required to enforce, social distancing between patients and visitors, and do not need to restrict physical touch. Unit staff do not need to prevent materials brought from the outside: food, personal items from touching the patient.

4. Unit staff should try, as much as possible, to maintain social distancing between visitors and unit staff. If not possible due to the size of the room, unit staff should avoid physical contact and limit the duration of close contact.

For COVID EXPOSED Patients:

1. For adult services, visits to COVID EXPOSED patients are permitted under the general visitation guidelines.
2. One healthy visitor is permitted between the hours of 11AM-8PM.
3. The patient must remain asymptomatic as determined by the attending provider for visitation to continue.
4. The visitor must adhere to the novel respiratory isolation personal protective guidance during their visit.
5. End of Life visitation remain the same for all patients.

For COVID POSITIVE Patients:

6. For adult services, visits to COVID positive patients or those undergoing testing (PUI) will not be permitted except at the end of life.
7. For BCH and the Birth Center, visitors to COVID positive patients are strongly recommended to designate one caregiver at the bedside (not trade out). If this is not possible, allow caregivers to trade out as per our hospital policy. All visitors to COVID positive patients must adhere to the infection control guidelines below.
 - a. For details, review Appendix B. In summary, in addition to the requirements above, unit staff need to ensure visitors wear appropriate PPE (surgical mask, eye protection, gloves, gowns). The visitors should not be offered N95s because they have not been medically cleared or fit tested. Visitors should remain in the room for the entirety of their visit. Caretakers and support persons in the adult and pediatric hospitals should not leave the room unless at the time of discharge or in select circumstances to trade with the other caretaker; they will be provided meals in their room. Please see Appendix B for Pediatric Caretaker guidance.

Scope of the Restriction

The restriction applies to inpatient premises. "Premises" are the buildings, grounds, facilities, driveways, parking areas, and public spaces within the legal boundaries of each Hospital.

Visit Responsibly

Guidelines for Visitors to UCSF Health

Dear UCSF Health Visitors,

Safety for all is our highest priority.

UCSF Health is doing everything we can to stop the spread of COVID-19. Our main goals are to provide excellent patient care and to create the safest environment possible. In order for us to do this, we need everyone to follow the visitation rules listed below. You may be asked to leave if you are not able to follow these rules.

All Visitors will be:



Patients who are on special precautions; gowns and gloves in addition to surgical masks may be required and will be provided by the patient care unit



Take Care. Be Kind. Stay Safe.

APPENDIX B: PEDIATRIC CARETAKER AND PATIENT GUIDANCE IN THE ED AND INPATIENT SETTING

General Caretaker Principles

- a) Screen all people accompanying a patient at the point of entry, using the UCSF visitor screening tool which includes symptoms, exposure to COVID-19, or known diagnosis of COVID-19.
 - i. Exceptions include caretakers that have received a "Visitor Exception Letter." As long as the visitor is asymptomatic and meets all other criteria, they may be cleared for visitation. The BCH Nursing Supervisor will have specific names on file.
- b) Instruct caretakers to wear a surgical mask daily as per the universal masking policy enacted on 3/29/20
 - i. https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Surgical_Mask_Post_er_8.5x11.pdf
- c) Instruct caretakers to remain in the patient room.
- d) There will be two caretakers on the visitor list:
 - i. These two caretakers will be allowed to change twice in a 24hr period with a 30 minute overlap between them.
Contact the nursing supervisor for questions.
- e) Family House or Ronald McDonald House are outside the scope of UCSF Hospital Epidemiology and Infection Prevention. Caregivers staying in that housing may share their and child's information. The nursing supervisor and infection prevention will contact Family House for any COVID confirmed patients staying at their facility. For questions, please consult Social Work.

Emergency Room

- a) Screen caretakers accompanying a patient at the point of entry for symptoms using the BCH visitor tool, give them a surgical mask and instruct them how to wear and handle it properly.
 - i. Wearing a surgical mask is required in the ED and Accelerated Care Unit
- b) If the caretaker has a negative screen, they will be given a daily sticker to place on their Blue ED Parent badge.
- c) If the caretaker has a positive visitor screening, they will be asked to leave. If this is not possible, instruct the visitor to wear the surgical mask and room them as soon as possible. We cannot refuse care.
- d) If the caretaker is COVID-19 positive, they will be given a mask (they should have arrived in one) and tell them they need to identify an alternative caretaker to replace them. However, we cannot refuse care.
 - i. If there is no alternate caretaker, place the caretaker in 'Novel Respiratory' or 'Respiratory Illness' isolation depending on whether the patient will need a continuous or intermittent aerosol generating procedure. If patient is on 'Novel Respiratory' isolation, place them in a negative pressure room.
- e) COVID-19 positive transport options
 - a) AMR – BLS ambulance with the crew in appropriate PPE. This may be covered by some insurance companies.
 - b) Private car – transport must be done with all parties masked, windows down for the duration of the ride, and the car high touch surfaces disinfected at the conclusion of the ride.

Inpatient

- a) Screen caretaker accompanying a patient daily at the point of entry for symptoms using the UCSF visitor tool, give them a surgical mask and instruct them how to wear and handle it properly.
 - i. Ask caregivers to report new concerning symptoms including fever, chills, cough, trouble breathing, sinus congestion, runny nose, sore throat, nausea or vomiting, diarrhea, unexplained muscle aches, loss of sense of taste or smell, or eye redness or discharge that develops while they are in the hospital.
 - a) If the caregiver becomes symptomatic at any time while they are in the hospital, seek an alternate caregiver (see Table 1 below).

- b) Symptomatic caretakers may be tested for COVID-19 as per the BCH visitor positive screening algorithm posted here: [PROCEDURE FOR SCREEN POSITIVE ESSENTIAL CAREGIVERS/SUPPORT PERSONS FOR HOSPITALIZED PEDIATRIC](#)
 - (a) Have caretaker call the COVID hotline (415) 514-7328 and select category for UCSF Patients during the hotline hours – and provide the code “BCHSF Essential Caregiver Group”
 - Monday through Friday 8 am-5 pm
 - Saturday and Sunday 8 am-2 pm
 - If caretaker cannot call themselves, with their permission, a member of the team can call on their behalf
 - The COVID hotline will communicate directly with the caretaker and schedule an appointment for testing
 - COVID hotline will communicate test results during business hours. Pediatric attending can look up parent testing results and share with family. If parent is positive in critical care, information needs to be communicated in a timely fashion to manage visitation.
 - If caregiver is positive, assess if staying at Family House and follow protocol to notify Family House.
 - If initial test results are negative, recommend re-testing if caregiver becomes symptomatic.
 - ii. Instruct caregivers to perform diligent hand hygiene including while in the room and upon leaving the room.
- b) Give caretakers a surgical mask daily as per the universal masking policy.
 - i. Social distancing is still required in addition to masking.
 - ii. Explain the rationale for wearing a surgical mask, which includes the inability to social distance in the hospital setting.
 - iii. Instruct caretakers to wear a mask at all times
 - a) If caretakers refuse to mask, refer them to the charge nurse
 - (a) If charge nurse intervention is unsuccessful, escalate to nursing leadership
 - b) If the caretaker cannot mask all the time, instruct them to mask while healthcare workers are in the room.
 - c) While sleeping, caregivers do not need to wear a mask if they are greater than 6ft away from the healthcare worker. If the caregiver is within 6 ft of the patient, they should sleep with a mask on.
- c) Caretakers will remain in the patient room. Exceptions include:
 - i. Going to the bathroom/shower facilities in critical care areas
 - ii. When leaving the hospital
 - iii. To café, Ronald McDonald House or family lounge for meals
 - iv. Laundry facilities--only one family should be in the laundry area at any time to preserve social distancing. Laundry may only be done once per week per family. Any items that require daily laundering should not be used.
- d) Additional considerations
 - i. If a patient is on Novel Respiratory Isolation (due to being COVID confirmed, COVID exposed, or with signs and symptoms concerning for COVID)
 - a) If a patient is COVID-19 exposed
 - (a) Explain the rationale for wearing PPE in the patient room
 - (a) The following provisions are especially important for non-exposed caretakers/visitors
 - (b) Protects wearer from infection including in higher risk situations, including:

- (a) If patient is getting an aerosol generating procedure and is COVID-19 infected
 - (b) If patient is COVID-19 confirmed
 - (c) Review the universal masking policy as per above
 - (a) Offer and provide PPE. See Table below.
 - (i) Review appropriate donning/doffing
 - (ii) N-95 masks should not be offered because the caregiver is not medically cleared nor fit tested
 - (iii) Provide just in time coaching for donning and doffing.
 - (iv) Change PPE once per shift or if dirty/soiled.
 - (v) They should report symptoms concerning for COVID and offered testing through the COVID hotline using the code "BCH Caregiver group."
 - (d) Caretaker should not leave room to go to common spaces (café, Gift shop, Family resource room, laundry, etc.). Assuming the caretaker remains asymptomatic, follow the caretaker policy for changing with another caretaker as above. If they need to leave the hospital, they should directly leave the building.
- b) If the patient has COVID-19 please refer to caretaker of COVID-19 confirmed patients' checklist
 - (a) Explain that if the patient has COVID-19, remaining in the room puts them at risk of acquiring COVID-19 especially if patient is getting an aerosol generating procedure
 - (b) Explain the rationale for wearing PPE in the patient room including that it lowers but does not eliminate the risk of infection if the patient has COVID-19.
 - (a) Review the universal masking policy as per above and
 - (i) Offer and provide additional PPE (eye protection, surgical mask, gloves, gown)
 - (ii) N-95 masks should not be offered because the caregiver is not medically cleared nor fit tested
 - (iii) Review appropriate donning/doffing
 - (iv) Provide just in time coaching for donning and doffing
 - (v) Change PPE once per shift or if dirty/soiled.
 - (b) See below for details in the caregiver of COVID positive patients' checklist below.

e) Patients

i.

Our Universal Masking policy does not extend to ALL pediatric patients:

- (a) Upon entry to the hospital, patients that are greater than 5 years old be offered a mask. Younger patients greater than or equal to 2 years of age but less than 5 years can be offered a mask if they can tolerate it and safely wear it. Patients less than 2 years old should not be masked.
 - (a) Children 3-12 years old should be supervised when wearing a mask
 - (b) Pediatric patients with tracheostomies can also place a surgical mask over their tracheostomy if they are ≥ 2 years, it is safe, and the patient can be supervised. If the patient has an HME filter over their tracheostomy, they do not need to wear a surgical mask over their tracheostomy.

- b) As per our current policies, patients who are *symptomatic* should be masked or, if too young to mask, covered with a blanket while in common areas (hallways, off the unit for procedures) if safe.
- c) For asymptomatic patients, they can be asked to mask as tolerated/safe/appropriate for age, including
 - (a) When they are in common areas (hallways, off the floor for procedures)
 - (b) When a healthcare worker enters the room
- ii. ALL patients should stay in their rooms except as needed for procedures
 - a) Exceptions can be made (mental health, need for conditioning, etc.) after risks/benefits are discussed with the primary team and unit leadership.

Table 1. Summary of Caretaker Recommendations by Patient COVID status

Patient COVID Status	Caregiver Exposed	Caregiver Symptomatic?	Allowed to Visit?	Number of caretakers	Caregiver PPE	Test Caregiver?	Visit Restrictions?
COVID +	No (lives in different house, has not been in contact with the patient.)	No	Yes	Recommend one for the admission. If extenuating circumstance and need to rotate, follow BCH visitor policy.	Surgical mask, eye protection, gloves, gown	No, unless symptoms develop	May not leave room except at discharge or if in critical care to go to the bathroom
COVID +	Yes	No	If non-exposed caretaker not available.	Recommend one for the admission. If extenuating circumstance and need to rotate, follow BCH visitor policy.	Surgical mask, eye protection, gloves, gown	Yes on admission and 14 days after caretaker wears PPE, refer to COVID hotline (415) 514-7328, ask them to provide code "BCHSF Essential Caregiver group"	May not leave room except at discharge or if in critical care to go to the bathroom
COVID +	Yes	COVID pos (asymptomatic or symptomatic)	No. If non-exposed, asymptomatic caretaker not available, discuss case with unit leadership/infection prevention.	Recommend one for the admission. If COVID + caretaker remains at the bedside, cannot rotate caretakers	Surgical mask, especially when HCW enters the room		May not leave room except at discharge. Preferentially would use a commode while in critical care
COVID -	Unknown	Yes	No. Identify asymptomatic caretaker.	Per BCH visitor policy	If needs to be at the bedside, surgical mask at all times and maintain >6ft distance and practice diligent hand hygiene.	Yes, refer to COVID hotline (415) 514-7328, ask them to provide code "BCHSF Essential Caregiver group"	May not leave room except at discharge or if in critical care to go to the bathroom
COVID -	Unknown	COVID pos (asymptomatic or symptomatic)	No. Identify asymptomatic caretaker.	Per BCH visitor policy	If needs to be at the bedside, surgical mask at all times and maintain >6ft distance and practice diligent hand hygiene.		May not leave room except at discharge. Preferentially would use a commode while in critical care
COVID +/-	Unknown	Yes, COVID negative	No, if asymptomatic caretaker not available, discuss case with unit leadership/infection prevention.	Per BCH visitor policy	If needs to be at the bedside, surgical mask at all times and maintain >6ft distance and practice diligent hand hygiene.		May not leave room except at discharge or if in critical care to go to the bathroom
COVID +/-	Unknown	Yes, history of COVID positive but recovered (completed isolation period)	Yes, though need to make an assessment of caretaker status including date of symptom onset, positive test, current symptoms	Per BCH visitor policy	Surgical mask, especially when HCW enters the room	If there are questions if the caretaker is still in isolation period, refer to COVID hotline (415) 514-7328, ask them to provide code "BCHSF Essential Caregiver group"	None
COVID exposed	Unknown	No	If caretaker also exposed, seek alternate caregiver unless exposure happened at UCSF Health in which caretaker would be allowed to visit and receive exemption letter	Per BCH visitor policy	If <i>exposed</i> caretaker needs to be at the bedside, surgical mask at all times, If <i>non-exposed</i> caretaker, wear surgical mask, eye protection, gloves, gown		May not leave room except at discharge or if in critical care to go to the bathroom
COVID -	No	No	Yes	Per BCH visitor policy	Surgical mask, especially when HCW enters the room		None
COVID pending	No	No	Yes	Per BCH visitor policy	Surgical mask, especially when HCW enters the room		None, unless patient has COVID-19 symptoms in which may not leave room except at discharge or if in critical care to go to the bathroom

Caregivers of COVID-19 Confirmed Patients Checklist

1) Number of caretakers and symptom screening

- Is there is a non-exposed asymptomatic caretaker that can take the place of the exposed parent(s)?
 - If not, then an exposed asymptomatic caretaker will be allowed at the bedside.
 - If there are no asymptomatic caretakers, further discussion will be had with the unit leadership, nurse supervisor, and infection prevention
- Strongly recommend one designated caretaker at the bedside (not trade out). If this is not possible, allow caretakers to trade out as per our hospital policy.

Symptoms:

- Confirm that designated caretaker(s) are asymptomatic
- Instruct them to report COVID-19 symptoms as soon as they develop and refer them for COVID testing through the COVID-19 hotline
 - Parents will get a daily symptom screen as per hospital policy
 - If patient being transferred in, then transfer center asks these questions
 - If patient admitted from the ED, ED does this screening or sends caregiver to lobby for screening
 - If patient directly admitted, unit asks these questions or sends caregiver to lobby for screening

2) Huddle

-Unit leadership (Monday through Friday during day time hours) or Nursing Supervisor (after hours and weekends) sets up huddle that includes clinical team, RN and MD leadership of the unit, patient care director, nursing supervisor, infection prevention. See standard work in Appendix C.

3) PPE

- Unit reviews that remaining in room of COVID-positive patient puts caretaker at risk for infection with COVID-19
- Unit reviews this information with the caretaker:
 - While in the hospital caretaker needs to wear surgical mask and perform diligent hand hygiene if entering and exiting the patient room as per hospital recommendation
 - While in the patient room caretakers to wear a surgical mask, eye protection, gloves, gown
 - Caretakers not to wear N95s because they are not medically cleared nor fit tested
 - Instructs them how to don and doff
 - Provides just in time coaching on PPE and hand hygiene
 - Provides clean PPE once per shift or if soiled.
 - If caretaker cannot comply with PPE and hand hygiene recommendations, escalate to unit leadership (OR NURSE SUPERVISOR). If caretaker is unable to comply after escalation, visitation privileges may be revoked.

4) Additional instructions

- Caretaker needs to stay in the room at all times unless leaving the hospital
- Or for specific caretakers in critical care areas to go to the designated bathroom (see table above).
 - Designate path of travel and instruct parents to proceed directly there, perform diligent hand hygiene and remain masked
 - If caretaker cannot comply with path of travel, hand hygiene and masking, escalate to unit leadership.
 - If caretaker is unable to comply after escalation, visitation privileges may be revoked.

5) Per a SFDPH Health Advisory dated 5/5/20, testing of asymptomatic COVID close contact is recommended. Given this, we recommend testing of the asymptomatic caretaker with the patient at the bedside. In addition if a caretaker develops symptoms, they should be referred for testing.

- Team to collect names and DOB of caretaker (email it to Manisha Israni, Michael Helle, Lynn Ramirez, Amy Nichols, Nicole McNeil, Carolyn Caughell)
- Have caretaker call the COVID hotline (415) 514-7328 and select category for UCSF Patients during the hotline hours – and provide the code “BCHSF Essential Caregiver Group”
 - Monday through Friday 8 am-5 pm
 - Saturday and Sunday 8 am-2 pm
- If caretaker cannot call themselves, with their permission, a member of the team can call on their behalf
- The COVID hotline will communicate directly with the caretaker and schedule an appointment for testing
- COVID hotline will communicate test results during business hours. Pediatric team can look up parent testing results and share with family. If parent is positive, information needs to be communicated in a timely fashion to manage visitation.
- If initial test results are negative, recommend re-testing if caregiver becomes symptomatic or after 14 days of wearing appropriate PPE if patient still admitted.

6) Department of Health Reporting

Infection Prevention will report COVID positive patient to the Department of Health. The Department of Health will provide the family additional guidance and recommendations for close contacts.

7) Useful patient facing links

English

<https://www.sfcddcp.org/wp-content/uploads/2020/04/COVID19-Close-Contact-Advisory-FINAL-04.01.2020.pdf>

Spanish

<https://www.sfdph.org/dph/alerts/covid-guidance/Guidance-Isolation-and-Quarantine-Spanish.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf>

APPENDIX C: BCHSF STANDARD WORK FOR THE COVID CONFIRMED PATIENT HUDDLE



BCHSF Standard Work for the COVID Confirmed Patient Huddle

Attendees: Unit Nursing leadership, Unit MD leadership, Primary team attending, Patient Care Director, Nursing Supervisor, Infection Control, Social Work, Case management, charge RN, bedside RN

Introduction: We are here to discuss the following patient, _____. Their primary language is _____. They tested positive from _____ (institution) after presenting with _____. They are currently asymptomatic / symptomatic and are / are not receiving aerosol generating procedures. The date of their symptom onset was _____. (Please add any other hospitalization/clinical status updates).

Review the following topics:

- ✓ Has DPH been notified and if so, have they communicated any recommendations?
 - Infection prevention routinely reports COVID positive patients to SFDPH and the patient's local DPH
 - Any additional input from DPH?
- ✓ Caregiver status:
 - Review checklist before huddle:
 - <https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/UCSF%20Health%20COVID-19%20Visitor%20Guidance.pdf>
 - Which caretaker is here with the patient?
 - Is the caretaker exposed to COVID? If yes, are there any non-exposed asymptomatic caretakers to available?
 - Does the caretaker have any COVID concerning symptoms?
 - Has someone reviewed COVID-19 symptoms they should report to the team if they were to develop?
 - If not, please provide symptom document from CDC: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>
 - Has this caretaker had a COVID test and if so when was the date and result of the last test?
 - Does the caretaker require COVID testing?
 - ✓ Team to collect names and DOB of caretaker (email it to Manisha Israni, Michael Helle, Lynn Ramirez, Amy Nichols, Nicole McNeil, Carolyn Caughell)
 - ✓ Have caretaker call the COVID hotline (415) 514-7328 and select category for UCSF Patients during the hotline hours – and provide the code “BCHSF Essential Caregiver Group”
 - Monday through Friday 8 am-5 pm, Saturday and Sunday 8 am-2 pm
 - ✓ ****If caretaker cannot call themselves, with their permission, a member of the team can call on their behalf****
 - ✓ The COVID hotline will communicate directly with the caretaker and schedule an appointment for testing
 - ✓ COVID hotline will communicate test results during business hours. Pediatric attending can look up parent testing results and share with family. If parent is positive in critical care, information needs to be communicated in a timely fashion to manage visitation.
 - ✓ If initial test results are negative, recommend re-testing if caregiver becomes symptomatic.
 - ✓ After the appointment, will they need an exception note?
 - ✓ If positive, is there another, non-exposed caregiver to relieve them?
 - ✓ If all caregivers exposed, what is the visitation plan?

- Review risk of being exposed and becoming infected to COVID, provide rationale for PPE, instruct caregiver how to don/doff PPE, give caregiver PPE (gown, gloves, mask, and eye shield), inform them that they must wear it at all times, and provide just in time coaching for PPE. Provide new PPE every shift. Any caregiver concerns about wearing PPE?
 - Remind caregiver that they must stay in the room at all times and inform leadership if they must leave.
 - Provide guest dietary trays for the caregiver.
-
- ✓ Is there a potential for the patient to leave the unit for a procedure?
 - ✓ Are there any barriers to the care of this patient?
 - ✓ Any comments or concerns from the group?
 - ✓ Is there a need for additional huddles during the admission?
 - ✓ Are there any safety concerns? STOP for safety

Wrap Up

The host of the huddle will then recap the plan and make sure that everyone understands the plan.

APPENDIX D: BCHSF COVID + PATIENT CAREGIVER LETTER



Dear UCSF Benioff Children's Hospital Patients and Families,

Your safety is our highest priority. UCSF Benioff Children's Hospital San Francisco is making every effort to contain the spread of COVID-19 and to ensure both excellent patient care, as well as family and visitor safety. We need your help to maintain safety and contain the spread of COVID-19.

Because your child tested positive for COVID-19, we will need you to take a few extra safety measures while in the hospital:

- First, are you feeling any symptoms of COVID-19 yourself? If you aren't feeling well, there is greater risk that you might be able to spread the disease to others. You should get tested for COVID-19. You can be tested through your own health care provider or we can help arrange testing for you. Please let your child's nurse know right away if you feel sick or if you start to feel sick at any point during your child's hospital stay.
- Second, consider if there is anyone in your family who could come stay with your child who hasn't been exposed to them in the last 14 days. Because you have been exposed to your child, there is a greater risk that you may develop COVID-19 yourself, and a greater risk you could transmit it to others while staying with your child. Is there a trusted family member or friend who would be willing and able to assume this role?
- Next, please make every effort to have one chosen person stay with your child during their hospital stay. Again, this will help reduce the risk of spreading COVID-19 further within your family and the hospital community.
- It is very important that you wear the personal protective equipment (PPE) provided to you as instructed by the nursing staff. You will not be able to remain at your child's bedside if you do not follow these instructions, and you will be asked to leave the hospital.
 - If you are COVID negative or waiting for testing or test results, you will need to wear mask, gown, gloves, and eye protection at all times while in the room with your child. This will help to prevent you from getting COVID-19.
 - If you are COVID positive, you will need to wear a surgical mask at all times while outside of your child's room and anytime there is a member of the health care team in your child's room.
- Wash your hands frequently with soap and water or alcohol-based hand sanitizer.
- We ask that you stay in your child's room at all times unless you are leaving the hospital. This will help limit the number of people you come into contact with and potentially expose to COVID-19.
 - Order guest meal trays to be delivered to your child's room by calling 3-1111 to place your order.
 - If your child is in a critical care unit, arrange to use the restroom by asking your child's nurse for an escort. We recommend that you plan your shower schedule in advance with the nurse. For the protection of all patients, families, and staff, do not leave the room without checking in with nursing staff.

You can find more information about the actions that UCSF is taking to learn more about and combat this disease by going to the patient section of the <https://coronavirus.ucsf.edu/patients>

Thank you for entrusting your child's care to UCSF Benioff Children's Hospital San Francisco.

Sincerely,

Stephen D. Wilson, MD, PhD
Chief Medical Officer

Diane VonBehren, MSN, RN
Interim Director, Patient Care Services