I. TABLE OF CONTENTS

- PURPOSE
- UCSF VISITOR POLICIES AND PROCEDURES
- INFECTION CONTROL GUIDANCE FOR NURSING UNITS
- APPENDIX A: VISITING RESPONSIBLY
- APPENDIX B: PEDIATRIC CARETAKER AND PATIENT GUIDANCE IN THE ED AND INPATIENT SETTING
  i. Table 1: Summary of Caretaker Recommendations by Patient COVID status
- APPENDIX C: BCHSF STANDARD WORK FOR THE COVID CONFIRMED PATIENT HUDDLE
- APPENDIX D: BCHSF COVID + PATIENT CAREGIVER LETTER

II. PURPOSE:

To ensure the safety of our patients and staff, and in compliance with the CDPH Visitor Limitations Guidance, 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, except in the Birth Center.

- 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 1-4, dependent on the level of COVID-19 surge in the community. See Table 1 below for description of the levels.

- In the adult hospitals, switches can be made to another visitor every calendar day 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 by Location:

Ambulatory: Ambulatory patients are allowed one general visitor in visitation level 2, assuming clinic space allows. Please see other allowed visitors below under necessary visitation.

Parnassus Emergency Department: ED patients are allowed one general visitor in visitation level 2. Please see other allowed visitors below under necessary visitation.

Procedural and Perioperative patients will be allowed one visitor to accompany them to the Surgical Waiting Area (SWA) 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 need 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 1-2 visitors on their approved list at Visitation Level 2 and only one general visitor at level 3 as per the restrictions below. A patient’s bedside RN will have the ability to add the designated visitor(s) to the list and then daily verify with patient and/or family the approved visitor for that day.

At Visitation Level 2 at one general visitor:
- 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 in the Birth Center can request a scheduled visit by their minor dependents twice per week, as long as able to pass screening and comply with masking (if greater than age 2) and physical distancing policies. At Level 4, minor visitation will be suspended.
- For patients requesting outside spiritual care services for specific services that can only be provided in person, a single community-based spiritual care provider 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 general visitor/s for all Birth Center patients during the labor phase of the admission only. Doulas are suspended at Level 4.
- Breastfeeding dependents for visitors or patients are allowed during Level 2. For breastfeeding dependents older than 12 months, overnight stays will be reviewed by unit leadership and granted on a case-by-case basis.
- For patient visitors who bring their dependent minors with them, either due to the unexpected nature of the admission or lack of available child care, the visitor’s dependent minor will be allowed to accompany them for a single, time limited visit and the visitor will be instructed that visitors should come unaccompanied in the future.

### Table 1. Visitation Levels

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Visitors</th>
<th>Hours/Duration</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Inpatient</td>
<td>Two healthy visitors at bedside</td>
<td>Quiet hours after 8pm</td>
<td>No maximum number of visitors per day but request to keep maximum at bedside to 2. Overnight visitors/caregivers limited to one where space allows per unit discretion.</td>
</tr>
<tr>
<td>Pediatric Inpatient</td>
<td>Two healthy visitors at bedside</td>
<td>Quiet hours after 8pm</td>
<td></td>
</tr>
<tr>
<td>Birth Center (L&amp;D/Maternity)</td>
<td>Two healthy visitors at bedside</td>
<td>Quiet hours after 8pm</td>
<td></td>
</tr>
<tr>
<td>Parnassus Emergency Department</td>
<td>One healthy visitor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mission Bay Pediatric Emergency Department</td>
<td>Two healthy visitors for pediatric patients</td>
<td>All hours</td>
<td></td>
</tr>
<tr>
<td>Adult Surgery</td>
<td>Two healthy visitors</td>
<td>During surgery hours</td>
<td></td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>Two healthy visitors</td>
<td>During surgery hours</td>
<td></td>
</tr>
</tbody>
</table>
### General Visitation Level 2: Inpatient Areas (Patients without COVID-19)

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Visitors</th>
<th>Hours/Duration</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Inpatient</td>
<td>2 healthy visitors per calendar day</td>
<td>10 am-8 pm</td>
<td>One overnight visitor can be approved by the receiving unit</td>
</tr>
<tr>
<td>Pediatric Inpatient</td>
<td>2 healthy caregivers per calendar day</td>
<td>One caregiver 24 hours per day; 2 caregivers together 10 am-8 pm</td>
<td>Two primary caregivers at the bedside during daytime hours, one overnight. Two primary caregivers on the visitor list for entire hospital admission.</td>
</tr>
<tr>
<td>Birth Center (L&amp;D/Maternity)</td>
<td>2 healthy visitors per calendar day</td>
<td>One visitor 24 hours per day; 2 visitors together 10 am-8 pm</td>
<td>Doulas allowed in addition to two visitors at all hours during the labor phase of admission only.</td>
</tr>
<tr>
<td>Parnassus Emergency Department</td>
<td>One healthy visitor</td>
<td>All hours</td>
<td></td>
</tr>
<tr>
<td>Mission Bay Pediatric Emergency Department</td>
<td>Two healthy caregivers</td>
<td>All hours</td>
<td></td>
</tr>
<tr>
<td>Adult Surgery</td>
<td>One healthy visitor</td>
<td>During surgery hours</td>
<td>Escort to Surgical Waiting Area only. Necessary visitation only in Pre-Op/PACU. Must wait off-site or in designated waiting areas</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>Two healthy visitors</td>
<td>During surgery hours</td>
<td></td>
</tr>
<tr>
<td>Volunteers</td>
<td>Authorized volunteer programs are allowed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Necessary Visitation Level 2: Inpatient Areas (Patients without COVID-19)

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Visitors</th>
<th>Hours/Duration</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Inpatients with Cognitive impairment or Disability</td>
<td>Two healthy visitors</td>
<td>10 am-8 pm, 1 visitor overnight.</td>
<td></td>
</tr>
</tbody>
</table>

### General Visitation Level 2: Outpatient Areas

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Visitors</th>
<th>Hours/Duration</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Center Ambulatory Care</td>
<td>One healthy visitor</td>
<td>Clinic Hours</td>
<td>Clinics may ask visitor to wait in waiting area or outside if social distancing requires</td>
</tr>
<tr>
<td>General Ambulatory Clinics</td>
<td>One healthy visitor</td>
<td>Clinic Hours</td>
<td>Clinics may ask visitor to wait in waiting area or outside if social distancing requires</td>
</tr>
<tr>
<td>Cancer Center / Infusion</td>
<td>One healthy visitor</td>
<td>Clinic Hours</td>
<td>Clinics may ask visitor to wait in waiting area or outside if social distancing requires</td>
</tr>
<tr>
<td>Outpatient Surgery/Procedures</td>
<td>One healthy visitor</td>
<td>While surgery is in progress</td>
<td>Escort to Surgical Waiting Area only. Visitors are welcome in designated waiting areas</td>
</tr>
<tr>
<td>Outpatient Radiology</td>
<td>One healthy visitor</td>
<td>While procedure is in progress</td>
<td>Escort to Radiology Waiting Area only. Visitors are welcome in designated waiting areas</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------</td>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Visitors</th>
<th>Hours/Duration</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Inpatient</td>
<td>One healthy visitor</td>
<td>10am - 8 pm</td>
<td>No overnight visitors, switch every 24 hours</td>
</tr>
<tr>
<td>Pediatric Inpatient</td>
<td>One healthy visitor</td>
<td>One caregiver all hours. Second caregiver 10 am-8 pm.</td>
<td>Two primary caregivers on the visitor list for entire hospital admission. Caregivers can switch twice per day.</td>
</tr>
<tr>
<td>Birth Center (L&amp;D/Maternity)</td>
<td>One healthy visitor</td>
<td>All hours</td>
<td>Doulas allowed during the labor phase of admission only.</td>
</tr>
<tr>
<td>Parnassus Emergency Department</td>
<td>One healthy visitor</td>
<td>All hours</td>
<td></td>
</tr>
<tr>
<td>Mission Bay Emergency Department</td>
<td>One healthy visitor for pediatric patients</td>
<td>All hours</td>
<td></td>
</tr>
<tr>
<td>Adult Surgery</td>
<td>One healthy visitor</td>
<td>During surgery hours</td>
<td>Escort to Surgical Waiting Area only. Necessary visitation in Pre-Op/PACU. Must wait off-site or in designated waiting areas</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>Two healthy visitors</td>
<td>During surgery hours</td>
<td>Adult caregivers can wait in Surgical Waiting Area during procedure. Second caregiver may be asked to wait off site due to space constraints.</td>
</tr>
<tr>
<td>Volunteers</td>
<td>Volunteer programs suspended</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### General Visitation Level 4: Inpatient Areas (Patients without COVID-19)

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

| 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 Level 3 & 4: Outpatient Areas |
| Patient Population | Visitors | Hours/Duration | Notes |
| 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 |

Table 2. Guide for Moving Between the Visitation Levels*

<table>
<thead>
<tr>
<th>Reopening Metrics</th>
<th>Level 1 Very Low Risk/Almost Pre-COVID</th>
<th>Level 2 Low Risk</th>
<th>Level 3 Moderate Risk</th>
<th>Level 4 High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Area Counties C19 Case Rate</td>
<td>&lt;2.0 daily new cases (per 100k)</td>
<td>2.0-10.0 daily new cases (per 100k)</td>
<td>10.0-60.0 daily new cases (per 100k)</td>
<td>&gt;60.0 daily new cases (per 100k)</td>
</tr>
<tr>
<td>UCSF Surge Status (7 days in new range)</td>
<td>Green (0-20 patients)</td>
<td>Green or Yellow (0-40 patients)</td>
<td>Orange (41-60 patients)</td>
<td>Red (Greater than 60 patients)</td>
</tr>
<tr>
<td>Health Order in Place</td>
<td>Visitation order not active</td>
<td>Visitation order active, shelter in place not active</td>
<td>Visitation order active, shelter in place not active</td>
<td>Visitation order active, shelter in place active</td>
</tr>
</tbody>
</table>

*Visitation leadership team will review visitation levels weekly and assess all reopening metrics to determine if a change in visitation level is needed. Changes are approved by the Governance Committee. Transition to a lower
transition to a higher visitation level will happen when two of the three criteria in the higher visitation level are met. Transition to a lower level may also be predicated on state or city health orders.

B. 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 by Location:

Ambulatory: No visitors are permitted in visitation level 3 & 4 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 Pediatrics, if the patient is within the 1st month of life, 2 adult caregivers are allowed.
10. For Pediatrics, if there is no other choice and no childcare available, no more than 2 siblings are allowed and they must be under the age of 12.
11. 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 4 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

<table>
<thead>
<tr>
<th>BCH-SF Length of Stay Exceptions</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siblings</td>
<td>Unit directors can approve all minor siblings to come twice every week for up to four hours.</td>
<td>At 14-day LOS, unit directors can approve all minor siblings to come once every week for up to four hours.</td>
<td>On Hold. Please request through Visitor Escalation Committee.</td>
</tr>
<tr>
<td>Additional Visitor</td>
<td>Unit directors can approve one additional visitor to come twice every week for up to four hours. The additional visitor can change, but is limited to no more than two people every week.</td>
<td>At 14-day LOS, unit directors can approve one additional visitor to come once every week for up to four hours. The additional visitor can change every week, but is limited to just one person every week.</td>
<td>On Hold. Please request through Visitor Escalation Committee.</td>
</tr>
</tbody>
</table>

- 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.
- During sibling visitation, all siblings are allowed to visit the same day, but should rotate through at the bedside in groups of two with one adult caregiver. The other adult caregiver should stay with any other siblings in an appropriate waiting area or the café with social distancing.
- Length of stay is determined based on UCSF admission date.
- Maximum number of visitors at the bedside is subject to unit limitations.
- Breastfeeding siblings
- 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.

C. 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. The attending physician(s)* 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.**

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.

<table>
<thead>
<tr>
<th>COVID + and – Patients at the End of Life (patients may be, but are not necessarily comfort care)</th>
<th>Non-COVID/PUI patients with Delirium, Dementia, Neurologic Injury and Developmental Delay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult ICU and Floor</td>
<td>At level 4, 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. At level 2-3, there is no total limit to the number of visitors at EOL, although only 2-4 should be present in the hospital at a time. 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.</td>
</tr>
</tbody>
</table>
Two primary caregivers are allowed at bedside at all times. At level 4, 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. At level 2-3, there is no total limit to the number of visitors at EOL, although only 2-4 should be present in the hospital at a time.

**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.**

D. 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 numbers 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 clinicianhs 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, Michelle.Mourad@ucsf.edu, Valerie.Bednar@ucsf.edu, & Tristin.Penland@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 / Caregivers

Dear BCH Caregivers and Visitors,

Safety for all continues to remain 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:

- **Screened** for symptoms daily
  - Visitors who do not pass the screening questions will not be permitted

- **Required to wear** a surgical mask at all times; it should always be worn above the nose and under the chin; one will be provided upon entry
  - For those visiting 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

- **Asked to use** hand sanitizer when entering all clinical buildings as well as going in and out of patient room

- **Not allowed to linger** in hallways; limit travel within the building to patient room, cafeteria and/or restrooms

- **Will follow** physical distancing rules by keeping two arms lengths from other people when possible; please obey visual cues posted on floor, furniture and walls

- **Agree to follow** these rules while visiting or you may be asked to leave

Revised 7.14.21

Take Care. Be Kind. Stay Safe.

UCSF Benioff Children’s Hospitals
Dear UCSF Health Visitors,

Safety for all continues to remain 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.

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  - Visitors who do not pass the screening questions will not be permitted

- **Required to wear a surgical mask at all times**; it should always be worn above the nose and under the chin; one will be provided upon entry
  - For those visiting 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

- **Asked to use hand sanitizer** when entering all clinical buildings as well as going in and out of patient room

- **Not allowed to linger** in hallways; limit travel within the building to patient room, cafeteria and/or restrooms

- **Will follow physical distancing** guidelines by keeping two arms lengths from other people when possible; please obey visual cues posted on floor, furniture and walls

- **Agree to follow these rules** while visiting or you may be asked to leave

Revised 7.27.21

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 daily at the point of entry or if admitted, on the unit
   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 at all times including when a healthcare worker enters their room
c) Instruct caretakers to remain in the patient room if on Novel Respiratory Isolation. All other caregivers should stay
   in the patient room as much as possible.
d) There will be two caretakers on the visitor list.
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 their child’s information.
   With the family’s permission (confirm release of information signed with Social Work manager or
   supervisor), the nursing supervisor and infection prevention will contact Family House for any COVID-19
   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
   screener, 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
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 identify an alternative caretaker to
   replace them. If this is not possible, ask them 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. If the COVID-19 positive caretaker
   cannot leave, room them as soon as possible. We cannot refuse care.
   i. If there is no alternate caretaker, place the patient and caretaker in ‘Novel Respiratory.’
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 or on the unit for symptoms using
   the UCSF visitor screener, give them a surgical mask and instruct them how to wear and handle it
   properly.
   i. Ask caregivers to report new symptoms that are concerning for COVID-19 or known
      COVID-19 exposures during including if they develop while 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).
Symptomatic caretakers should be tested for COVID-19: 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 “BCH-SF 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. If given permission by the caretaker, the pediatric attending can look up parent testing results and share with family. If parent is COVID-19 positive in critical care, information needs to be communicated in a timely fashion to manage visitation.
- If caregiver is COVID-19 positive, assess if staying at Family House and follow protocol to notify Family House.
- If initial test results are COVID-19 negative, consider repeat testing if caregiver has ongoing symptoms.

ii. Instruct caretakers to perform diligent hand hygiene including while in the room and upon leaving the room.

b) Provide caretakers a surgical mask daily and if mask is wet, soiled, or damaged
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 the surgical mask especially when healthcare workers enter the room
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 (including but not limited to being COVID-19 confirmed, exposed, or with signs and symptoms concerning for this infection)
   a) If a patient is COVID-19 exposed
      (a) Explain the rational for wearing PPE in the patient room
         (a) The following provisions are especially important for non-exposed caretakers/visitors
         (b) Protects wearer from infection
         (a) Review the universal masking policy as per above
(a) Offer and provide PPE. See Table below.
(i) Review appropriate donning/doffing
(ii) N-95 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 wet/dirty/soiled.
(v) They should be counseled to report symptoms concerning for COVID-19 and offered testing through the COVID hotline using the code "BCH-SF Essential Caregiver Group."

(b) 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 without going to common spaces.

b) If the patient has COVID-19 please refer to caretaker of COVID-19 confirmed patients’ checklist below

e) Patients
  i. Our Universal Masking policy does not extend to ALL pediatric patients:
   (a) Children ≥2 years old should be offered a mask if there are no medical contraindications. Patients <2 years old should not be masked.
    (a) Children ≥ 2-12 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 and supervision possible.
   c) For asymptomatic patients, age-eligible patients with no medical contraindications should mask 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 and needed for their medical care.
   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

<table>
<thead>
<tr>
<th>Patient COVID1-9 Status</th>
<th>Caregiver COVID-19 Exposed</th>
<th>Caregiver Symptomatic?</th>
<th>Allowed to Visit?</th>
<th>Number of caretakers</th>
<th>Caregiver PPE</th>
<th>Test Caregiver?</th>
<th>Visit Restrictions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID +</td>
<td>No (e.g., lives in different house, has not been in contact with the patient)</td>
<td>No</td>
<td>Yes</td>
<td>Recommend one caretaker for the admission. If extenuating circumstance and need to rotate, follow BCH visitor policy.</td>
<td>Surgical mask, eye protection, gloves, gown</td>
<td>No, unless symptoms develop</td>
<td>May not leave room except at discharge or if in critical care to go to the bathroom</td>
</tr>
<tr>
<td>COVID +</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Recommend one caretaker for the admission. If extenuating circumstance and need to rotate, follow BCH visitor policy.</td>
<td>Surgical mask, eye protection, gloves, gown</td>
<td>Yes, on admission and 14 days after caretaker wears PPE. refer to COVID hotline (415) 514-7328, ask them to provide code &quot;BCHSF Essential Caregiver group&quot;</td>
<td>May not leave room except at discharge or if in critical care to go to the bathroom</td>
</tr>
<tr>
<td>COVID +</td>
<td>Yes</td>
<td>COVID +</td>
<td>No. If non-exposed, asymptomatic caretaker not available, discuss case with unit leadership/infection prevention.</td>
<td>Recommend one caretaker for the admission. If COVID + caretaker remains at the bedside, cannot rotate with other caretakers</td>
<td>Surgical mask, especially when HCW enters the room</td>
<td></td>
<td>May not leave room except at discharge or if in critical care to go to the bathroom</td>
</tr>
<tr>
<td>COVID -</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>No. Identify asymptomatic caretaker, if asymptomatic caretaker not available, discuss case with unit leadership/infection prevention.</td>
<td>Per BCH visitor policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID -</td>
<td>Unknown</td>
<td>Yes, but had a negative COVID test</td>
<td>No. Identify asymptomatic caretaker. If asymptomatic caretaker not available, discuss case with unit leadership/infection prevention.</td>
<td>Per BCH visitor policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID -</td>
<td>Unknown</td>
<td>COVID pos</td>
<td>No. Identify asymptomatic caretaker.</td>
<td>Per BCH visitor policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID -</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If symptomatic caretaker was/or is at the bedside i) place patient on Novel Respiratory Isolation pending caretaker COVID-19 test, ii) may not leave room except at discharge or if in critical care to go to the bathroom

If COVID-19 infected caretaker at bedside i) place patient on Novel Respiratory Isolation, ii) may not leave room except at discharge or if in critical care to go to the bathroom
<table>
<thead>
<tr>
<th>COVID- AND not exposed</th>
<th>Yes</th>
<th>No</th>
<th>No. Identify non-exposed asymptomatic caretaker. If exposed caretaker needs to be at the bedside discuss case with unit leadership/infection prevention.</th>
<th>Per BCH visitor policy</th>
<th>If exposed caretaker needs to be at the bedside, surgical mask at all times and maintain &gt;6ft distance and practice diligent hand hygiene. Ask patient to mask at all times if age eligible and no medical contraindications.</th>
<th>If exposed caretaker at bedside i) place patient on Novel Respiratory Isolation, ii) may not leave room except at discharge or if in critical care to go to the bathroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID exposed</td>
<td>Unknown</td>
<td>No</td>
<td>If caretaker also exposed, seek alternate caregiver unless exposure happened at UCSF Health in which caretaker would be allowed to visit with a visitor exception letter.</td>
<td>Per BCH visitor policy</td>
<td>If exposed caretaker needs to be at the bedside, surgical mask at all times. If non-exposed caretaker, wear surgical mask, eye protection, gloves, gown</td>
<td>May not leave room except at discharge or if in critical care to go to the bathroom</td>
</tr>
<tr>
<td>COVID +/-</td>
<td>Unknown</td>
<td>Reports history of recent COVID infection</td>
<td>Yes, though need to make an assessment if caretaker is infectious including date of symptom onset, positive test, current symptoms</td>
<td>Per BCH visitor policy</td>
<td>Surgical mask, especially when HCW enters the room</td>
<td>If there are questions if the caretaker is infectious (i.e., in their isolation period), refer to COVID hotline (415) 514-7328, ask them to provide code “BCHSF Essential Caregiver group”</td>
</tr>
<tr>
<td>COVID -</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Per BCH visitor policy</td>
<td>Surgical mask, especially when HCW enters the room</td>
<td>None</td>
</tr>
<tr>
<td>COVID pending</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Per BCH visitor policy</td>
<td>Surgical mask, especially when HCW enters the room</td>
<td>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</td>
</tr>
</tbody>
</table>
Pediatric units may have their own approach to caretaker visitation based on a risk and benefit assessment. COVID-19 positive caretakers have not been usually allowed to visit the ICN.

**Caregivers of COVID-19 Confirmed Patients Checklist**

1) **Number of caretakers and symptom screening**
   - It is preferred that a non-exposed, asymptomatic caretaker take the place of the exposed parent(s) if possible.
   - If not possible, then an exposed asymptomatic caretaker is allowed at the bedside.
   - If there are no asymptomatic non-exposed caretakers, further discussion will be had with the
     unit leadership, nurse supervisor, and Hospital Epidemiology and Infection Prevention about
     whether the caregiver will be allowed at the bedside.
   - **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 is approved by unit leadership after discussion with
     Hospital Epidemiology and Infection Prevention.

2) **Caretaker and Symptom Assessment**
   - Confirm that designated caretaker(s) are asymptomatic
   - Instruct them to report COVID-19 symptoms as soon as they develop and refer them for COVID-19 testing through the COVID-19 hotline as noted below
   - Caretaker 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

3) **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,
Hospital Epidemiology and Infection Prevention.
See standard work in Appendix C.

3) **PPE**
   - The **unit will review that remaining in room of COVID-positive patient puts caretaker at risk for infection with COVID-19**
     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

   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**
   (b) **Offer and provide additional PPE (eye protection, surgical mask, gloves, gown)**
   (c) **N-95s should not be offered because the caregiver is not medically cleared nor fit tested**
   (d) **Review appropriate donning/doffing**
   (e) **Provide just in time coaching for donning and doffing**
   (f) **Change PPE once per shift or if wet/dirty/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.
1) 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.

2) Per a SFDPH, asymptomatic close contacts of COVID-19 infected people are recommended. In line with this, we recommend COVID-19 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
- Have the 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. If given permission by the caretaker, the pediatric team can look up parent testing results and share with family. If the caretaker is COVID-19 positive, information needs to be communicated in a timely fashion to manage visitation.
  -If the initial COVID-19 test is negative, recommend re-testing if caregiver becomes symptomatic or if asymptomatic, after 14 days of wearing appropriate PPE if patient still admitted.

3) Department of Health Reporting
Infection Prevention will report COVID-19 positive patient to the Department of Health. The Department of Health will provide the family additional guidance and recommendations for close contacts.

Useful patient facing links
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?
  o Infection prevention routinely reports COVID positive patients to SFDPH and the patient’s local DPH
  o Any additional input from DPH?

✓ Caregiver status:
  o Review checklist before huddle:
    ▪ [link to infection control guidelines]
  o Which caretaker is here with the patient?
  o Is the caretaker exposed to COVID? If yes, are there any non-exposed asymptomatic caretakers to available?
  o Does the caretaker have any COVID concerning symptoms?
  o 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: [link to CDC symptoms]
  o Has this caretaker had a COVID test and if so when was the date and result of the last test?
  o 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”
      o 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.
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.
  o 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.
  o 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.
  o Order guest meal trays to be delivered to your child’s room by calling 3-1111 to place your order.
  o 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