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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 very low or low risk levels. Visitor numbers and hours may be restricted during moderate or high-risk levels and changes to inpatient and perioperative visitation will be communicated with the Visitation levels in Table 1 below.
- **Necessary Visitation:** Visitation for patients with “medical or caregiving necessity” is allowed for eligible patients upon unit/clinic leadership approval, regardless of risk level. Each area has specific criteria for Necessary visitation.

IV. UCSF VISITOR POLICIES AND PROCEDURES:

- A. In compliance with [State Public Health Order](#) rescinded in September 2022, UCSF will **NO LONGER** require proof of COVID-19 vaccination or a negative COVID-19 test within 72 hours for all visitors to acute care settings, including come-and-stay surgical patients.
- B. 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.
 - 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 risk 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, except for Pediatrics and Obstetrics, where two visitors are allowed, 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.

Specific Circumstances for general visitation

- At Level 2 and 3, 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.
- At Visitation Level 2, inpatients at the Pediatric hospital can request a scheduled visit by their minor dependents/sibling twice per week. In the Adult hospital, minor dependents may visit daily as the second visitor. In the Birth Center, Antepartum patients may request a scheduled visit from minor dependents once per week in addition to second visitor. No minor visitors in Labor or Postpartum. Minor visitors must pass screening and comply with masking (if greater than age 2) and practice physical distancing. At visitation level 3, patients will be eligible for a weekly minor dependent visitation after a 5-day length of stay.
- 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(s) 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.
- Breastfeeding dependents for visitors or patients are allowed during Level 2 or 3. For breastfeeding dependents older than 12 months, overnight stays will be reviewed by unit leadership and granted on a case-by-case basis.
- During Level 3, for patient visitors who bring their dependent minors with them, either due to the unexpected nature of the admission or lack of available childcare, 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.
- During influenza season, starting annually on November 1st through May 1st, visitors under the age of 5 will be restricted from visiting, except for breastfeeding dependents/siblings and in end-of-life circumstances.
 - During flu season, In the Adult Hospital, Birth Center, and Children’s Hospital, visitation by dependents under the age of 5 will be allowed twice per week after the patient has been hospitalized for two weeks. This will not apply to siblings.
 - Requests for sibling exceptions will be considered through the Visitor Escalation Committee and only during times when the clinical care for a patient would be detrimentally impacted by inability to obtain childcare for a sibling.

Table 1. Visitation Levels

General Visitation Level 1 (Low Impact): Inpatient Areas (Patients Without COVID-19)			
<i>Patient Population</i>	<i>Visitors</i>	<i>Hours/Duration</i>	<i>Notes</i>

Adult Inpatient	Two healthy visitors at bedside	Quiet hours after 8pm	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.
Pediatric Inpatient	Two healthy visitors at bedside	Quiet hours after 8pm	
Birth Center (L&D/Maternity)	Two healthy visitors at bedside	Quiet hours after 8pm	
Parnassus Emergency Department	One healthy visitor		
Mission Bay Pediatric Emergency Department	Two healthy visitors for pediatric patients	All hours	
Adult Surgery	Two healthy visitors	During surgery hours	
Pediatric Surgery	Two healthy visitors	During surgery hours	

General Visitation Level 2 (Medium to High Impact): Inpatient Areas (Patients without COVID-19)

<i>Patient Population</i>	<i>Visitors</i>	<i>Hours/Duration</i>	<i>Notes</i>
Adult Inpatient	2 healthy visitors per calendar day	10 am-8 pm	One overnight visitor can be approved by the receiving unit
Pediatric Inpatient	2 healthy caregivers per calendar day	24 hours per day (SF) One caregiver all hours. Second caregiver 10 am-8 pm. (Oakland)	Two primary caregivers on the visitor list for entire hospital admission. Overnight visitors/caregivers limited to one where space allows per unit discretion.
Birth Center (L&D/Maternity)	2 healthy visitors per calendar day	One visitor 24 hours per day; 2 visitors together 10 am-8 pm	Doulas allowed in addition to two visitors at all hours during the labor phase of admission only.
Parnassus Emergency Department	One healthy visitor	All hours	
Mission Bay Pediatric Emergency Department	Two healthy caregivers	All hours	
Adult Surgery	One healthy visitor	During surgery hours	Escort to Surgical Waiting Area only. Necessary visitation only in Pre-Op/PACU. Must wait off-site or in designated waiting areas
Pediatric Surgery	Two healthy visitors	During surgery hours	

Volunteers Authorized volunteer programs are allowed

Necessary Visitation Level 2 (Medium to High Impact): Inpatient Areas (Patients without COVID-19)

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

General Visitation Level 2 (Medium to High Impact): Outpatient Areas

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

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	One healthy visitor	10am - 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	Doulas allowed during the labor phase of admission only.
Parnassus Emergency Department	One healthy visitor	All hours	
Mission Bay Emergency Department	One healthy visitor for pediatric patients	All hours	
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
Pediatric Surgery	Two healthy visitors	During surgery hours	Adult caregivers can wait in Surgical Waiting Area during procedure. Second caregiver may be asked to wait off site due to space constraints.
Volunteers	Volunteer programs suspended		

General Visitation Level 3: Outpatient Areas

<i>Patient Population</i>	<i>Visitors</i>	<i>Hours/Duration</i>	<i>Notes</i>
Obstetrics Ambulatory Care	One healthy visitor	Clinic Hours	Clinics may ask visitor to wait in waiting area or outside if social distancing requires

General Ambulatory Clinics	One healthy visitor	Clinic Hours	Clinics may ask visitor to wait in waiting area or outside if social distancing requires
Cancer Center / Infusion	One healthy visitor	Clinic Hours	Clinics may ask visitor to wait in waiting area or outside if social distancing requires
Outpatient Surgery/ Procedures	One healthy visitor	While surgery is in progress	Escort to Surgical Waiting Area only. Visitors are welcome in designated waiting areas
Outpatient Radiology	One healthy visitor	While procedure is in progress	Escort to Radiology Waiting Area only. Visitors are welcome in designated waiting areas
Inpatient Area: (Patients with COVID-19)			
COVID-19 Adults	Two healthy visitors	See Level 1 or 2	Two primary visitors on the visitor list while on precautions.
COVID-19 Birth Center	One healthy visitor	See Level 1 or 2	No in and out privileges. No children allowed to visit.
COVID Exposed	Two healthy visitors	See Level 1 or 2	Two primary visitors on the visitor list while on precautions.
COVID-19 Pediatrics	1-2 healthy caregivers	See Level 1 or 2	See table on page 19

Table 2. Guide for Moving Between the Visitation Levels*

COVID Impact Tiers	Low Impact (Level 1)	Medium to High Impact (Level 2)	Very High Impact (Level 3)
Community COVID Level: New COVID Case Rate—SF Bay Area, per 100k per 7 days	< 50 cases	50- ≥ 200 cases	Level 3 is implemented on recommendation of the Visitation Working Group, in consultation with the HICS incident commander.
Hospital COVID Level: New COVID Admissions, SF Bay Area, per 100k per 7 days	< 10 admissions	10.0- ≥ 20 admissions	
UCSF COVID Level: New COVID Cases in past 7 days—UCSF (EE + learners)	< 50 cases	50- ≥ 300 cases	
Health Order in Place	Visitation order not active	Visitation order active	Visitation order active

*Visitation leadership team will review visitation levels weekly/bi-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 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. Transition to a lower level may also be predicated on state or city health orders.

- 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 by Location:

Ambulatory: Special consideration is given for visitation for patients in all levels who meet the following circumstances:

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 first two months 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, stillbirth 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 always wear mask while on campus, including in the patient room
 - b. Caregiver must always stay in patient room
- 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.
- 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 Length of Stay Exceptions	Level 2	Level 3
Siblings	Unit directors can approve all siblings to come twice every week during visiting hours.	At 14-day LOS, unit directors can approve all siblings to come once every week for up to four hours.
Additional Visitor	Unit directors can approve one additional visitor to come twice every week during visiting hours. The additional visitor can change but is limited to no more than two people every week.	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.

- All siblings and additional visitors must comply with PPE requirements, pass screening, and always stay in the patient room, except when entering and exiting the hospital or traveling to Child Life programming spaces.
- 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.

	Maximum Number of Visitors at Bedside during visiting hours (does not apply in EOL situations)	Maximum Number of Visitors at Bedside overnight (does not apply in EOL situations)
C3 ICN	2	1
C4 PICU	2-3 (if third is sm child)	1
C4 PCICU	2-3 (if third is sm child)	1
C4 PCTCU	4	2
C5 MSP	4	2
C5 TCUP	4	2
C6 Hem-Onc	4	2
C6 BMT	3	2

- Breastfeeding siblings
- A rotation of three or four primary caregivers (with a max of two caregivers on any given day)
- Two essential caregivers are allowed to stay overnight if space permits per unit discretion at Level 3
- 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 Caregiver and Patient Guidance in Appendix B.

	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	At level 2 and 3, there is no total limit to the total number of visitors at EOL, although only 2 should be present at the bedside at a time, and only a total of 10 visitors per day. 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. COVID+ Patients: 10 visitors total on visitor list for EOL.	A patient’s visitor is allowed to stay and sleep overnight**. In the ICU, sleeping accommodations cannot be provided.
Children’s ICU and Floor	Two primary caregivers are always allowed at bedside. 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.	Pediatric Visitation is 24 hours/day

* *End of Life is defined as a patient in the last 6 months of life*

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

† *Imminent death is defined as the last 7 days of life*

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.

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 1-2 visitors. 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 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 , 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.

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 physical 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, physical 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 physical 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.
 - a. Two healthy visitor is permitted between the hours of 10AM-8PM.
 - b. The visitor must adhere to the Novel Respiratory Isolation personal protective guidance during their visit.
 - c. End of Life visitation remain the same for all patients.
2. For pediatric services, please see [Appendix B](#).

For COVID POSITIVE Patients:

1. For adult services, visits to COVID positive patients:
 - a. Two healthy visitor is permitted between the hours of 10AM-8PM.
 - b. The visitor must adhere to the Novel Respiratory Isolation personal protective guidance during their visit.
 - c. End of Life visitation remain the same for all patients.
2. For BCH and the Birth Center, visitors to COVID positive patients are strongly recommended to designate two caregivers at the bedside (not trade out) for most situations (refer to Table 1 for details). If this is not possible, the case should be reviewed by the visitor escalation committee and unit leadership, and if appropriate, the caregiver can be granted an exception. 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. Caregivers should remain in the room for the entirety of their visit; they will be provided meals in their room.

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.

IV. Considerations for Patients with Suspected or Confirmed Monkeypox

1. Place a referral to the Visitor Escalation Committee.
2. If the visitation is approved, the caregiver/visitor should be screened prior to each visit for any signs/symptoms of monkeypox including fever, flu-like symptoms, and any rash. If the visitor/caregiver is staying in the patient's room, they should be screened daily.
3. If the visitor/caregiver develops skin lesions, they should be tested for monkeypox and for other conditions as clinically indicated; contact HEIP to inform them of the rash. For caregivers rooming in with the patient, they should be asked to stay in the room (not leave the room at all).
 - a. For the visitor/caregiver, as per CDC:
 - i. Development of rash, signs, or symptoms during the 21-day monitoring period:
 1. If a rash occurs:
 - a. If they are rooming in with the patient, the visitor/caregiver should stay in the patient's room or leave the hospital (not come and go) (1) the rash can be evaluated by a healthcare provider, (2) testing is performed, if recommended by their healthcare provider, and (3) results of testing are available and are negative.
 - b. If other [signs or symptoms](#) are present, but there is no rash:

- i. The visitor/caregiver should stay in the patient's room or directly leave the hospital (not come and go) for 5 days after the development of any new [sign or symptom](#), even if this 5-day period extends beyond the original 21-day monitoring period. If 5 days have passed without the development of any new sign or symptom and a thorough skin and oral examination reveals no new skin changes such as rashes or lesions, isolation and prevention practices for monkeypox can be stopped.
 - ii. If a new [sign or symptom](#) develops at any point during the 21-day monitoring period (including during a 5-day isolation if applicable), then a new 5-day period should begin.
4. Visitor/caregivers can directly leave the hospital but should not go to common spaces including the cafe, family resource room, etc. They should be instructed to wear a mask and report directly to the patient's room when coming and going.
5. Visitor/caregivers should be asked to wear the same PPE as the healthcare personnel and taught how to don and doff and perform a fit-check for the N95. Prior to leaving the room visitor/caregivers should perform hand hygiene and wear a mask (visitor/caregivers should not wear the other PPE outside of the patient's room).

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

Visit Responsibly

Guidelines for Visitors to UCSF Health

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.

All Visitors will be:



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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

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

General Caregiver Principles

- a) Screen all people accompanying a patient daily at the point of entry or if admitted, on the unit
 - i. Exceptions include caregivers that have received a “Visitor Exception Letter.” If the visitor is asymptomatic and meets all other criteria, they may be cleared for visitation.
- b) If the caregiver is COVID-19 exposed or positive and there are questions about when they can return to the bedside, please refer them to the Visitor Escalation Committee
 - i. Please fill out this dot phrase in the patient’s chart and have a medical provider on the team validate the information prior to submitting a Visitor Escalation Request
 - .COVIDHOUSEHOLDCONTACTSDATACOLLECTIONTABLE
 - ii. Referrals to the Visitor Escalation Committee are done via this website: <https://app.smartsheet.com/b/form/f572da7a3df94f59afa3cc5724107f38>
 - iii. These submissions are checked once per day including on weekends
 - iv. For emergent situations, contact the unit leadership and the nursing supervisor. Do not contact HEIP directly.
- c) Instruct caregivers to wear a medical mask at all times including when a healthcare worker enters their room; a caregiver can request a N95. For patients on Novel Respiratory Isolation, the caregiver should be offered a mask or N95 (in addition to the other recommended PPE).
- d) Instruct caregivers to remain in the patient room if on Novel Respiratory Isolation. All other caregivers should stay in the patient room as much as possible.
- e) There will be two caregivers on the visitor list.
- f) 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 will contact Family House for any COVID-19 confirmed patients staying at their facility. For questions, please consult Social Work.

Emergency Room

- a) Screen caregivers accompanying a patient at the point of entry for symptoms using the BCH visitor screener, give them a medical mask and instruct them how to wear and handle it properly.
 - i. Wearing a medical mask is required in the ED
- b) If the caregiver has a negative screen, they will be given a daily sticker to place on their Blue ED Parent badge.
- c) If the caregiver has a positive visitor screening, they will be asked to identify an alternative caregiver to replace them. If this is not possible, ask them to wear the medical mask or N95 and room them as soon as possible. We cannot refuse care.
- d) If the caregiver is COVID-19 positive, they will be given a mask (they should have arrived in one) or N95 and tell them they need to identify an alternative caregiver to replace them. If the COVID-19 positive caregiver cannot leave, room them as soon as possible. We cannot refuse care.
 - i. If there is no alternate caregiver, place the patient and caregiver in Novel Respiratory Isolation.
- 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 caregiver accompanying a patient daily at the point of entry or on the unit for symptoms using the UCSF visitor screener, give them a medical mask and instruct them how to wear and handle it properly. A caregiver can request an N95.

- 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).
 - b) Symptomatic caregivers should be tested for COVID-19: PROCEDURE FOR SCREEN POSITIVE ESSENTIAL CAREGIVERS/SUPPORT PERSONS FOR HOSPITALIZED PEDIATRIC
 - Refer caregiver for testing via <http://tiny.ucsf.edu/cdphrequiredtesting>
 - The COVID hotline will communicate directly with the caregiver and schedule an appointment for testing
 - COVID hotline will communicate test results during business hours. If given permission by the caregiver, the pediatric team can look up the caregiver's COVID test results and share them with family.
 - If caregiver is COVID-19 positive, assess if staying at Ronald McDonald House or Family House. Follow protocol to notify Family House if a release of information was signed (email to John Barrett jbarrett@familyhouseinc.org). Follow protocol to notify RMH if a release of information was signed (email to America Martinez america.martinez@rmhcbayarea.org and Juan Hernandez juan.hernandez@rmhcbayarea.org)
 - If initial test results are COVID-19 negative, consider repeat testing if caregiver has ongoing symptoms.
 - c) All caregiver visitation questions, including return to the bedside for COVID-19 positive or exposed caregivers should go directly to the Visitor Escalation Committee (not HEIP):
 - <https://app.smartsheet.com/b/form/f572da7a3df94f59afa3cc5724107f38>
 - ii. Instruct caregivers to perform diligent hand hygiene including while in the room and upon leaving the room.
- b) Provide caregivers a medical mask daily and if mask is wet, soiled, or damaged. A caregiver can be provided an N95 upon request.
 - i. Social distancing is still required in addition to masking.
 - ii. Explain the rationale for wearing a medical mask, which includes the inability to social distance in the hospital setting.
 - iii. Instruct caregivers to wear the medical mask especially when healthcare workers enter the room
 - a) If caregivers refuse to mask, refer them to the charge nurse
 - (a) If charge nurse intervention is unsuccessful, escalate to nursing leadership
 - b) If the caregiver 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) Caregivers 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. Patient is on Novel Respiratory Isolation (including being COVID-19 confirmed, exposed, or with signs and symptoms concerning for this infection)
- a) COVID-19 exposed patient
- Explain the rationale for wearing PPE to the caregiver
 - Including that PPE protects to wearer in the event the patient develops COVID-19.
 - Review the universal masking policy as per above.
 - Provide PPE as noted in table below.
 - An N95 (or medical mask) should be given in addition to, if indicated, the gloves and gowns.
 - Because it fits better, an N95 may offer a higher level of protection.
 - Review appropriate donning/doffing. Provide just in time coaching. Ask parents to change their PPE once per shift or if wet/dirty/soiled.
 - 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" if symptoms develop or as required (see table below).
 - Caregiver should not go to common spaces (café, Gift shop, Family resource room, laundry, etc.). Provide them with food trays.
 - Pediatric units may have their own approach to caregiver visitation based on a risk and benefit assessment. In the ICN, COVID-19 exposed caregivers have not usually been allowed to visit.
 - For more information review Table 1.
- b) COVID-19 positive patients
- Number of caregivers and symptom screening
 - It is preferred that a COVID-19 negative, non-exposed, asymptomatic caregiver take the place of the exposed and/or COVID-19 infected caregiver(s) if possible.
 - If this is not possible, then an exposed asymptomatic, COVID-19 negative caregiver/s is allowed at the bedside.
 - If there are no COVID-19 asymptomatic non-exposed caregivers, further discussion will be had with the unit leadership, nurse supervisor, and Visitor Escalation Committee whether the caregiver/s will be allowed at the bedside.
 - Two primary caregivers may be allowed to visit that are asymptomatic or COVID recovered. Primary caregivers may visit at the same time during visiting hours and one caregiver may stay overnight. Pediatric units may have their own approach to caregiver visitation based on a risk and benefit assessment. In the ICN, COVID-19 positive caregivers have not usually been allowed to visit.

Caregiver and Symptom Assessment

- Confirm that designated caregiver(s) are asymptomatic

- Instruct them to report COVID-19 symptoms as soon as they develop and refer them for COVID-19 testing as noted below.
- Caregiver 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 daytime 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, and nursing supervisor. Hospital Epidemiology and Infection Prevention is available to answer questions. See standard work in Appendix C.

Team needs to fill out the household table on admission

.COVIDHOUSEHOLDCONTACTSDATACOLLECTIONTABLE

- 3)
- The table may need to be updated during the admission including for COVID-19 exposed caregivers who have been in contact with other COVID-19 infectious people once their patient has stopped infectious.
 - The unit will review with the caregiver that remaining in room of a COVID-positive patient puts them at risk for infection with COVID-19.

Explain the rationale for wearing PPE in the patient room to the caregiver including that it lowers but does not eliminate the risk of infection with COVID-19.

- (a) Review the universal masking policy as per above and
 - (b) Provide additional PPE (N95 (or medical mask) and if indicated eye protection, gloves, and gown). Because it fits better, an N95 may offer a higher level of protection.
 - (c) Review appropriate donning/doffing.
 - (d) Provide just in time coaching for donning and doffing.
 - (e) Change PPE once per shift or if wet/dirty/soiled.
 - (f) If caregiver cannot comply with PPE and hand hygiene recommendations, escalate to unit leadership (or Nurse Supervisor). If caregiver is unable to comply after escalation, visitation privileges may be revoked.
- 4) Additional instructions
- Caregiver needs to stay in the room as per table below unless in critical care to go the bathroom.
 - If the caregiver leaves the hospital as per the guidance below, caregiver should not go to common spaces (café, Gift shop, Family resource room, laundry, etc.). Provide the caregiver with food trays.
 - Designate path of travel to the bathroom and instruct parents to proceed directly there, perform diligent hand hygiene and remain masked

- If caregiver cannot comply with the path of travel, hand hygiene and masking, escalate to unit leadership. If caregiver is unable to comply after escalation, visitation privileges may be revoked.
- 5) We will follow the patient guidance for isolation and quarantine for caregivers including testing requirements. In addition, if a caregiver develops symptoms, they should be referred for testing.
 - Refer caregiver for testing via <http://tiny.ucsf.edu/cdphrequiredtesting>
 - The COVID hotline will communicate directly with the caregiver and schedule an appointment for testing
 - COVID hotline will communicate test results during business hours. If given permission by the caregiver, the pediatric team can look up parent testing results and share with family. If the caregiver 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. If asymptomatic, require COVID-19 testing as per patient [quarantine](#) guidance.
- 6) Department of Health Reporting
Infection Prevention will report COVID-19 positive patient to the Department of Health.
- e) For questions about caregivers COVID-19 quarantine or isolation status, please refer them to the [Visitor Escalation Committee](#)
- f) 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 medical 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 medical 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.

Patient status	Caregiver status	Patient Isolation	Number caregivers	Caregiver Restrictions	Caregiver PPE	Parent testing guidance	Novel Respiratory Isolation may need to be lengthened based caregiver status	Communication for Caregivers	Critical Care Caregiver Bathroom
COVID-19 positive	COVID positive or newly symptomatic	NRI	One	Stay in the patient room, only leave at discharge, in critical care to go to the bathroom, or get a COVID test	If COVID positive- medical mask If newly symptomatic – N95 (or medical mask), eye protection, gloves, gown	If symptomatic, refer for COVID-19 testing via tiny.ucsf.edu/CDPHRequiredTesting	For COVID positive caregivers, follow this isolation guidance	Surgical Mask No Leaving Room	Dedicated bathroom
	COVID exposed and asymptomatic			May leave/come back to the hospital once in a 24-hr period (directly leave the hospital, no common areas)	N95 (or medical mask), eye protection, gloves, gown	Yes on admission and per this quarantine guidance. Refer to COVID-19 testing via tiny.ucsf.edu/CDPHRequiredTesting	For caregiver follow this quarantine guidance Once the patient finishes isolation, team fills out dot phrase again in chart .COVIDHOUSEHOLD CONTACTSDATACOLLECTIONTABLE	Full PPE Leave Once	Regular bathroom
	COVID recovered (no longer infectious) Refer caregiver to the visitor escalation committee to review the caregiver's status		Trade out per general visitor policy	Can come and go per visitor policy, but directly leave the hospital/no common spaces	Medical mask	N/A	N/A	Surgical Mask Normal Visiting	
COVID-19 exposed	Not exposed	NRI	Trade out per general visitor policy	Can come and go per visitor policy, but directly leave the hospital/no common spaces	N95 (or medical mask), eye protection, gloves, gown	N/A	N/A	Full PPE Normal Visiting	Regular bathroom
	Exposed		One	May leave and come back to the hospital once in a 24-hr period (directly leave the hospital, no common areas)	N95 (or medical mask)	Per this quarantine guidance, refer to COVID-19 testing via tiny.ucsf.edu/CDPHRequiredTesting	For caregiver follow this quarantine guidance, Once the patient finishes quarantine, team fills out dot phrase again in chart	Full PPE Leave Once	Regular bathroom

							.COVIDHOUSEHOLD CONTACTSDATA COLLECTIONTABLE		
	COVID positive or newly symptomatic and needs to be at the bedside		One	Stay in the patient room, only leave at discharge, in critical care to go to the bathroom, or get a COVID test	<p>COVID positive- medical mask</p> <p>Newly symptomatic – N95 (or medical mask) and if not exposed eye protection, glove, gowns</p> <p>Maintain >6ft as able from patient</p> <p>Counsel patient to mask even if HCP not in the room if age eligible/no medical contraindications</p>	If symptomatic, refer for COVID-19 testing via tiny.ucsf.edu/CDPHRequiredTesting	If the caregiver is COVID positive, follow this isolation guidance	Surgical Mask No Leaving Room	Dedicated bathroom
	COVID recovered (no longer infectious). Refer the caregiver to the visitor escalation committee to review the caregiver's status		Trade out per general visitor policy	Can come and go per visitor policy, but directly leave the hospital/no common spaces	Medical mask	N/A	N/A	Surgical Mask Normal Visiting	Regular bathroom
COVID negative, not exposed	COVID positive or newly symptomatic Identify alternate caregiver.	NRI if the caregiver needs to be/was with patient when infectious. If caregiver positive contact HEIP to add patient COVID exposed flag.	One	Stay in the patient room, only leave at discharge, in critical care to go to the bathroom, or get a COVID test	<p>Medical mask and maintain >6ft as able</p> <p>Counsel patient to mask even if HCP not in the room if age eligible/no medical contraindications</p>	If symptomatic, refer for COVID-19 testing via tiny.ucsf.edu/CDPHRequiredTesting	For COVID positive caregivers, follow this isolation guidance	Surgical Mask No Leaving Room	Dedicated bathroom
	Exposed Identify alternate caregiver.	NRI if caregiver at bedside.		May leave the hospital once in a 24-hr period (directly leave	Patient considerations - mask even if healthcare personnel not	If symptomatic, refer for COVID-19 testing via tiny.ucsf.edu/CDPHRequiredTesting	Follow this quarantine guidance	Surgical Mask Leave Once	Regular bathroom

				the hospital, no common areas)	in the room if age eligible and no medical contraindications	DPH Required Testing			
	Not exposed, asymptomatic	Standard/assessments needed for other conditions	Per general visitor policy		Medical mask especially when a healthcare personnel enters the room/in close proximity	N/A	N/A	Normal Visitation Letter	N/A

Table 1. Summary of Caregiver Recommendations by Patient COVID status.

*Pediatric units may have their own approach to caregiver visitation based on a risk and benefit assessment. COVID-19 positive and exposed caregivers have not been usually allowed to visit the ICN.

APPENDIX C: BCHSF STANDARD WORK FOR THE COVID-19 CONFIRMED PATIENT HUDDLE



BCHSF Standard Work for the COVID-19 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.

Responsibility: M-F 8am – 4:30pm Nursing Leadership will coordinate lead huddle; Afterhours and weekends, nursing supervisor will coordinate and lead huddle

Script:

We are here to discuss the following patient, <name, age, diagnosis> located in <location>.

Their primary language is <language>.

Their first positive test was <date> at <location> after presenting with <symptoms>. Date of initial symptom onset was <date>. They are currently < symptomatic / asymptomatic > and < IS / IS NOT > is receiving aerosol generating procedures. Specific concerns we have are <insert>.

Review the following topics:

- ✓ Review checklist before huddle: <https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tksra4681/f/UCSF%20Health%20COVID-19%20Visitor%20Guidance.pdf>

Caregiver status:

- ✓ Caregiver Name & Relation:
 - Is the caregiver with the patient currently COVID-19 positive or recently COVID-19 recovered? If no, skip to next question.
 - If yes, their name is <name> and are <mom/dad/essential caregiver>. Their first positive PCR test was collected <date> at <location> after presenting with <symptoms>. Date of initial symptom onset was <date>. They are currently < symptomatic / asymptomatic >.
 - Can they provide a copy of their last positive COVID-19 PCR test? If so, please take a photo and attach to this document.
 - Are there any COVID-19 negative, non-exposed, asymptomatic caregivers able to stay with the patient?
 - Caregiver contact information: <insert contact info>
 - Is the caregiver vaccinated, partially vaccinated, or unvaccinated?
 - Does the caregiver have any COVID-19 concerning symptoms?
 - Is the caregiver exposed to COVID-19? If yes, are there any non-exposed asymptomatic caregivers to available?
 - Has someone reviewed COVID-19 symptoms they should report to the team if they were to develop?
 - Has the caregiver had a negative COVID-19 test and if so when was the date the test was collected, and can they provide a copy?
 - Has social work been notified to check in?

Wrap Up

Host: Thank you for meeting today. In summary, our current visitation plan is <insert>. Below is information that will be obtained for further recommendations and guidance for this patient and caregiver along with a checklist for the bedside staff to review with family.

HEIP considerations and roadmap:

- Room placement:
- Off-Unit procedure guidance:
- COVID-19 testing recommendation for patient:
- COVID-19 testing recommendation for caregiver at bedside:
- COVID-19 testing recommendation for family/caregiver at home:
- COVID-19 recovered:
 - What is the soonest date the patient can be tested to be considered COVID-19 recovered?
 - If applicable, what is the soonest date that the caregiver can be considered COVID-19 recovered?
- Exposure status of caregiver & quarantine recommendations:
- PPE guidance for families:
- Caregiver exception note:
- Other recommendations:

Reviewed with family (please check with date/time/initials):

- Visitation limited to one caregiver for entire hospitalization
- Quarantine plan (how long this should be expected depends on severity of illness)
- Covid testing plan – testing at the bedside & how often (they should expect a call from the covid hotline)
- RN – If directed to perform COVID-19 test, please see caregiver contact info above and enter in to Qualtrics survey making sure to choose “essential caregiver with symptoms of or exposed to COVID-19” tiny.ucsf.edu/CDPHRequiredTesting
- Bathroom/Shower location
- Must stay in room. Not allowed to go to laundry, gift shop, cafeteria, etc. If they need to leave for emergency purposes, they will need to let us know ahead of time so that we can grant an exception letter. This should only be done if necessary.
- PPE stock and requirements with rationale review – please provide fresh PPE every shift
- Don/Doff procedure review
- Dietary trays are complimentary and review how to order
- Any concerns with following the PPE, visitation, and quarantine guidelines?

	Essential Caregiver 1	Essential Caregiver 2
Vaccination status (type & date)		
Symptom Onset		
Date COVID-19 test (s) were collected & result		
Afebrile for 24hr without antipyretics		
Symptom improvement in 24hrs		
COVID-19 Positive Patient Caregiver Letter Given Date		
If serial or one-time COVID-19 testing required; please submit request		
Visitation Restrictions and Guidance		
Expected Precaution Removal Date		

Authors: Megan Yee, RN, Maude Dull, MD 7.22.20; Updated by A Waddell, RN 10.26.21

APPENDIX D: BCHSF STANDARD WORK FOR ESSENTIAL CAREGIVERS WHO ARE COVID + OR EXPOSED AND NEED TO LEAVE CHILD’S BEDSIDE FOR PROCEDURE/SURGERY

1. If pre-COVID standards would have resulted in asking caregivers to leave the patient room, caregivers who are positive or exposed to COVID should still be asked to leave the child’s room.
2. Each unit has designated a room that will be utilized for those caregivers to wait while unable to be in the patient room.

UNIT	ROOM LOCATION
C3 ICN	Empty patient room within zone (if possible)
C4 PCTCU	C4924 Procedure Room
C4 PCICU	C4924 Procedure Room
C4 PICU	C4856 Consult Room
C5 Med-Surg	C5904 or C5906 (Procedure Rooms)
C5 TCUP	C5904 or C5906 (Procedure Rooms)
C6 Hem-Onc	C6898 (Procedure Room)
C6 BMT	N/A

3. Ensure the designated room is unoccupied and ready for caregiver, with appropriate place to sit, tissue, water, etc.
4. Escort caregiver to room with appropriate PPE.
5. Request that caregiver remain in PPE while in the space.
6. Post sign on the room to denote that it is in use and do not enter.
7. Set cadence for checking on caregiver while waiting in the room, especially if room does not have nurse call.
8. When procedure is complete, and caregiver can return to bedside, escort caregiver back to bedside in appropriate PPE.
9. Leave sign on door for one hour and request hospitality clean the room one hour after caregiver vacates.