PEDIATRIC CAREGIVER AND PATIENT GUIDANCE IN THE INPATIENT SETTING

General Caregiver Principles

a) Caregivers and visitors with respiratory symptoms should not be at UCSF Health including inpatient locations.
   i. An alternative, asymptomatic, caregiver should be identified.
   ii. On a case-by-case basis, symptomatic caretakers can be allowed for symptomatic caregivers based on review by clinical team and unit leadership.

b) During respiratory viral season which is usually from November 1 to April 30:
   i. Passive caretaker and visitor symptom screening will be done at BCH-San Francisco entrances.
   ii. Patients, caretakers and visitors will be strongly recommended to mask unless there is a medical contraindication and/or the patient is <2 years of age.
   iii. Children <5 years will not be routinely allowed to visit.
      • Exemptions will be made on a case by case basis by the Visitor Escalation Committee in collaboration with the clinical team and unit/area leadership.
   iv. These interventions may be adopted during other times of the year based on respiratory viral pathogen trends/surges.

c) A caregiver or visitor can request a surgical mask or N95 any time of the year.

d) Report a COVID Positive Patient/Caretaker or Request a COVID Exposed Banner Submit the required information

e) Family House and Ronald McDonald House are outside the scope of UCSF Hospital Epidemiology and Infection Prevention (HEIP).
   • 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 including for any COVID-19 confirmed patients staying at their facility. For questions, please consult Social Work.

<table>
<tr><th colspan="4">For patients on Novel Respiratory Isolation</th></tr>
<tr><td>For all caretakers</td><td colspan="3">• Designate up to 2 caretakers.
• Offer the caretaker a mask or N95 (in addition to the other recommended PPE). They are not required to wear this PPE.
  ○ If they chose to wear PPE, teach caretaker how to don/doff, provide just in time coaching and teach parents to change their PPE once per shift or if wet/dirty/ soiled/damaged.
• Ask the caretaker to perform hand hygiene and consistently wear a mask when the caregiver leaves the room.
• Dedicated bathroom is not needed for the caretaker.
• Caregiver and visitor isolation and quarantine periods are the same as those used for patients.
• Units and clinical teams may have their own approach to caregiver visitation based on a risk and benefit assessment performed by nursing and physician leadership assessment. Visitor escalation committee and HEIP available for consultation.</td></tr>
<tr><th>Additional recommendations based on caretaker COVID-19 status</th><th>Acute COVID-19 infection</th><th>COVID-19 exposed</th><th>COVID-19 infection in the last 90 days and finished isolation</th></tr>
<tr><td></td><td>-Identify an alternate COVID-19 negative, asymptomatic caregiver.
-If there are questions about when they can return to the bedside, please refer them to the Visitor Escalation Committee
-For emergent situations, contact the unit leadership and the nursing supervisor. Do not contact the Hospital Epidemiology and Infection Prevention team directly.
-For exceptional circumstances, an acutely infected COVID-19 caregiver may need to be at the bedside based on unit-based practices and nursing/physician leadership approval:
- Instruct them to remain in the room except to go to the bathroom in the ICUs.
-They should not go to communal areas including the family lounge/resource room, cafe, gift shop.
-If they need to leave the hospital, have them chose a direct path of travel.</td><td>-If the patient is COVID-19 negative, have a shared decision making conversation that factors in that the patient may get COVID-19 if the caretaker becomes infected.
- For ICN guidance, refer to footnote below.*
-Ask them to minimize leaving the patient room and if they do, avoid communal areas such as the family lounge/resource room, café, gift shop.
-Ask the caretaker to report COVID-19 consistent symptoms. If they develop COVID-19 symptoms:
-ask them to perform an over-the-counter COVID-19 test and share the results (healthcare providers are not expected to directly interpret/verify the COVID-19 test).
-if the initial test is negative, ask them to perform a second over the counter COVID-19 test 24 hrs later.
-If the caretaker/visitors coming to the bedside are symptomatic and they are COVID-19 negative, contact the HEIP during business hours for</td><td>• Default to general visitation guidance.</td></tr>
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	-Provide food trays. -If the caretaker/visitor are at the bedside, the period of Novel Respiratory Isolation may be extended for the patient's room based on the parent's isolation status.	further discussion. -If the caretaker/visitor coming to the bedside are asymptomatic and COVID-19, the period of Novel Respiratory Isolation for the patient's room based on the **patient's isolation status** only.	

***ICN and Guidance for COVID-19 exposed caregivers**

Asymptomatic caregivers who have a close exposure to another person with COVID-19 should not be routinely excluded from the ICN. If approved by the ICN team and after a shared decision-making approach with the parent/caregiver, an asymptomatic COVID-19 exposed caregiver can visit their baby in the ICN if:

a) The patient is on Novel Respiratory Isolation, and
b) The caregiver is asymptomatic and has had one negative COVID-19 test, and
    i. Ask the caregiver to take a COVID-19 test and report the result (healthcare workers are not expected to directly interpret/verify the COVID-19 test)
        1. For increased accuracy of the COVID-19, the caregiver can perform two additional COVID-19 tests spaced out at least 48 hrs and report the result
c) The caregiver is counseled and can adhere to the following:
    i. they can consistently wear a mask or N95 while at BCH-SF including while in the baby's room and when leaving the room for 10 full days following the last close contact with someone with COVID-19
    ii. they do not go to communal spaces including the ICN family room, cafe, gift shop
    iii. they follow a direct path of travel when leaving the ICN and BCH-SF
    iv. that they will not visit and will inform the ICN team if they develop upper respiratory viral symptoms and/or are COVID-19 infected