APPENDIX B: 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 <u>Visitor</u>
 <u>Escalation Committee</u> 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) Patient on Novel Respiratory Isolation:

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Patient on Novel Respiratory Isolation			
General	■ Checklist		
caretaker	Designate up to 2 caretakers.		
recommen	Offer the caretaker a mask or N95 (in addition to the other recommended		
dations	PPE). They are not required to wear this PPE.		
	 If they chose to wear PPE: Teach caretaker how to don and 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/if 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 may have their own approach to caregiver visitation based on a risk and benefit assessment.		
Caretaker	petient assessment.		COVID-19
status			infection in the
	Acutely COVID-19 infected	COVID-19 exposed	last 90 days and
			finished
			isolation
	Identify an alternate COVID-	If patient is COVID-19	Default to general
	19 negative, asymptomatic	negative, have a shared	visitation guidance.
	caregiver. • For exceptional	decision making conversation that factors	
	- TOT EXCEPTIONAL	conversation that lactors	

circumstances, an acutely infected COVID-19 caregiver may need to be at the bedside:

- Instruct them to remain in the room except to go to the bathroom in the ICUs. They are not allowed to go to communal areas including café and gift shop.
- If they need to leave the hospital, have them chose a direct path of travel.
- Provide food trays.
- 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.
- 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.

in that the patient may get COVID-19 if the caretaker becomes infected.

- Ask caretaker to report COVID-19 consistent symptoms.
- If symptomatic, ask them to perform an over the counter COVID-19 test; if the initial test is negative, ask them to perform a second over the counter COVID-19 test 24 hrs later.
- Ask them to minimize leaving the patient room and if they do, avoid communal areas such as the Cafe, gift shop, etc.
- If the caretaker/visitor coming to the bedside are asymptomatic, the period of Novel Respiratory Isolation for the patient's room based on the patient's isolation status only.
- If the caretaker/visitors coming to the bedside are symptomatic and they are COVID-19 negative, contact the COVID RN to review the case:

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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 will contact Family House for any COVID-19 confirmed patients staying at their facility. For questions, please consult Social Work.