Family Presence at the Bedside

This guidance document applies only to pediatric inpatient areas. For children in other care areas (e.g., Emergency Department, Ambulatory Sites, Well-Baby Nursery), please refer to the specific guidance documents on the HMH Maestro Clinical Guidance website (https://hmhmaestro.org/covid-19-action-center/clinical-protocols-policies/clinical-guidance-2/).

During the SARS-CoV-2 pandemic, limiting entrance to the hospital is an important tool that can decrease the risk of spread to a hospital unit. This document identifies steps to minimize the risk of transmission of infection while supporting the presence of families at the bedside family at the bedside of hospitalized children.

General guidance for all family members at the bedside

For inpatient pediatric care areas, at the time of admission the unit will discuss with the parent(s) or guardian(s) which adult family member 18 years of age or older will be coming to the bedside:

- In general care areas and the Pediatric ICU, no more than 4 adults, including the parent(s) or guardian(s), will be designated to be at the bedside
  - Per NJHA guidance, during periods of increased community spread (e.g., Red Level), only 2 adults can be designated
- To limit the risk of exposure to infection, the following areas will be limited to 2 adults listed
  - In the NICU and SCN the two banded adults will be the only family members permitted
  - Units caring for patients who are significantly immunosuppressed, including children with malignancy, bone marrow/stem cell transplantation, solid organ transplantation or any patient on a designated hematology/oncology unit
- The bedside family member should not leave the room or congregate in common areas
  - The care team can assist with needs and try to decrease the need for family to leave the room
- The bedside family member should not have any current symptoms of COVID-19
- Bedside family will be asked to self-monitor and report any changes that could suggest illness.
  - If symptoms develop, the person at the bedside will be asked to identify someone to come to the child’s side and the symptomatic person will don a face mask and directly leave the hospital to be evaluated by a physician
  - Before returning, they should call and speak with the child’s nurse and/or physician
  - The patient will be managed as a Person Under Investigation (PUI) until the bedside caregiver’s symptoms have been clarified. This includes enhanced droplet and contact precautions and placement in a private room.

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If the bedside caregiver cannot leave because the child’s condition requires an adult at the bedside and no other person can be identified, the patient will be transferred to appropriate isolation and the adult will wear a mask at all times while in the room to decrease the risk of spread of illness to the child.

- The bedside family member(s) will cooperate with HMH protocols for ensuring hospital safety, including:
  - Travel, symptom and temperature screening on arrival
  - Universal masking while traveling through the hospital
- A mask will be worn at all times when an HMH team member is in the patient’s room
  - Patients/Visitors may wear their own face mask if it does not have an exhalation valve/port.
  - If the integrity of the face mask is compromised (i.e. torn, not conforming to the face), a new mask should be provided.
  - The child will also wear a mask as appropriate for his/her age and medical condition
- For situations where only 1 family member at the bedside can be safely accommodated, frequent switching of individuals is discouraged.
- Individuals should minimize as much as possible the number of entries and exits to the hospital.
- If the parent or caregiver declines steps designed to minimize the risk of spread of infection, notify the physician and/or nurse manager or supervisor for guidance.
  - If after conversation with the physician, nurse manager, supervisor and/or representative from the Office of Human Experience the parent or caregiver continues to decline infection prevention methods, the parent or caregiver will be escorted off the premises, per HMH visitor guidance.

If the child needs to leave the room for medically indicated testing or procedures, the family member may accompany the child if the following conditions are met:

- The caregiver has no symptoms for COVID-19
- The caregiver has not tested positive for COVID-19 in the previous 10 days
- Patients/Visitors may wear their own face mask if it does not have an exhalation valve/port.
  - If the integrity of the face mask is compromised (i.e. torn, not conforming to the face), a new mask should be provided.
  - The child will also wear a mask as appropriate for his/her age and condition.

**Children who do not have a COVID-19 related condition**

General Unit, private room:

- Two designated adults may be at the bedside
- One designated adult may stay with the child overnight
  - Hours to be determined based on local considerations

General Unit, semi-private room:

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In consideration of physical distancing and the comfort of the other child in the room, one designated adult may be at the bedside at a time masked at all times.

Intensive Care:

- The conditions for a private room should apply
  - There may be situations where the clinical condition of the child, the physical space and care needed for the patient may require limitations on family presence at the bedside. In this situation, the clinical team will work with the family to safely balance family presence with the clinical needs of the child.

NICU/SCN:

- Nurseries with bedside space to accommodate recommended distancing and privacy should allow 2 banded adults at the bedside with no hour restrictions when possible
  - Family presence may be limited in hours and/or staggered depending on the physical layout of the unit and specific care needs of the babies. This will be determined based on local considerations
- Nurseries that cannot provide bedside space for recommended distancing and privacy or that have open bays can limit family presence to 1 banded adult at the bedside at a time in all locations across their continuum
  - Family presence may be limited in hours and/or staggered depending on the physical layout of the unit and specific care needs of the babies. This will be determined based on local considerations
- To protect the high-risk population in the neonatal care areas, adults with symptoms of illness or who are under quarantine for exposure to COVID-19 will not be allowed at the bedside during their isolation or quarantine

**Children admitted with a COVID-19 related condition**

This section applies for children who are PUI, have documented COVID-19 or are being treated for a COVID-19 related condition (e.g., MIS-C). It also should apply if the family at the bedside is under quarantine or isolation for COVID-19 and no unaffected adult is able to remain with the patient. It is equally applicable to private rooms and semi-private rooms.

- One adult will be allowed at the bedside at a time
  - The family at the bedside will remain in the room at all times because they are a PUI
- A mask will be worn at all times when an HMH team member is in the patient’s room
  - Patients/Visitors may wear their own face mask if it does not have an exhalation valve/port.
  - If the integrity of the face mask is compromised (i.e. torn, not conforming to the face), a new mask should be provided
  - The child will also wear a mask as appropriate for his/her age and medical condition

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• The family at the bedside may wear their own clothes while in the room. The procedure for change of clothes is as follows:
  o Worn clothes will be placed in a plastic bag and removed when the adult leaves the hospital
  o Clean, laundered clothes can be brought to the hospital in a labeled bag. Prior to arrival, the person bringing the clothes should notify the hospital unit and arrangements should be made to leave the clothes at the front desk.
  o If the hospital can provide disposable scrubs, they can be used as an alternative to clothes brought in from home.
• If the child needs to leave the room for a study or procedure, the family member may accompany the child following HMH protocols for PPE while transporting patients through the hospital and wear a mask at all times. This should be discussed with infection prevention and the child’s care team in advance of the study or procedure.
• If the family member leaves the room for any other reason, they will don a face mask and immediately leave the hospital. They will not be allowed to return to the bedside and another adult from the designated list will be allowed to come to the child’s bedside
• For safety reasons, the bedside caregiver(s) will remain in the room except to enter or leave the hospital
  o For personal needs, the caregiver should contact a team member for assistance

NICU/SCN:
• Newborns of mothers who are COVID-19 positive are considered PUIs, the banded persons not able to be at the bedside until they are cleared from isolation and/or quarantine
• Babies who develop a COVID-19 related condition after delivery (PUI or confirmed infection) can have one banded adult at the bedside
• The family at the bedside will wear full PPE while in the room per NJ Department of Health Guidance
• The family at the bedside will be instructed in the use of appropriate COVID-19 PPE in accordance with HMH protocols for donning and doffing
  o This includes gown, gloves, eye protection (face shield or goggles), and face covering (N95 respirator or procedural facemask)
• Family presence at the bedside for COVID-19 related conditions may be limited in time and scope based on local unit geography

Additional Considerations:
Situations may arise when exceptions to these guidelines must be considered. Each situation will be reviewed by unit-level clinical leadership that includes at a minimum the manager or designee, medical leadership for the unit; infection prevention and patient experience should also be included as indicated. Departmental medical and operational leadership should be informed of all requests for exceptions. Guest relations will need specific information to allow family access. Team members should be informed of the reason for exceptions so they can provide support the patient and family as well as reassure other families who may be concerned about equity of family bedside presence.

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The list below is a guide but is not exhaustive of situations where exceptions may need to be considered.

- In the nursery during the post-partum period when the mother has medical limitations requiring assistance (e.g., driving restrictions); both adults must be banded, newborn condition and physical space must be able to safely accommodate 2 adults at the bedside.
- Medical teaching to facilitate safe transition of care, including hands-on teaching or situations where two adults are needed to coordinate safe care for the child; this could include use of a new medical device, administration of injections, etc.
- Complicated medical decision-making to facilitate multi-disciplinary care discussions when video conferencing cannot be used.
- Significant change in status (e.g., unexpected transfer to a higher level of care after clinical deterioration or code)
- Complicated or high-risk surgical procedures as determined by the medical team. The two adults will be instructed to wait in the patient room and after the child is situated post-operatively, one of the adults will leave.
- End of life care

New Jersey Hospital Association Visitation Guidelines


Please also review visitor information on the HMH Maestro COVID website (www.HMHCOVID.org).

For questions, please contact Dr. Kevin A. Slavin (Kevin.Slavin@HMHN.org or 551-223-4693)
Appendix A:

Steps to Prevent the Spread of Infection During the COVID-19 Pandemic

At Hackensack Meridian Children’s Health, safety is our top priority. We know how hard it is to have a child in the hospital. During the COVID-19 pandemic, many are also worried about how we keep everyone safe from germs. To prevent the spread of all infections, please follow these same steps that every Hackensack Meridian Health team member follows:

**Hand hygiene:** This is the most effective way to prevent the spread of germs. Hand washing with soap and water for at least 20 seconds is best. Alcohol-based hand sanitizer is available throughout the hospital in wall-mounted dispensers and is another safe option. We expect every healthcare professional to wash their hands before they come into the room, after they leave the room, and before any contact with the child. We would like for you to do the same. We hope that you will remind us in the unlikely event we may have forgotten to wash our hands before entering the room.

**Face masks:** The virus that causes COVID-19 can be spread through the air when someone is infected but not sick. A mask covering the mouth and nose lowers your risk of becoming infected and lowers the risk that you could accidentally spread virus to someone else. Everyone at Hackensack Meridian Health is expected to wear a face mask at all times while in a public area and anytime someone else is in the room. Before we enter the room, we may ask you and the child to put your masks on. If you need to leave the room, you must wear a mask at all times. In the unlikely event you see one of us without a mask, please remind us of our duty to wear one.

**Physical Distancing:** COVID-19 is a respiratory virus. Staying 6 feet or more away from others decreases the chance of inhaling virus accidentally spread by others. This simple step adds another layer of protection to wearing a mask but does not substitute for wearing a mask or face cover in most settings. At Hackensack Meridian Health, when we are not providing medical care, we stay 6 feet away from others. We ask that you do the same.

**Symptom check:** All Hackensack Meridian Children’s Health team members remain at home if they have any symptoms of illness. If you have any symptoms of illness—fever, chills, cough, loss of taste or smell, difficulty breathing, muscle aches, or sore throat—please speak with the nurse. If you have any symptoms, you will need to leave the hospital and be checked by a doctor. After you have been checked by a physician, please call and speak to the child’s nurse or doctor before coming back to the hospital. If you need to leave, another designated adult (aged 18 years or older) can come to the child’s bedside while you are away.

Each of these steps will help us ensure the safest environment possible to care for all hospitalized children and decrease the risk of spread of infection.

If you have any questions, please ask. Our top priority is safety while providing the best care environment for children to heal.

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