Inpatient Visitation Policy for Parents/Caregivers at Yale New Haven Children’s Hospital

Visitation Restrictions:

To protect our patients, families, employees and the community during the outbreak of COVID-19, YNHCH is limiting visits from families until the transmission of COVID-19 is no longer a threat.

Visitation:

- Two designated parents/caregivers may be at the bedside for a COVID-19 negative patient during visiting hours, 10AM-6PM. Preferably these two visitors are from the same household. Only one person (as described above) will be permitted to be at the bedside and/or stay overnight when visiting hours are over and in the early morning prior to the start of visiting hours.
- The maximum number of total designated visiting caregivers for a child during their hospitalization is two.
- Parent/Caregivers may swap out with the second alternate parent/caregiver for overnight stays.
- If the parent/guardian is not able to be at the child’s bedside, two alternate adult (21 years of age or older) caregivers may be identified by the family as a support people for the child.
- In the Emergency Department and Peri-operative service areas, two designated parents/caregivers are permitted. If the child is admitted during off-hours only one may accompany the child to the floor.

All parents/caregivers will be expected to comply with the following:

- All parents/caregivers must pass the screening upon entry of the hospital in order to be allowed visitation.
- All patients and parents/caregivers must wear a face mask while on hospital grounds, including in the patient’s room.
- All parents/caregivers should adhere to good hand hygiene. Parents/caregivers should be encouraged to sanitize their hands frequently.
- Restrictions equally apply to YNHHS employees who have family or friends in the hospital.

Under certain clinical circumstances listed below, a second parent/caregiver may be allowed at the bedside for a 4-hour period of time during off-hours. The second parent/caregiver will be supported under the situations outlined below.
Clinical Circumstances:

1. The family is being told of a complex diagnosis or change in prognosis.
2. The family is hearing about the future treatment/education needs for a new complex disease process or needs to demonstrate hands-on skill in preparation for discharge.
3. Imminent end of life.

Extenuating Circumstances:

1. If the attending and/or nursing team has an extenuating circumstance with a patient/family that warrants support outside this visitation guideline, collaboration with Inpatient Nursing Director/Infection Prevention is required prior to granting approval.
2. If the child is COVID-19 positive, then one parent/caregiver can shelter in place in the room with the child until discharge. To minimize the risk of transmission/exposure, there will be no switching off of the parent/caregiver.

The below guideline defines a process that can help guide staff on how to recognize and continually monitor for symptoms that a caregiver may develop while at the bedside.

Recommendation:

All parents/caregivers must remain in a surgical mask while in the patient’s room and in the hospital. All parent/caregivers who remain with an admitted child will be screened for fever > 99.9 F and symptoms consistent with COVID-19 (e.g. fever, cough and shortness of breath) twice daily. This screening should take place once in the morning and once in the evening, ideally 8-12 hours apart. Screening will be performed by the patient’s nurse or PCA.

Parent/Caregivers who screen negative:
- Confirmation of the negative screening will be demonstrated by the caregiver being given a daily dated sticker to display once cleared. The caregiver must remain in a surgical mask.

Parent/Caregivers who screen positive:
- Will remain in a surgical mask and be asked to shelter in place in the patient’s room.
- Staff/Leadership will instruct the symptomatic parent/caregiver to go home as soon as is reasonable. The parent/caregiver can identify an alternative healthy caregiver to replace him/her.
- If another caregiver is not available, let social work and unit leadership know to assist with alternative arrangements to ensure hospitalized children have support.