



Standard Operating Procedure:	Visitor/Caregiver Guideline – COVID-19 for Children’s Hospital	
Guideline Owner:	Operational Managers of Children’s Hospital	
Department:	B6-100 & 200, PMDU, NICU, Children’s ED, and PCCU	
Approval By:	Director, Children’s Hospital	Approval Date: March 26, 2020
Original Effective Date: March 20, 2020	Reviewed Date:	Revised Date:

BACKGROUND

This Standard Operating Procedure applies to the Visitor/Caregivers/ who enter and exit the Children’s Hospital at LHSC. The goal of the Standard Operating Procedure is to control the entry of Visitor/Caregiver to ONLY 1 caregiver to one patient, ensuring the safety of patients and staff. Up to 2 caregivers can be identified upon admission and recorded at the unit level. Only one caregiver can be at the bedside at any given time. A switch between the two named caregivers will be permitted once every 24-hour interval. Exceptions to this would be for palliative patients, critically ill patients and by a case by case review related to extenuating circumstances- a Physician letter will be provided to the family stating that 2 caregivers are allowed. This letter should be shown to the screeners at the entrance point and unit staff.

B6-100 & 200

PROCEDURE

1. Upon admission, two (2) caregivers will be identified for the patient. The names will be placed on a Visitor/Caregiver list.
2. Visitor/Caregiver will be screened at a Visitor/Caregiver access point.
3. During the screening process, if Visitor/Caregiver is identified as requiring to wear a mask- this mask must be worn throughout entire visit.
4. If approved to enter the hospital, Visitor/Caregiver will arrive on the unit directly off the elevator on the B6 Paediatric Inpatient Unit. The double doors off the elevator bay will remain closed, or have one door open to reduce the amount of contact on surfaces. Visitor/Caregiver will present themselves to the Welcome desk staff.
5. The Welcome Desk Staff will confirm the Visitor/Caregiver Name on the Visitor/Caregiver List.
6. Visitor/Caregiver will go directly to the child’s room and check in at nursing station if there is a Precaution sign on the door, to ensure proper Donning and Doffing of PPE.
7. The entrance doors to B6100 & B6200 will be kept locked from the Welcome desk vestibule. Badge reader access to enter the units
8. The Welcome Desk will be staffed daily between 0700-2300 hours. After hours Visitor/Caregiver will call the Inpatient Unit directly to be Approved to enter.
9. The Visitor/Caregiver list will be kept in the binder at the Welcome Desk
 - 9.1.1. Visitor/Caregiver names are to remain consistent, and can only change with Charge Nurse, ICP, or Clinical Manager Approval.
10. Visitor/Caregiver Identification - Visitor/Caregivers will be given a sticker to wear. It will be an expectation that the Visitor/Caregiver is to stay at the bedside and only leave when essential and necessary. Visitor/Caregivers will be expected to adhere to the LHSC code of conduct

NICU

PROCEDURE

1. Upon admission, two caregivers will be identified for the patient. The names will be placed on a Visitor/Caregiver list.
2. Visitor/Caregiver will be screened at a Visitor/Caregiver access point. If Approved to enter the hospital, Visitor/Caregiver will go directly to B4-300 the front entrance of the NICU.
3. Visitor/Caregiver can then call into the nursing desk of the NICU where there is an additional screen over the phone. If you do not pass all the questions for the screen you will not be allowed into the unit.
4. Visitor/Caregiver will be allowed into the unit if identified on the Visitor/Caregiver list and if they pass the screen.
5. The entrance doors to the NICU are locked at all times and can only be opened by a badge or through the main desk. The main desk is staffed 24 hours a day.
6. Each Family will complete a Visitor/Caregiver list.
 - i. The Visitor/Caregiver list will be kept in a binder at the main desk at the nursing station
 - ii. Visitor/Caregiver Names are to remain consistent – and can only change with Charge Nurse, ICP or Clinical Manager Approval
7. Visitor/Caregiver Identification - Visitor/Caregivers will be given a sticker to wear. It will be an expectation that the Visitor/Caregiver is to stay at the bedside and only leave when essential and necessary. Visitor/Caregivers will be expected to adhere to the LHSC code of conduct.

PMDU

PROCEDURE

1. One Visitor/Caregiver/caregiver to accompany child to appointment. The Visitor/Caregiver/caregiver and child will be screened at the Visitor/Caregiver access point . If Approved to enter the hospital, Visitor/Caregiver will go directly to the PMDU through the main entrance at B1 100. They will proceed to check in at Registration.
2. Visitor/Caregiver/ Caregiver/Parent(s) and patient will be screened by the Registration Clerk. If failed screen, the registration clerk will call the ICP to make an assessment of the child to determine if isolation is required.
3. For after-hours clinic one Visitor/Caregiver and child will be assessed at the Visitor/Caregiver access point (B1) and proceed to the volunteer desk to access a phone to call in to the clinic.

Children's ED

PROCEDURE

1. Visitor/Caregiver/Caregiver will be screened at Children's ED main registration desk, LHSC Emergency entrance for identification and relationship to patients.
2. The entrance doors to the Children's Emergency Department is monitored by staff including security, and allows entrance via access button only. Signage to patients upon exiting department to not allow other Visitor/Caregivers to enter via this door unless screened by registration staff.
3. Infection Control and Travel Screening will be completed. Caregiver will only be allowed access if passed screening.
4. One parent/caregiver allowed per patient. Under exceptional circumstances, allowances will be made.
5. Visitor/Caregiver Identification - Visitor/Caregivers will be given a sticker to wear. It will be an expectation that the Visitor/Caregiver is to stay at the bedside and only leave when essential and necessary. Visitor/Caregivers will be expected to adhere to the LHSC code of conduct.

PCCU

PROCEDURE

1. Visitor will be screened at Visitor access points. If Approved to enter the hospital, visitor will go directly to C2-700 PCCU waiting room. If you fail the screen at the door, you will not be allowed to enter the unit.
2. Visitor calls into the unit.
3. Clerk/staff answering the phone will do an additional screen. If they fail, they will not be permitted to enter the unit.
4. Visitor will be allowed into the unit if identified as one of the two support person for a patient in the unit.
5. The entrance doors to the PCCU are locked at all times and can only be opened by a badge or opened by unit.
 - 5.1.1. Each patient may have two (2) support persons identified on the patient Kardex and to the CN, clerk to ensure consistency.
 - 5.1.2. Visitor Names are to remain consistent – and can only change with Charge Nurse, ICP or Clinical Manager Approval
6. Visitor Identification
 - 6.1. Visitor will be given a sticker to wear and explained that they are only to visit the Patient they are here to see, and will be expected to adhere to the LHSC code of conduct.
 - 6.2. COVID-19 Suspected/Confirmed one (1) essential visitor only
 - 6.2.1. Droplet/contact PPE in room
 - 6.2.2. Surgical mask outside room at all times, not just in unit
 - 6.2.3. Must stay in room, unless essential to leave
 - 6.2.4. Food will be supplied. Special consideration to dietary restrictions.
 - 6.3. Non-COVID-19 one (1) visitors in 24 hrs.
 - 6.3.1. These must be the same two (2) visitors throughout patient stay
 - 6.3.2. PPE, when required will be worn
 - 6.3.3. Minimizing movement out of patient room

B8-200

PROCEDURE

Child & Adolescent Inpatient Procedure

1. Upon admission, two (2) caregivers will be identified for the patient. The names will be placed on a Visitor/Caregiver list which will be housed on B8.
2. Visitor/Caregiver/Caregiver will be screened at Visitor/Caregiver access point (B-1), Front entrance.
3. During the screening process, if Visitor/Caregiver is identified as requiring to wear a mask- this mask must be worn throughout entire visit inclusive of patient room.
4. If approved to enter the hospital, Visitor/Caregiver will arrive on the B8 Child & Adolescent Inpatient Unit directly off the elevator. Visitor/Caregiver will use the phone located on the wall adjacent to the double doors of the Inpatient Unit as this is a secured unit.
5. The Unit Staff will confirm the Visitor/Caregiver Name on the Visitor/Caregiver List.
6. Visitor/Caregiver will go directly to the child's room and Check in at nursing station if there is a Precaution sign on the door, to ensure proper Donning and Doffing of PPE.
7. Visitor/Caregiver names are to remain consistent, and can only change with Charge Nurse, ICP, or Clinical Manager Approval.
8. Visitor/Caregiver Identification - Visitor/Caregivers will be given a sticker to wear. It will be an expectation that the Visitor/Caregiver is to stay at the bedside and only leave when essential and necessary. Visitor/Caregivers will be expected to adhere to the LHSC code of conduct.

Child & Adolescent Ambulatory Procedure

1. One Visitor/Caregiver to accompany patient to appointment. The Visitor/Caregiver and child will be screened at B-1, Front entrance.

2. If approved to enter the hospital, Visitor/Caregiver and child will proceed to the elevators and arrive on the floor directly off the elevator. Visitor/Caregiver/patient will use the phone located on the wall adjacent to the registration desk as this is a secured unit and contact their clinician.

DEFINITIONS

Visitor/Caregiver – Any individual who attends the hospital and is not a Patient or staff member.

REFERENCES

[Visiting Guidelines](#)

[Code of Conduct](#)