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**SHEA Pediatric Leadership Council Commentary: Inpatient Visitor Considerations for Pediatric Patients during the COVID-19 Pandemic**

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Visitor restriction during the respiratory viral season is a common practice among children’s hospitals. Specific visitor limitations vary by institution but often include a reduction in the total number of adult visitors a patient may have, restriction of visitation by children younger than a particular age, and restriction of all visitors with respiratory symptoms.¹ In a pre-COVID-19 pandemic study, a policy of visitor restriction was associated with a more than 50% decreased risk of hospital-acquired respiratory viral infections.²

In the era of COVID-19, the critical importance of social distancing to decrease transmission has required a reduction in the numbers of people present in hospitals and clinics. As a result of physical distancing, the common spaces of hospitals (cafeterias, waiting rooms, elevators) cannot support pre-COVID-19 volumes, so many members of the healthcare team and support staff have transitioned to remote work arrangements. Many adult hospitals have banned all visitation and increased capability for video- and telephone contact among patients, families and the healthcare team.³

Parents and guardians are not merely ‘visitors’ of pediatric patients. They are essential members of the care teams for pediatric patients, providing comfort, reassurance, and support, to their children in addition to assisting with feeding, bathing, toileting and diaper changes.⁴ They are also involved in the clinical decision making process with the primary team. Therefore, restriction of parental visitation could have negative impacts on the child’s care and well being and has also been shown to increase stress levels for the parents.⁵ For children with complex healthcare needs, parental/guardian involvement is crucial to ensure a safe hospitalization and discharge for the child. Infection prevention and control programs are responsible for the safety of patients, visitors and healthcare workers, and decisions around visitation must consider all of these groups.⁶⁷ Recommendations for mitigation of COVID-19 transmission risk will continue to evolve as prevalence fluctuates in communities, variants emerge, and vaccination becomes widely available, including for children.

Parents/guardians most often share the same household as the hospitalized child and therefore have similar COVID-19 exposure risk.⁸ Parents/guardians of children hospitalized with COVID-19 have already been exposed (or potentially have already been infected) and the incremental
increased risk of SARS-CoV-2 transmission with their continued presence with the patient is unknown, but is likely to be low in most circumstances.\textsuperscript{9} It is useful to consider the patient and parent/guardian as a ‘family unit’ of exposure to the healthcare system and plan risk mitigation strategies accordingly.

Limiting exposure of the ‘family unit’ to other patients and visitors in the hospital or clinic can be accomplished by: requiring parents/guardians to remain in the patient’s room; closing or limiting access to common areas (family kitchens, lounges, child life spaces); having a program for symptom screening; and enforcing masking and social distancing when interacting with the healthcare team and when entering/exiting the facility. If age- and developmentally-appropriate, children should wear masks if they need to leave their room for a medical procedure and at discharge. Appropriate use of personal protective equipment (PPE) by healthcare workers can prevent transmission of COVID-19, and PPE can be tailored to the risk of COVID-19 of the ‘family unit’. For example, if the parent of a patient has been exposed to COVID-19 and is under quarantine, the ‘family unit’ should be placed on appropriate COVID-19 isolation and workflows while in the hospital or clinic.

Many of the above mitigation recommendations presume private patient rooms. The risk/benefit ratio of parent/guardian visitation changes when other patients and families are at risk of exposure. The Centers for Disease Control and Prevention (CDC) recommends at least 3 feet between patient beds,\textsuperscript{10} so social distancing may not be feasible in all shared rooms. Hand hygiene, mask use by parents/guardians, and physical barriers such as curtains should be emphasized. Perinatal transmission of SARS-CoV-2 infection is very infrequent,\textsuperscript{11} thus there is little concern about patient-to-patient transmission in the neonatal intensive care unit, even if there is an open pod with multiple patients. Parents/guardians and healthcare workers are the primary risk factor for acquisition of COVID-19 infection for these vulnerable patients and therefore basic prevention measures focusing on parents/guardians and healthcare workers are most important.

Parent/guardian presence at the bedside facilitates delivery of family-centered care.\textsuperscript{12} There are multiple mitigation strategies to maintain family communication remotely, although this can be
logistically complicated for both care teams and families.\textsuperscript{3} Clear communication about visitor restrictions and expectations is critical, and should ideally be communicated to families prior to planned visits and hospitalizations, and as early as possible within an unplanned or emergent visit. Policing and enforcing policies can be an additional stressor on our already-over-extended clinical workforce. There will always be need for situation-based exemptions and teams can work with their local Infection Prevention and Control teams to minimize risk to patients, families and the healthcare team. Possible scenarios may include end of life care, developmental delay complex care planning or discharge teaching. Consider having a formal escalation process for visitor policy exceptions to ensure standardization and equity.
<table>
<thead>
<tr>
<th>Scenario</th>
<th>Mitigation</th>
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<tbody>
<tr>
<td>Too many individuals in a clinical area make physical distancing more difficult</td>
<td>Based on current state of community transmission, limit visitation to a single or limited number of adult caregiver(s) that remain(s) in a private patient room if available at all times. Provide meals for visitor(s). Leverage technology to supplement communication (see Family Centered Rounds below).</td>
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<tr>
<td>Family Centered Rounds</td>
<td>Videoconferencing platforms to allow additional family members and healthcare team members to participate in conversations.</td>
</tr>
<tr>
<td>Need for caregiver to leave the hospital</td>
<td>Allow adult parent/guardian in the same family unit to switch places with one other designated parent/guardian minimizing time spent in public spaces of hospital. Parents should undergo symptom screening each time they re-enter the hospital.</td>
</tr>
<tr>
<td>End-of-life</td>
<td>Exceptions to allow for sibling visitation may be appropriate. Siblings should be screened for COVID-19 symptoms before entry, wear masks, and perform hand hygiene. Exceptions for additional adults (e.g., grandparents) may also be appropriate, but the risk of severe complications with COVID-19 infection in the visiting adult(s) should be taken into consideration.</td>
</tr>
<tr>
<td>COVID-19 positive patient, COVID-19 unknown parent/guardian who may be at risk of developing infection</td>
<td>Members of a family unit have likely already had significant COVID-19 exposure. Risk of additional exposure to a contagious child is generally outweighed by the benefit of parental presence. Parents should be informed of risk of infection and counselled to wear PPE and maintain physical distance. HCW team will be using appropriate PPE for the COVID-19 positive patient (and parent). Parents/guardians who develop symptoms concerning for COVID-19 should seek an alternate</td>
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asymptomatic adult caretaker and should seek COVID-19 testing (see below).

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Action</th>
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<tbody>
<tr>
<td>COVID-19 positive patient,</td>
<td>If parent/guardian is well enough to stay at the bedside and contribute to the child’s care, and no alternative caregiver is available, allow parent to isolate in patient’s room, encourage masking when HCW in room.</td>
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<tr>
<td>COVID-19 positive parent/guardian</td>
<td></td>
</tr>
<tr>
<td>COVID-19 negative patient,</td>
<td>If available, asymptomatic adult caregiver preferred. Parents/guardians with symptoms concerning for COVID-19 should seek COVID-19 test. If symptomatic parent/guardian needs to stay in the room, they should wear a mask and maintain physical distancing as much as possible while awaiting test result.</td>
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<tr>
<td>parent/guardian with symptoms concerning for COVID-19</td>
<td></td>
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<tr>
<td>COVID-19 negative patient,</td>
<td>If no alternative adult caregiver, consider shared decision-making with family and healthcare team on a case-by-case basis. If benefit of parental presence is believed to outweigh risk, allow parent to isolate in patient’s room (e.g., place patient on COVID-19 isolation). Encourage masking and physical distancing by parent.</td>
</tr>
<tr>
<td>parent/guardian positive for COVID-19</td>
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References:


