

### COVID-19 Pandemic- Essential Care Partner (ECP) Guidelines- Women & Children’s Program

The health and safety of all staff, professional staff, patients, Care Partners and the community is our utmost priority. In order to prevent and limit potential spread of the COVID-19 virus, the following guidelines will apply:

TBRHSC Response Level	Prevent, Protect, Restrict, Control	Lockdown
Labour & Delivery	<ul style="list-style-type: none"> <li>All patients may have 1 ECP present. This must be the same individual for the duration of hospitalization.</li> <li>Patients who have a suspected/confirmed fetal demise, may have up to 2 ECPs present</li> <li>1 ECP may be present in the OR during a Caesarian Section (subject to availability of PPE)</li> <li>Positive/Presumptive Patients:               <ul style="list-style-type: none"> <li>Alternate ECP (that does not reside with the patient) that passes screening will be permitted in labour room or in the OR for moral support. They will be provided full PPE. If transition to a general anesthetic the ECP will be removed from the OR. Patient must be informed of the risks to family member/friend attending and be responsible for disclosing to that individual. If the baby is admitted to NICU, this ECP will be allowed in the NICU.</li> <li>If no alternate ECP that passes screening can be identified, an ECP exception can be requested from the manager/coordinator/admin coordinator. If approved, they will be provided full PPE. This ECP would not be permitted on maternal newborn. If the baby is admitted to NICU, visitation would need to be considered.</li> </ul> </li> <li>No In + Out Activity (see restrictions on movement within the building)</li> </ul>	
Maternal Newborn	<p><b>Postpartum (Vaginal or Caesarean)</b> - 1 ECP until the end of delivery day/ visiting hours (2000 hrs), or minimum 6 hours, whichever is longer</p> <ul style="list-style-type: none"> <li>Same ECP may return daily during visiting hours, 1 access per day</li> <li>Positive/presumptive patients will not be allowed an ECP on Maternal Newborn Unit</li> </ul> <p><b>Postpartum Readmissions</b> - ECP may visit daily during visiting hours, 1 access per day. Babies should <u>not</u> be admitted unless medically necessary</p> <p><b>Surgical Patients</b> - Follow corporate Care Partner Guidelines</p> <p><b>Antepartum</b> - Follow corporate Care Partner Guidelines</p>	<p><b>Postpartum (Vaginal or Caesarean)</b> - 1 ECP until the end of delivery day/ visiting hours (2000 hrs), or minimum 6 hours, whichever is longer</p> <ul style="list-style-type: none"> <li>Positive/presumptive patients will not be allowed an ECP on Maternal Newborn Unit</li> </ul> <p><b>Postpartum Readmissions</b> – ECP determined by exception. Babies should <u>not</u> be admitted unless medically necessary</p> <p><b>Surgical Patients</b> - Follow corporate surgical Care Partner Guidelines</p> <p><b>Antepartum</b> - Follow corporate Care Partner Guidelines</p>
<p><b>Note:</b> Maternal Newborn reserves the right to further limit ECP access if physical distancing is unable to be maintained due to high unit census</p>		



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NICU	<p><b>2 ECPs, 1 access each per day</b></p> <ul style="list-style-type: none"> <li>○ Must be the same two individuals throughout the hospitalization (includes birthing mother when an admitted inpatient)</li> <li>○ May have both ECPs at the same time between 0800 – 2000 hrs</li> <li>○ Multiples are allowed the same 2 ECPs only</li> </ul>	<p><b>2 ECPs, 1 access each per day</b></p> <ul style="list-style-type: none"> <li>○ Must be the same two individuals throughout the hospitalization (includes birthing mother when an admitted inpatient)</li> <li>○ ECPs must alternate and may only visit one at a time, except when birthing mother is an admitted inpatient</li> <li>○ Multiples are allowed the same 2 ECPs who may be present together</li> <li>● A co-visit of both ECPs of 2 hours may be facilitated by staff in consultation with manager under special circumstances (ie. newborn not doing well)</li> </ul>
	<p><b>Note:</b> ECPs must enter via the Main Entrance during entrance access times. NICU reserves the right to further limit ECP access if physical distancing is unable to be maintained due to high unit census. ECP may leave the unit to take care of personal needs (eg- bathroom, meal breaks, stretch breaks). Movement should follow corporate restrictions.</p>	
Inpatient Paediatrics	<p><b>2 ECPs, 1 access each per day</b></p> <ul style="list-style-type: none"> <li>○ Must be the same two individuals throughout the hospitalization</li> <li>○ May have both ECPs at the same time between 0800 – 2000 hrs.</li> <li>○ Multiples will only be allowed the same two individuals</li> <li>● Only 1 ECP is allowed to room in overnight               <ul style="list-style-type: none"> <li>○ Multiples may only have 1 ECP overnight</li> </ul> </li> </ul>	<p><b>2 ECPs, 1 access each per day</b></p> <ul style="list-style-type: none"> <li>○ Must be the same two individuals throughout the hospitalization</li> <li>○ ECPs must alternate and only visit one at a time</li> <li>○ Multiples will only be allowed the same two individuals</li> <li>● Only 1 ECP is allowed to room in overnight, including multiples</li> </ul>
	<p><b>Note:</b> Paediatrics reserves the right to further limit ECP access if physical distancing is unable to be maintained due to high unit census. No In + Out Activity (see restrictions on movement within the building).</p>	
CAMHU	<ul style="list-style-type: none"> <li>● 1 ECP during unit visiting hours only</li> <li>● Must be the same individual throughout the hospitalization</li> </ul>	
Paediatric Outpatient	<ul style="list-style-type: none"> <li>● 1 ECP</li> <li>● No siblings preferred. May be reviewed by manager on individual basis in advance of appointment.</li> </ul>	<ul style="list-style-type: none"> <li>● 1 ECP</li> <li>● No siblings</li> </ul>

Access:

1. ECPs who pass all screening criteria, but who fail “Travel outside of Northern Ontario” will require exception from IMT/SLC to enter the facility. If approved, they are required to wear a procedure mask and maintain physical distancing requirements for the duration of their stay. Travel outside of Canada will not be permitted.
2. ECPs that are confirmed COVID-19 positive or presumed high risk contact, with no symptomology, are awaiting test results or have been directed by Public health to self-isolate, will be considered in consultation with Infection Control, Public Health and IMT/SLC, if no alternate ECP can be identified that would pass screening.
3. With the exception of Labour & Delivery, all ECPs must enter via the Main Entrance between the hours of 0630-2200.
4. If at any time an ECP becomes COVID symptomatic, an alternate ECP should be explored and considered. In the event that no alternate can be identified, the ECP is required and is well enough to provide care, contact the manager or admin coordinator for IPAC consultation, potential swab facilitation and/or potential ECP exception. Such circumstance must be approved on a case-by-case basis.

Movement:

1. Only 1 hospital access is allowed per day, per Essential Care Partner (no in and out’s)
  - i. Designated ECPs who are on opioid replacement therapy will be allowed to leave if needed to access their medication or for medical appointments. Social Work may be able to support these ECPs.
2. ECP movement will follow corporate movement restrictions.
3. Meals will only be provided for 1 ECP that is required to room in overnight with an admitted in- patient while corporate movement restrictions are in place.
4. ECPs should be made aware of movement restrictions and informed to come prepared with everything needed for the duration of their visit.

Other Considerations:

1. ECPs are required to wear procedure mask while in hospital & while in contact with staff/professional staff.
2. ECPs who are rooming in with the patient will be subject to symptomatic screening on a daily basis by inpatient staff (eg- Paediatrics, NICU, MNB).
3. Exceptions may be considered and approved by the Manager or Administrative Coordinator.
4. Smoking parents/ ECPs are encouraged to bring their own Nicotine Replacement Therapy for stays on any of the Women & Children’s Program areas. Leaves for cigarette breaks are not permitted. Alternatively, an alternate ECP who can remain with hospitalized child or patient should be considered.
5. Even in outbreak situations, paediatrics will still allow ECPs.