

NICU COVID-19 Isolation and Visitation Guidelines

The implementation of this guideline is meant to protect both patients and staff in the NICU and minimize the risk of transmission into the NICU which is a highly specialized intensive care unit with limited staff reserve and a highly vulnerable population that cannot be off loaded to any other clinical service in the city or region.

Parents with suspected/confirmed COVID-19, or those who are asymptomatic but with a documented high-risk COVID-19 exposure who have a public health quarantine or self-isolation order, should not visit the NICU.

High Risk/Close Contact	Low Risk
<ul style="list-style-type: none">• Household contact (or other prolonged, unmasked physical contact) of a COVID-19 positive individual• hospital roommate of COVID-19 positive patient	<ul style="list-style-type: none">• exposure to COVID-19 positive individual with appropriate PPE in place• contact of a contact with exposure to COVID-19

When in doubt about the exposure risk level, assume high-risk until confirmed otherwise.

A Parent /caregiver who has tested positive for COVID-19 during the pregnancy and cleared Public Health recommendations for quarantine or self-isolation before the delivery of the baby does not have restrictions on visitation and the baby does not require isolation.

Exceptional circumstances will exist based on acuity and end of life care. An individualized approach will be necessary and guided by discussion between the Neonatologist on call and IPAC. Procedures for some common exceptions are noted at the end of this document.

NICU Baby Testing and Isolation Precautions

1. NICU baby with a positive COVID-19 test.

- a. Testing: no repeat testing is required if baby tests positive
- b. Cohorting: baby is prioritized for private room, (negative pressure room if AGMP being performed). In severe bed shortage cohort with another COVID-19 positive baby.
- c. Precautions: baby placed on D+C (+ Enhanced if AGMP being performed) precautions until:
 - i. At least 20 days from COVID-19 positive test IF 31+6 weeks gestation or less at birth OR requires ongoing respiratory support (invasive, non-invasive PPV or high flow oxygen) AND until afebrile with symptom improvement x 24 hours
 - ii. At least 10 days from COVID-19 positive test (32+0 weeks or greater and no respiratory support) AND until afebrile with symptom improvement x 24 hours

2. NICU baby with suspected COVID-19 due to symptoms

- a. Testing: test baby at onset of symptoms when diagnosis of COVID-19 is entertained
- b. Cohorting: place baby in private room, (negative pressure room preferred if AGMP being performed). In severe bed shortage cohort with another baby of same exposure. If tested, babies must stay together until swabs on both babies have returned negative.
- c. Precautions: baby placed on D+C (+ Enhanced if AGMP being performed) precautions until: COVID-19 test returns negative and symptoms have resolved for 24 hours unless one of the following exposures 3-6 is identified.

3. NICU baby exposed to positive mother at birth

- a. Testing: test baby on admission to NICU AND at 48 hours after birth (if exposed at birth) AND on day 7 after last contact with positive parent/caregiver.
- b. Cohorting: place baby in private room, (negative pressure room recommended if AGMP being performed). In severe bed shortage cohort with another baby of same exposure. If tested, babies must stay together until swabs on both babies have returned negative.
- c. Precautions: baby placed on D+C (+ Enhanced if AGMP being performed) precautions for 14 days from last exposure to the positive parent/caregiver.

4. NICU baby of symptomatic parent/caregiver with COVID-19 test pending

- a. Testing: test baby if parent/caregiver tests positive AND follow testing and isolation protocol outlined in 3 above.
- b. Cohorting: place baby in private room, or if not available, cohort with another baby of same exposure.
- c. Precautions: baby placed on D+C (+ Enhanced if AGMP being performed) precautions until test for parent/caregiver negative. IF parent/caregiver tests positive follow testing and isolation as outlined in 5. IF parent/caregiver has known exposure follow testing and isolation as outlined in 6.

5. NICU baby with a high-risk exposure to a COVID-19 positive parent/caregiver/patient/staff

- a. Testing: test baby on date of notification of exposure AND on day 7 after contact with exposed patient/staff.

- b. Cohorting: place baby in a private room (negative pressure room recommended if AGMP being performed). In severe bed shortage cohort with another baby of same exposure. If tested, babies must stay together until swabs on both babies have returned negative.
 - c. Precautions: baby placed on D+C (+ Enhanced if AGMP being performed) precautions for 14 days from last exposure.
6. **NICU baby exposed to an asymptomatic parent/caregiver with a high-risk exposure or an exposure from outbreak unit**, (i.e. Identified by IPAC/OHSS/Public Health)
- a. Testing: test baby if symptomatic **OR** if parent/caregiver tests positive (follow testing and isolation protocol outlined in 5 above).
 - b. Cohorting: place baby in a private room (negative pressure room recommended if AGMP being performed). In severe bed shortage cohort with other babies of asymptomatic high risk exposed parents/caregivers. If tested, babies must stay together until swabs on both babies have returned negative.
 - c. Precautions: baby placed on D+C (+/- Enhanced if AGMP being performed) precautions until confirmed that exposed parent/caregiver remains asymptomatic **AND** has tested negative on day 7, **AND** 14 days has passed since parent/caregiver's exposure date.
7. **NICU baby exposed to an asymptomatic parent/caregiver with a low-risk exposure** (i.e. Identified by IPAC/OHSS/Public Health). When in doubt about the exposure risk level, assume high-risk until confirmed.
- a. Testing: test baby if symptomatic (follow testing and isolation protocol outlined in 2 above) **OR** if parent/caregiver tests positive (follow testing and isolation outlined in 3 above).
 - b. Cohorting: place baby in a private room. In severe bed shortage cohort with other babies of asymptomatic low risk exposed parents/caregivers. If tested, babies must stay together until swabs on both babies have returned negative.
 - c. Precautions: baby placed on D+C (+/- Enhanced if AGMP being performed) precautions until confirmed that exposed parent/caregiver remains asymptomatic **AND** 14 days has passed since parent/caregiver's exposure date.

Parent/Caregiver Visitation Guidance

1. **Parent/caregiver with positive COVID-19 test**
 - a. **COVID-19 positive parent/caregiver**- Can visit NICU 10 days after symptom onset/test positive, provided they are afebrile with symptoms improving x 24 hours **AND** cleared by Public Health **AND** pass [LHSC screening criteria](#) at facility entrance
 - b. **Exposed parent/caregiver** - is presumed to be a high-risk exposure contact (household contact) unless they do not reside with or have prolonged unmasked contact with the positive parent/caregiver. They can visit the NICU 14 days from their last exposure to the positive parent/caregiver provided they test negative, remain asymptomatic **AND** pass the [LHSC screening criteria](#) at facility entrance
2. **Symptomatic parent/caregiver with COVID-19 test pending, AND NO identified exposure to COVID-19 (IPAC/OHSS/Public Health)**
 - a. **Symptomatic parent/caregiver**- can visit NICU when COVID-19 test negative **AND** asymptomatic x 24 hours **AND** clear the public health and pass the [LHSC screening criteria](#) at facility entrance
 - b. **Household members of symptomatic parent/caregiver** - If asymptomatic **AND** passes the LHSC screening criteria may visit baby **once** the symptomatic parent/caregiver is confirmed COVID-19 negative.
3. **Parent/caregiver with identified high risk exposure to COVID-19 (IPAC/OHSS/Public Health) or travel outside of Canada** in the last 14 days.
 - a. **Exposed parent/caregiver**- Can visit the NICU starting 14 days after the exposure, provided they are asymptomatic, test negative for COVID-19 at 7 days from last exposure **AND** pass the [LHSC screening criteria](#) at facility entrance
 - b. **Non-exposed parent/caregiver*** – If asymptomatic **AND** passes the [LHSC screening criteria](#) may visit baby.
4. **Parent/caregiver with identified low risk exposure to COVID-19 (IPAC/OHSS/Public Health)** meaning contact with a COVID-19 positive individual but **NOT** meeting criteria for high risk exposure.
 - a. **Exposed parent/caregiver**- Can visit the NICU but baby to be placed in a private room **AND** parent must pass the [LHSC screening criteria](#) at facility entrance
 - b. **Non-exposed parent/caregiver*** – If asymptomatic **AND** passes the [LHSC screening criteria](#) may visit baby.

*Please note contacts of asymptomatic exposed parent/caregiver may visit, as long as they are not directly exposed to the positive case and are able to adhere to [home isolation](#) from the high risk exposed individual.

Protocol for Exceptional Circumstances

Exceptional circumstances will exist. An individualized approach will be necessary and guided by discussion between the Neonatologist on call and IPAC.

High Risk Parents/Caregivers with Exceptional/Accommodated Visits

High risk parents/caregivers are defined as: confirmed COVID-19 **OR** is an identified high risk contact by Public Health or Infection Control (household contact or hospital roommate of a positive case) **OR** discharged from an outbreak unit in the last 14 days **OR** travel outside of Canada in the last 14 days. They should not routinely visit the NICU, except for exceptional circumstance. If visitation is to occur options are available to:

- a. Transport infant to mother's room (Preferred, particularly if parent/caregiver confirmed COVID-19).
- b. Transport infant to OBCU (Preferred, particularly if parent/caregiver confirmed COVID-19).
- c. Transport of the infant to a private room off of the NICU if parent/caregiver is not an inpatient (i.e. MBCU, antenatal)
- d. Masked parent/caregiver enters NICU through back hallway to private room nearby- direct in/direct out.

Exceptional circumstances include, but are not limited to:

1. Acute life-threatening circumstances, medical or surgical or the provision of palliative or end of life care

Visitation for palliative or end of life care:

- a. Identify a private room off of the NICU (OBCU, antenatal, MBCU or Gyne)
- b. Transport the baby to identified location
- c. Parents masked while NICU staff are in the room
- d. In addition to any precautions ordered for baby, staff adhere to droplet **AND** contact precautions during parent visit only (as parent is currently on droplet/contact precautions for quarantine)

Visitation for a critically ill infant or palliative infant where patient cannot be moved off the NICU:

- a. When visitation cannot occur outside the NICU
- b. Baby in private room back hallway
- c. Masked parent enters NICU through back hallway to private room, gloves and gown are donned upon entry to the NICU - direct in/direct out
- d. Baby to remain in isolette
- e. Appropriate hand hygiene and PPE are required for touching the baby.
- f. Visiting is limited to a maximum of 1 hour with one entry and exit per day. If baby is palliative, physical distancing, gown/gloves and time limit on visit is not required.
- g. In addition to any precautions ordered for baby, staff adhere to droplet **AND** contact precautions during parent visit only (as parent is currently on droplet/contact precautions for quarantine)

2. Management of an outbreak situation

For certain situations, IPAC may determine a hospital exposure is of lower risk and develop an individual patient plan, for limited/controlled NICU baby visits. IPAC consultation must be obtained if a high-risk exposed parent/caregiver is to enter the unit prior to the routine 14 days from known exposure/discharge from an outbreak unit if **NOT** for an exceptional circumstance (i.e. palliation/impending death of neonate).

If IPAC identifies a particular patient as a lower risk exposure, patients may follow the limited/controlled visit protocol, before 14 days from last exposure, with the difference being a negative test at 7 days post last exposure is required **prior** to visiting **along with** IPAC approval (Excluding visits required for exceptional circumstances).

This plan **must** be discussed between IPAC and NICU **prior** to visitation

Limited/controlled visitation in the NICU:

- a. When visitation cannot occur outside the NICU
- b. Baby in private room back hallway
- c. Masked parent enters NICU through back hallway to private room, gloves and gown are donned upon entry to the NICU - direct in/direct out
- d. Baby to remain in isolette
- e. Appropriate hand hygiene and PPE are required for touching the baby.
- f. Visiting is limited to a maximum of 1 hour with one entry and exit per day. If baby is palliative, physical distancing, gown/gloves and time limit on visit is not required.
- g. In addition to any precautions ordered for baby, staff adhere to droplet **AND** contact precautions during parent visit only (as parent is currently on droplet/contact precautions for quarantine)

Discharged asymptomatic parents/caregivers with a documented high-risk COVID-19 exposure

- a. After discharge, parents must continue home quarantine, and when travelling to the hospital take a private car, or a taxi, in the backseat, wearing a mask with the window down. No buses.
- b. Visit to hospital—as approved by Public Health (i.e. no symptoms) Having baby in NICU would qualify for Public Health exemption
- c. Follow **Limited/controlled visitation in the NICU** above

Travel:

Testing of asymptomatic parents/caregivers is not routinely recommended for travel risk only. In the absence of exceptional circumstances, the parent/caregiver may visit the NICU once the 14 day quarantine period is over as long as they remain asymptomatic.

Exposure:

Testing of exposed individuals generally occurs at day 5-7 from last exposure. In the absence of exceptional circumstances, the parent/caregiver may visit the NICU starting 14 days after the exposure, provided they are asymptomatic, test negative for COVID-19 at 7 days from last exposure and/or when develop symptoms **AND** clear the public health **AND** passes the [LHSC screening criteria](#) for entrance to the facility