## NICU Visitation, Isolation, Testing, and D/C Procedure for COVID-19 PUI/+ Mother/Parent/Infant

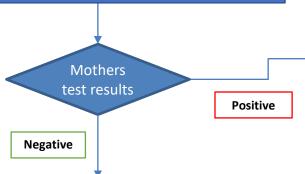
v.10-25-23

## Please refer to <u>St. Luke's Visitor Policy</u> for the latest information on visitor restrictions:

Mother is **PUI** for COVID-19:
Symptomatic w test pending
OR
Symptomatic & not tested\*†

Infant is PUI for
COVID-19
(See NICU Isolation Process on page 2)

- Mother may not visit NICU until she is declared negative for infection, or until at least 10 days beyond onset of symptoms
- If maternal test pending or not tested, may order maternal Priority 1 test to rapidly determine status, unless pending test is anticipated to result soon.
- Asymptomatic partners/intended parents/visitors who have been in contact with mother should be considered exposed and should be discouraged from visiting until maternal results are returned (must meet all SL visitation criteria)
- Exceptions may be made for extreme extenuating circumstances (e.g., end of life)



- Discontinue infant isolation precautions
- Mother may visit if criteria in SL Visitor Policy are met
- Partners/intended parents/visitors will only be allowed per <u>SL Visitor Policy</u>

\*NBN infants (healthy newborns) born to asymptomatic mothers who were not tested or have test pending are not considered PUIs

†Mothers who have recovered from confirmed COVID-19 may not warrant retesting as per Maternal and Infant Testing/Isolation Following Recovery from COVID-19

Mother is **Positive** for COVID-19 at time of delivery OR

Parent tests **Positive** during NICU hospitalization and has had contact w infant within 2d prior to 1<sup>st</sup> sx or positive test

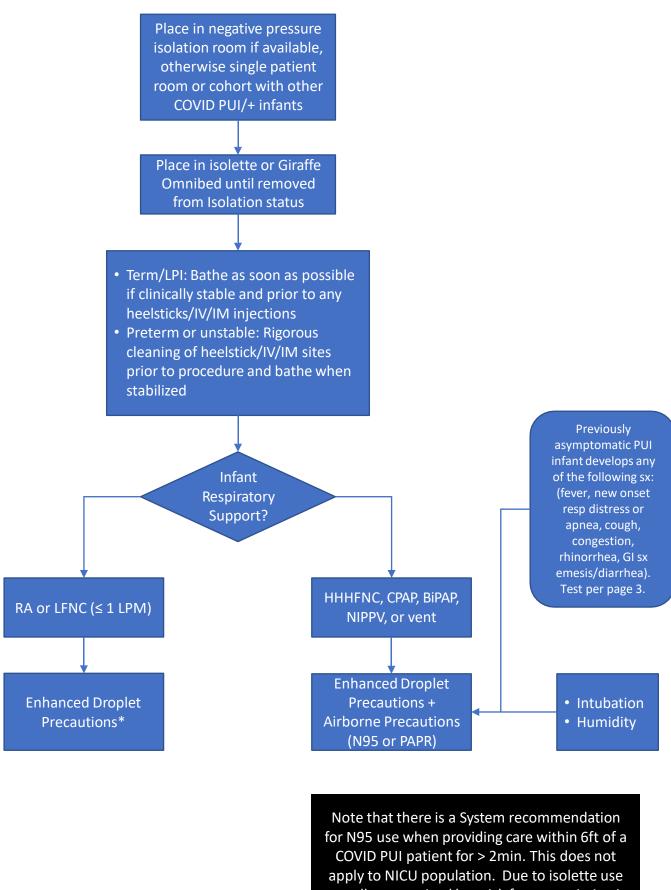
Infant is PUI for COVID-19 (See NICU Isolation Process on page 2)

- Mothers who test + for COVID-19 on routine OB testing but are asymptomatic: In the absence of symptoms or known exposure, mothers with + tests on routine OB screening should be excluded from the NICU for 5d from + test (enter on day 6), as long as they remain asymptomatic. Wear mask day 6-10 after + test.
- Mothers & partners who test + for COVID-19 w/ sx or close exposure to an infected person: Should not visit NICU infants while able to transmit SARS-CoV-2. Immunocompetent people may be considered noninfectious if (a) afebrile for 24h w/out antipyretics, (b) 10d since onset of sx, and (c) sx have improved. If severely or critically ill with COVID-19 or immunocompromised, should not enter NICU until >20d since 1st sx or + test.
- Mothers & partners who have close exposure to another person with COVID-19: Asymptomatic people who have a close exposure to COVID-19 should not be excluded from the NICU if asymptomatic. Such people should wear rnask for 10d following last close contact and have SARS-CoV-2 testing at least 5d following last close contact. If such people develop symptoms consistent with COVID-19 infection, they should obtain testing ASAP and not enter NICU until their status is clarified.
- Exceptions may be made for extreme extenuating circumstances (e.g. end of life).
- If infant remains PUI/+ and parent/visitor has met visitation criteria above, s/he may visit but must wear enhanced droplet PPE and surgical mask (not N95).
   Travel should be to/from patient room only.
- Source: AAP.org (Click for more information)

See Page 3 for Infant Testing Process

If either mother/caregiver OR infant are PUI or positive at 2 days prior to anticipated infant discharge, accommodations will be made for discharge teaching, ideally off unit or in a location separate from patient care areas, TBD at local site.



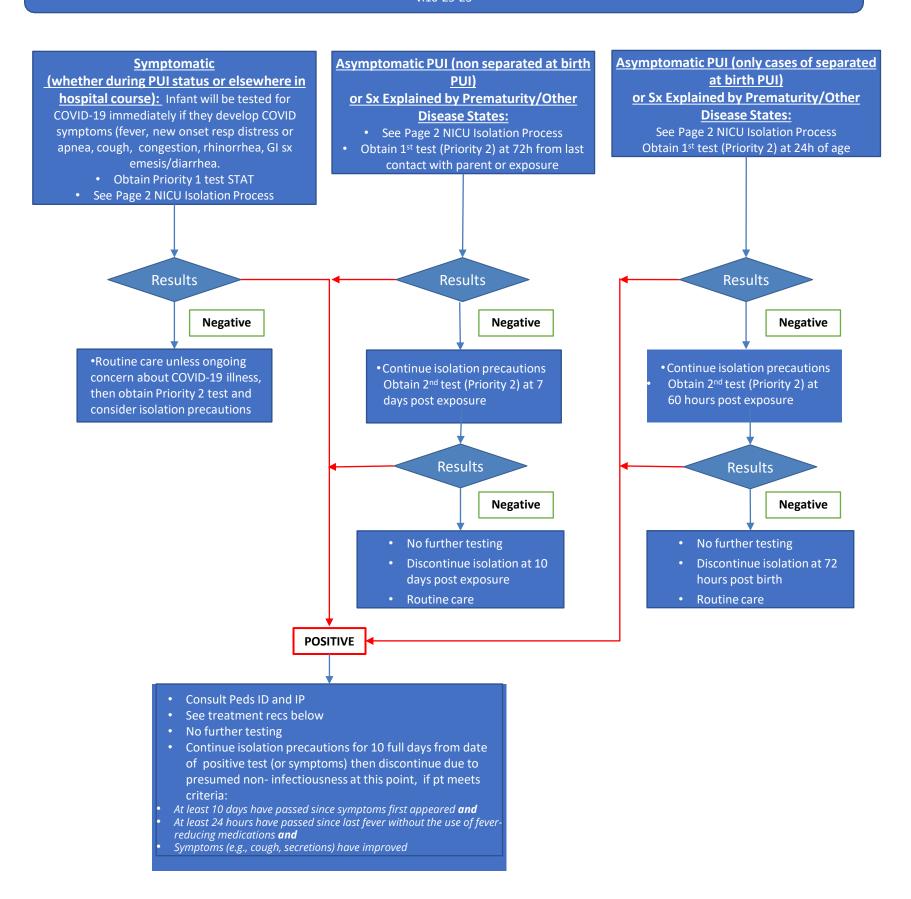


\*Staff or providers caring for COVID PUI/+ infants not undergoing AGPs may wear N95/PAPR at their discretion if they prefer as well as perceived low risk for transmission in asymptomatic infants, unless above criteria for N95 use are met, PUI infants may be cared for using Enhanced Droplet Precautions only.



## NICU Testing Process for COVID-19 PUI/+ Infant

v.10-25-23



## Pharmacologic Treatment for COVID + Infants:

Steroid or other pharmacologic treatment in <u>asymptomatic</u> neonates is likely not indicated. For <u>symptomatic</u> infants, if disease state warrants, or if symptoms cannot be distinguished from other potential non-COVID etiologies, then obtain consultation with Peds ID and refer to relevant resources such as **Up To Date COVID-19 Mgmt in Children** 

