

Parents, Guardians and One-on-One Caregivers Staying with COVID patients at Springfield Hospital:

Only one identified person for the entire length of the hospital stay.

1. You will be staying in the same room as your patient. Once you enter the room, the door will be kept closed and you will be unable to leave the room unless you are leaving the facility.
2. Springfield Hospital will provide an extra tray for you at meals. You may bring your own snacks; however, a kitchen will not be accessible. There will be no access to refrigeration.
3. There will be a private bathroom in the room, but no shower.
4. Consider going home to pack a bag and shower before entering the inpatient unit with your patient.
5. If you leave the facility, you will not be able to come back unless the patient is removed from precautions, and you are not now in isolation at home (CDC recommendation for non-vaccinated caregivers).
 - a. You cannot leave and come back to smoke.
 - b. You cannot leave and come back to go home and shower.
 - c. This includes both vaccinated and unvaccinated parents or caregivers. This is to minimize infection control exposures for staff and other patients.
6. If you become ill, Springfield Hospital is unable to provide any care within this building for non-patients.
 - a. You may need to leave if you are too ill to care for another person.
 - b. You can go home, to your Primary care office or to the Emergency Department, but the nurses and doctors on the floor cannot provide care to you unless you are admitted.

7. If you need to leave, notify the nursing staff. You will be provided with an N95 mask to wear, and you will proceed directly out of the building.
8. You recognize that it is your personal choice to stay with your COVID positive patient and this increases your risk of contracting COVID. COVID presents a myriad of signs and symptoms which can range from asymptomatic to critically ill. We strongly recommend PPE adherence in the room to mitigate increased transmission risk.

Signature and date of Parent, Guardian, or Caregiver:

Signature and date of Springfield Hospital RN or Provider:
