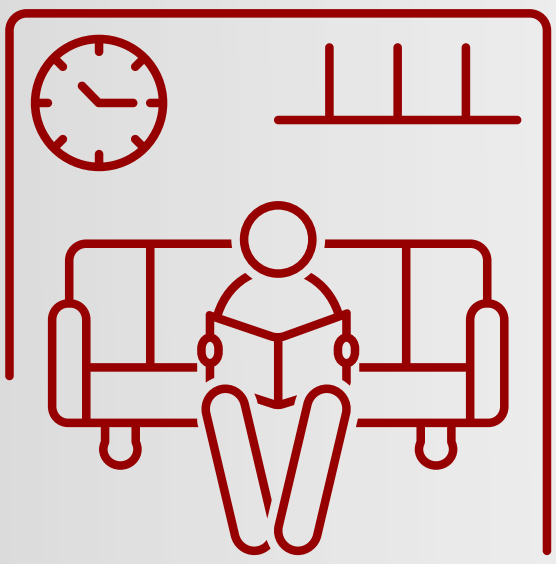
EXISTING EMERGENCY DEPARTMENT PREPAREDNESS*

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Common Areas/Public

Arrival/Entrance

Triage for presence of HRID	• Promote pandemic infection concern alert notification by EMS (via established communication methods) prior to patient arrival at ED for patient assignment, placement, logistics, and planning. • Implement temperature screening outdoors, at entry, and/or tele-screening. • Refer asymptomatic/minimally symptomatic patients to a remote site for testing after ED medical screening exam.
Flow Management	• Implement a wayfinding and signage system directing visitors/patients to the appropriate entrances.

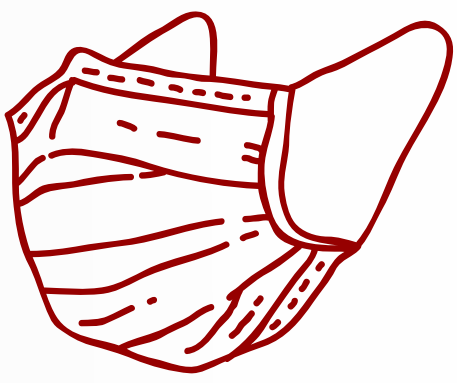


Waiting Room/Common Areas

Capacity Management	• Post capacity limits in any non-clinical space (i.e., in break rooms) to allow for social distancing. • Utilize remote meetings whenever possible.
Flow Management	• If possible, separate entrance and egress.
Triage for presence of HRID	• Screen individuals for signs and symptoms of infection prior to entry to the waiting room.

Risk Mitigation to Reduce Transmission	• Cohort patients with signs and symptoms of infection:
	  ◦ Establish separate waiting rooms, or separate locations within the same waiting area, for screen positive and screen negative patients.
	  ◦ Consider outdoor space/tents for screen-positive patients.

- Install high-efficiency air filters as supported by your HVAC system.
  - If possible, create a negative-pressure waiting space for PUI/infected patients.
  - If this is not possible, discuss with facilities the best available alternative to improve ventilation (example: HEPA filters).
    - The ASHRAE Position Document on Infectious Aerosols offers options and is available at https://www.ashrae.org/file%20library/about/position%20documents/pd_infectiousaerosols_2020.pdf
- Discourage bringing personal items into the workplace. Any items brought should be left in a single location, such as a desk drawer or locker, if possible.
  - If lockers are used for storing personal items, they should either be assigned to one person or disinfected between users.
- Provide EPA-approved cleaning products at each workstation to allow individuals to disinfect between users.
- Exchange upholstered chairs for seating made of plastic or another easily disinfected material.
- Provide face-level clear barriers between face-to-face contact locations at the check-in desk, and/or have triage/check-in staff in mask and eye-covering.
- Utilize touchless check-in/payment methods, include QR codes and mobile devices, etc.
- Institute masking policy, including supplying masks at reception, universal masking, and masking/eye-covering for triage/check-in staff.
- Remove unnecessary furnishings, decorative items, or other items that are difficult to disinfect, so it is easier to clean surfaces regularly.



Physical Distancing	• Maintain as much space between workstations as possible (ideally six feet between individuals). • Demarcate distance requirements where queuing may occur. • Rearrange furniture to promote a six-foot distance between chairs and remove excess chairs. • Create outdoor break or dining areas
Protective Equipment	• Place hand sanitizer stations in common areas. • Install PPE storage units/stations in patient triage areas. • Consider placing face-level clear barriers around workstations.

*These recommendations for emergency department (ED) preparation for high-risk infectious diseases (HRID) are intended as considerations. The ability to implement these suggestions in any given department may depend on the disease involved, the mode of transmission, pre-existing capacity, and ED design. Certain infection prevention strategies are preferred, but when not possible, alternative modalities are suggested. These HRID preparation considerations are limited to the physical (built) environment and do not include other important risk mitigation strategies, such as the elimination of hall beds and the boarding of inpatients in the ED.

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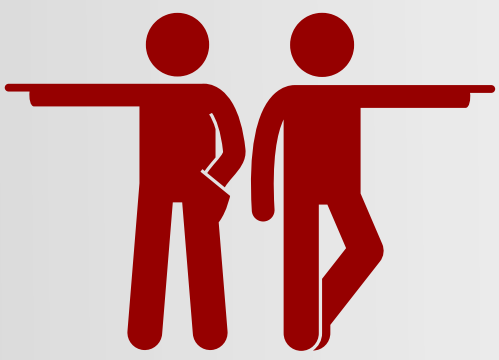
Treatment

Resuscitation/Trauma

Capacity Management

- Limit the number of personnel allowed in the bay based on the minimum needed.
- Post "Limited entry to clinically necessary personnel only" signs.
- Find alternative locations to store items required in the remainder of the ED to limit the necessity of entering the bay for supplies.
- Consider installing telemedicine capabilities to allow observers to chart without entering the bay and allow tele-consults.
- Limit visitors allowed in the bay.



Flow Management

- Re-route through traffic and transportation of patients so that they do not need to enter the bay.

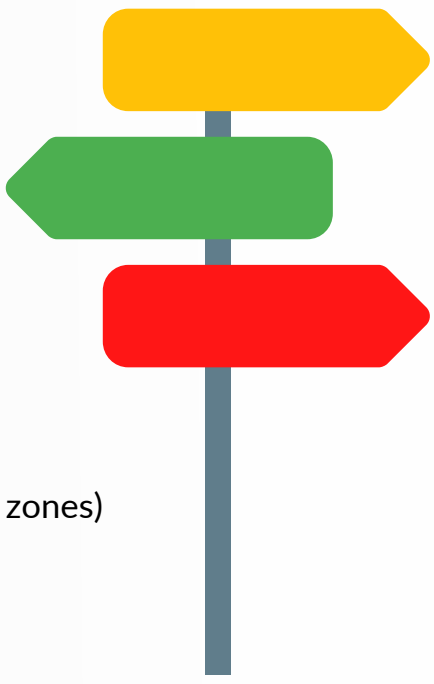
Triage for presence of HRID

- Screen all traumas and other patients entering the bay for signs and symptoms of HRID including via EMS in-code.
- Consider placing an outdoor screening area for triage prior to entry to the bay.

Risk Mitigation to Reduce Transmission

- Cohort patients with signs and symptoms of infection:
  - If possible, establish separate bays, or separate locations within the same bay, for screen-positive and screen-negative patients.
- Install high-efficiency air filters as supported by your HVAC system.
  - Consider creating negative-pressure bays.
  - If this is not possible, discuss with facilities the best available alternative to improve ventilation (example: HEPA filters).
    - The ASHRAE Position Document on Infectious Aerosols offers options and is available at https://www.ashrae.org/file%20library/about/position%20documents/pd_infectiousaerosols_2020.pdf

- When available, create a separate resuscitation bay for patients with signs and symptoms or diagnosis of HRID.
- Remove all unnecessary items from the bay to limit the necessity for cleaning/disinfecting large quantities of items between patients.
- Prepare procedural equipment (i.e., airway) for disposable "to go" packs.
- Keep items stored in bay covered either in storage units with doors or plastic coverings.
- Perform plain films via a portable machine.
  - If patients are cohorted to a PUI/infection + unit, consider assigning one machine, if available, to that unit only.
- Designate low, medium, and high-risk zones within the bay (ie, “green”, “yellow”, and “red” zones)
  - Only allow those absolutely necessary in higher-risk zones
  - Post PPE requirements for all zones
  - Store supplies in low risk (“green zones”) whenever possible



Physical Distancing

- Consider physician workstation/reading modifications (i.e., plexiglass dividers).
- Consider physical barriers (i.e., clear plastic/glass barriers/movable walls/screens) between/within treatment areas to create individual care spaces between patients
  - Utilize sliding doors or tent flaps with zippers so that these spaces can be closed from common areas during AGPs or other high-risk patient care procedures, depending on the pathogen.

Cohorting

- When available, create a separate resuscitation bay for patients with signs and symptoms or diagnosis of HRID.

Protective Equipment

- Place PPE storage units at entry to resuscitation bays.
- Place hand sanitizer immediately outside and inside all patient care areas.

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Diagnostic

General Radiology

Risk Mitigation to Reduce Transmission

- If patients are cohorted to a PUI/infection + unit, consider assigning one machine, if available, to that unit only.
- Position x-ray tube six feet away from the patient.
- Utilize disposable cartridge cover for each patient's use.
- Perform cartridge cleaning between each use.
- Install high-efficiency air filters if supported by an HVAC system.

Computed Tomography (CT)/Magnetic Resonance Imaging (MRI)

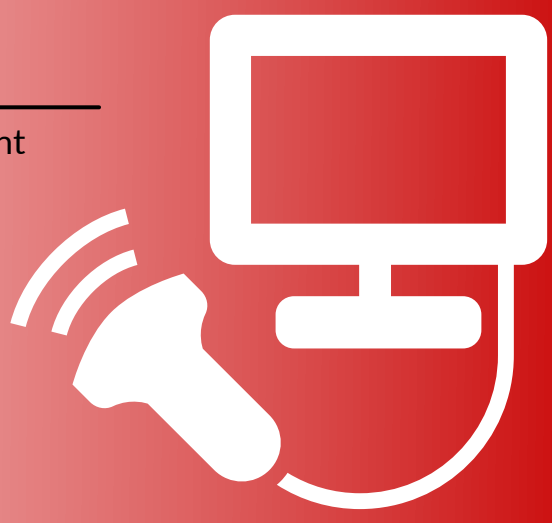
Risk Mitigation to Reduce Transmission

- Identify scanner(s) available only for PUI/infection + patients.
- Implement predetermined down time between patients to allow ventilation of radiology rooms

Point of Care Ultrasound (POCUS)

Risk Mitigation to Reduce Transmission

- Decontaminate the entire system after each use with disinfectant recommended by the EPA.
- If patients are cohorted to a PUI/infection + unit, consider assigning one machine, if available, to that unit only.
- Use of a handheld ultrasound system may allow for better disinfection between patients.



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