



Emergency and Patient Intake

This document is intended for employers, workers and customers/participants of emergency and patient intake, as an overview of potential hazards in the workplace due to COVID-19.

In all cases, guidance from local public health authorities must be followed and general COVID-19 prevention practices should be implemented, as outlined in:

www.ccohs.ca/pdfs/covid-general.pdf

Facility Management

- Increase ventilation rates and fresh air return where possible.
- Limit the number of access points to the facility. Have a separate access for health care workers.
- Screen all persons who enter (health care workers, patients, visitors, contractors, etc.). Allow only essential visitors.
- Install physical barriers such as clear plastic sneeze guards, glass or plastic windows, and curtains between patients.
- Post signs to remind patients to alert a healthcare worker immediately if they experience any symptoms.
- Consider a separate area or entrance for those needing a respiratory virus evaluation.
- Provide tissues and alcohol-based hand sanitizer at entrances.
- Be aware of cross-contamination through staff, equipment (stretchers, wheelchairs, stethoscopes, blood pressure cuffs), patient belongings, patient records, linens, clothes, and surfaces such as counters, chairs, handles, and doorknobs.
- Clean shared equipment, phones, tablets, etc. with alcohol or disinfectant wipes.
- Make sure workers are trained to work safely, including when replacing the duties of others.
- Postpone elective procedures, surgeries and non-urgent outpatient appointments.

Early Recognition

- If a person has called ahead with potential COVID-19 symptoms, they should be met by a health care worker who is wearing appropriate personal protective equipment (gloves, mask, face/eye precautions), and brought to the designated waiting area.
- Use routine practices and follow contact and droplet precautions.
- Triage for risk factors as soon as possible.
- Check for risk factors associated with COVID-19, such as fever, acute respiratory illness or new/worsening cough.

If a Person is Suspected of Having COVID-19

- Place the patient in a designated separate waiting area or space and use droplet and contact precautions.
- Encourage any patient with signs and symptoms of an acute respiratory infection to cough in their elbow. Provide tissues, alcohol-based hand sanitizer, and a plastic lined waste container.
- Do not group with other patients unless necessary, and then only group with confirmed COVID-19 patients.



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Personal Protective Equipment (PPE)

- Train workers on how to work with and care for personal protective equipment, and to understand its limitations.
- Put on and remove PPE in the correct order according to safe work procedures to reduce exposure.
- Use all of the following PPE measures:
 - Gloves
 - A long-sleeved gown
 - Face protection, such as surgical/procedural mask and eye protection, face shield, or surgical/procedural mask with visor attachment
 - An N95 respirator (plus eye protection) should be used when performing aerosol-generating medical procedures
- Reusable respirators, including powered air purifying respirators (PAPRs), must be cleaned and disinfected according to the manufacturer's instructions before re-use.
- Consider having all staff wear a surgical/procedural mask at all times, and if in contact with a positive or suspected COVID-19 patient, use an N95 respirator.
- Make sure workers who are required to wear an N95 respirator are fit-tested to a minimum of 2 styles should PPE availability be challenged.
- Be aware of PPE breaches (including breaches between respirator and face). Change N95 respirators ideally when it becomes difficult to breathe or when the respirator becomes too wet, moist or soiled.
- Hand hygiene should be performed as needed, especially during and after removal of PPE, and after leaving the patient care area.
- If there are shortages, PPE should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities. Consider if continuous wear of the same PPE is appropriate when working with patients with the same diagnosis.
- Improvised or home-made masks are not PPE. Caution should be used. Discuss options with your supervisor, and/or your health and safety committee or representative, and/or union if present.

Provide mental health support to all workers, including access to an employee assistance program (EAP) if available.



For further information on COVID-19, refer to the Public Health Agency of Canada

<https://www.canada.ca/coronavirus>

Note that this guidance is just some of the adjustments organizations can make during a pandemic. Adapt this list by adding your own good practices and policies to meet your organization's specific needs.

Disclaimer: As public and occupational health and safety information is changing rapidly, local public health authorities should be consulted for specific, regional guidance. This information is not intended to replace medical advice or legislated health and safety obligations. Although every effort is made to ensure the accuracy, currency and completeness of the information, CCOHS does not guarantee, warrant, represent or undertake that the information provided is correct, accurate or current. CCOHS is not liable for any loss, claim, or demand arising directly or indirectly from any use or reliance upon the information.