Emergency and Patient Intake

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Archived information is provided for reference and research purposes. Please refer to **Respiratory Infectious Diseases: Health and Safety Resources** for the latest guidance.

Introduction

This tip sheet is for employers, workers, and volunteers of medical emergency rooms (e.g., hospitals, urgent care centres, walk-in-clinics) including doctors, nurses, physicians, porters, medical technicians, cleaning staff, clerks, administrators, etc. It provides an overview of potential hazards and risks due to COVID-19 and guidance regarding control measures. Paramedic (and other first aid) specific tips can be found in the First Responder tip sheet.

COVID-19 is a contagious disease caused by the SARS-CoV-2 coronavirus. Infected individuals can spread the virus through respiratory particles when they cough, sneeze, breathe, etc. People can become infected when they inhale particles that contain the virus or by touching contaminated surfaces and then touching their face with unwashed hands.

In all cases, follow guidance and requirements from your local public health authority and your jurisdictional Occupational Health and Safety (OHS) regulator.

Refer to guidance from the Public Health Agency of Canada (PHAC) and CCOHS documents for general COVID-19 prevention practices:

- COVID-19 Health and Safety Resources
- Protect Yourself and Others from COVID-19
- COVID-19 Health and Safety Planning for Employers
- COVID-19 Prevention for Workers
- COVID-19 FAQ

Specific Tips for Emergency and Patient Intake

- Communicate to all workers and visitors that people who are sick (or may be sick) with COVID-19 should not enter the workplace or report to work (e.g., in-person meetings, performing medical procedures, delivering supplies, accompanying patients, etc.).
- Monitor COVID-19 case numbers and trends in the facility and local community. Restrict access to visitors if necessary.
- Notify visitors and the public that protective measures are necessary for the safety of everyone.
- Consider installing barriers where physical distancing cannot be maintained (e.g., at reception, service counters, triage stations, inside vehicles, etc.).

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- Continually assess medical workers' COVID-19 exposure risk levels, which are increased when:
  - In close contact or providing direct medical treatment to an individual who has COVID-19.
  - Performing aerosol-generating medical procedures.
  - In close contact with another person who has COVID-19 (e.g., co-worker, Emergency Medical Services (EMS) worker, or person accompanying the patient during intake).
  - Community transmission creates greater emergency room demand and crowding.
- As the workers' exposure risk increases, adjust control measures as appropriate. Consider modifying procedures and protective equipment requirements (e.g., replacing medical masks with respirators, performing additional cleaning and disinfecting).
- Require all visitors and patients to wear a mask while in the facility, if possible.
- Consider having a worker at the entrance to the emergency department to explain the current COVID-19 protocols to visitors and patients. Protocols could include providing a mandatory medical mask and requiring hand sanitization, followed by a COVID-19 screening and verifying proof of vaccination (if required by vaccination policy). Post large signs in multiple locally used languages outlining this process.
- Require EMS workers to notify the emergency rooms before they arrive with any patients confirmed (or suspected) to have COVID-19.
- Implement measures that promote physical distancing and reduce indoor crowds:
  - Remind workers to maximize the distance between themselves and others during any interaction with people they do not live with (e.g., training, department meetings, performing procedures, etc.).
  - Reduce the number of people (e.g., administrators, support staff, planners, etc.) that work in the facility by offering remote work options, where possible.
  - Stagger shift start and end times.
  - Control access to the facility (e.g., allow only one visitor per patient).
- Conduct training virtually, outdoors, or in well-ventilated indoor spaces with participants spaced out, whenever possible.
- Consider implementing a rapid testing program for workers to help prevent COVID-19 workplace outbreaks. Tailor the program according to local COVID-19 conditions.
- Install sanitizer dispensers in high-traffic areas (e.g., main entrance, break rooms, administration offices, washrooms, inside vehicles, etc.).
- If contact with illicit drugs is possible, train workers TO NOT USE hand sanitizer. Some hand sanitizers contain alcohol, which may increase the absorption of fentanyl and other hazardous substances through the skin. Have workers use appropriate gloves and other protective equipment when handling drugs and wash their hands after with soap and water.
- Consider limiting the use of equipment (e.g., computers, tools, medical equipment, etc.) to one worker, especially when it is difficult to clean and disinfect. If equipment must be shared, instruct users to clean and disinfect the equipment before and after changing users.
- Reduce the amount of paper documentation or other items being exchanged between workers and patients. Consider exchanging documents electronically. If this exchange cannot be avoided, wash or sanitize hands after handling items.
- Require workers report to work in a clean uniform daily. Recommend they change into street clothes after their shift, transporting their worn uniform in a sealed container before washing them. Instruct them to keep street clothes and uniforms separate unless they are both clean.

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- Implement processes and procedures to minimize the transmission of COVID-19 in emergency rooms:
  - Staff doing pre-screening and registration should wear PPE (e.g., medical mask and eye protection).
  - Isolate confirmed or suspected cases of COVID-19 in their own examination room when they arrive. If that is not possible, attempt to maintain separate waiting areas, with their own washrooms, for patients known to have COVID-19.
  - Keep anyone who screened positive for COVID-19 away from those who have screened negative, whenever possible.
  - Have people known (or suspected) to have COVID-19 wear respirators instead of medical masks, if possible.
  - Create teams of health care workers (cohorts) who will work on the same shifts, if possible.
  - Position seats in waiting areas to keep at least 2 metres between patients, if possible.
  - Encourage any patient with signs and symptoms of an acute respiratory infection to cough in their elbow.
  - Provide tissues, alcohol-based hand sanitizer, and plastic lined waste containers in waiting areas.
- Considerations when providing medical care:
  - Before any patient interactions, conduct a point of care risk assessment to determine the likelihood of exposing yourself or others to COVID-19. The assessment also identifies the required personal protective equipment (PPE) for the task.
  - Dedicate reusable equipment and supplies (e.g., blood pressure cuff) to one patient for the duration of their stay. If the equipment must be used for other patients, clean and disinfect (or sterilize) it between patients.
  - Continue to follow standard medical infection control protocols, including handling and disposal of contaminated waste materials.
  - Train workers to follow the World Health Organization's "My 5 moments for hand hygiene" approach to hand cleaning:
    (1) before touching a patient
    (2) before any clean or aseptic procedure is performed
    (3) after exposure to body fluid
    (4) after touching a patient
    (5) after touching a patient's surrounding
  - Require workers to seal soiled linens within a container before transporting them and avoid shaking them out before putting them into the washing machine. Machine wash using the warmest water setting (preferably hot water) and laundry detergent. After washing, dry them thoroughly and keep them separate from soiled linens.
- Medical personal protective equipment (PPE) considerations:
  - Make sure that workers are protected from COVID-19 while providing medical treatments. Update PPE requirements if necessary. Follow any specific PPE requirements of your jurisdiction (if applicable).
  - Train workers on the proper use of PPE including the fit, storage, care, inspection, cleaning and disinfection, and donning and doffing procedures.
  - Make sure that workers understand the limitations of the PPE they use.
  - Require workers to wear the appropriate PPE when a procedure requires droplet and contact precautions (includes gloves, a long-sleeved gown, a medical mask, and eye protection).
  - Fit test each worker before they are required to wear a respirator (e.g., N95). Fit testing verifies that there is an effective seal between the respirator and the worker's face.
  - Remind workers who wear (or may need to wear) tight-fitting respirators that facial hair can cause respirators to leak around the face seal. Require them to come to work clean shaven or provide them PPE that is designed to provide protection using other methods (e.g., hood-style supplied air).
  - Verify that appropriate supplies of PPE are available.
  - Ensure there is a designated area for workers to remove, dispose of, and decontaminate their PPE. All possibly contaminated waste including single-use PPE should be disposed of in a lined waste container. Contaminated waste should be sealed before it is transported.

Consider the Risks

The risk of COVID-19 transmission is increased when individuals are exposed to several risks at once, such as:

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- When person-to-person interactions are longer and more frequent.
- In crowded spaces, especially when people cough, sneeze, or exhale forcefully.
- In poorly ventilated spaces with other people.
- When people have inadequate hand hygiene, respiratory etiquette, or do not have access to cleaning facilities and products.
- When shared surfaces and objects are touched frequently.
- When community COVID-19 hospitalizations or cases are high or increasing.
- When sick individuals are allowed to stay in the workplace.
- When individuals are exposed to several risks at once.
- When other risks are high and workplace health measures are relaxed (e.g., dropping indoor mask wearing requirements, requiring all workers to return to the workplace, etc.).

Consider all possible COVID-19 exposure scenarios in your setting and perform COVID-19 risk assessments. Develop or use an existing risk assessment form to document and evaluate all work setting characteristics, activities, and job roles. It is good practice to review your assessment on a regular basis to make sure your control methods are effective.

Sample questions to ask during a COVID-19 risk assessment:

- Are indoor spaces properly ventilated?
- Where do individuals gather?
- What activities require interactions, communication, or touching shared objects?
- How long, frequent, and physically close are interactions between people?
- Are people able to maintain adequate physical distance from each other?
- Which workers are at higher risk?
- What are the high-touch surfaces and shared objects?
- Do individuals normally participate in activities that create respiratory droplets (e.g., singing, shouting, etc.).
- Are people expected to stay in an enclosed space for an extended duration?

Control Measures

Meet your legal occupational health and safety obligations by doing everything reasonably possible in the circumstances to protect the workers and ensure the health and safety the workplace.

To provide the highest level of protection to workers, use multiple public health measures and workplace controls in a layered approach. No single measure is completely effective alone. Be careful not to create new hazards or negatively impact existing safety controls. Review and adjust measures as necessary in consultation with the health and safety committee or representative.

Create and implement a written workplace COVID-19 safety plan supported by the risk assessment. A written plan may be legally required by the jurisdiction in which you operate. Refer to local authorities for details on what must be included in the plan, if it needs to be posted, etc.

Implement policies and programs to accommodate workers, particularly those who are at high risk of severe disease or outcomes (i.e., immunocompromised, have chronic medical conditions, or are older) from a COVID-19 infection.

Communication and Training

Communicate new and updated workplace controls and applicable public health measures to all workers in languages they understand. Specific training requirements and recommendations may vary depending on your jurisdiction. Allow workers the opportunity to ask questions and share concerns. Respond to questions and provide feedback within a reasonable time.

Train workers on COVID-19 specific topics such as:

- How to identify and respond to COVID-19 symptoms.

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- What to do if exposed and how to get tested for COVID-19.
- How and when to report COVID-19 illness.
- Information on vaccines and options for vaccination.
- How to prevent the spread of COVID-19 and protect themselves at work.
- Ways to stay informed using reputable sources.
- When to clean, and how to safely use cleaning and disinfecting products.
- How to properly wear, handle, and care for personal protective equipment and masks.
- Information on mental health support services, including an employee assistance program (EAP), if available.
- For additional information on communication and training, refer to COVID-19 Communication and Training – CCOHS.

Post appropriate signs (e.g., about COVID-19, preventing the spread of infections, hand washing technique, occupancy limits, encouraging physical distancing, screening poster, mask wearing requirement, etc.) where they can be seen by workers and visitors, such as:

- At entrances.
- Where mask use is mandatory or recommended.
- Near high-touch surfaces.
- In washrooms, changerooms, and break rooms.
- In doorways and walkways.
- Additional locations, as needed.

Screening and Contact Tracing

The spread of COVID-19 can be reduced by:

- Screening: keeping individuals who may be infected with COVID-19 out of the workplace.
- Contact tracing: identifying and notifying people exposed to the virus and offering advice.

Screen individuals who enter the workplace, if required by your local jurisdiction. Consider having a screening program even when it is not required as an additional measure to protect your workers.

- Determine which type of screening your worksite requires: passive or active.
  - Passive screening requires individuals to self-monitor and self-report possible illness or exposure to COVID-19.
  - Active screening requires individuals to respond to questions about signs or symptoms of infection, recent possible COVID-19 exposures, or recent travel outside of Canada.
- Allow individuals that pass the screening to access the workplace. Deny access to anyone who does not pass the screening.
- Have workers who do not pass the screening contact their supervisor. The supervisor should instruct them to return (or stay) home and follow local public health guidance which may include isolation, testing for COVID-19, or contacting their healthcare provider or public health authority.
- Determine if you are required to implement contact tracing. If so, maintain a list of all individuals (for which contact tracing applies) entering the workplace, including their names, contact information, and time spent in the workplace. This information should be provided to the local public health authority if requested for the purpose of contact tracing. All information must be safely stored and destroyed as required by privacy legislation.
- For additional information on screening and contact tracing, refer to:
  - Screening for COVID-19 – CCOHS.
  - COVID-19: Contact Tracing – CCOHS.

Ventilation

- Ventilate indoor spaces appropriately according to the number of occupants and types of activities.

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- Open windows and doors to the outside, if possible.
- Maintain ventilation systems and seek advice from a ventilation specialist on possible improvements (e.g., increasing air exchanges per hour, reducing or eliminating recirculated air, or upgrading to air filtration and disinfection).
- If possible, run ventilation systems continuously or for two hours before and after buildings are occupied.
- Run local exhaust fans that vent to the outside to help remove contaminated air.
- Make sure that air circulation or cooling fans do not direct air flow from person to person.
- If ventilation cannot be improved, consider using portable air filtration units with high-efficiency particulate (HEPA) filters.
- Keep indoor humidity between 30% and 50%.
- For additional information on indoor ventilation, refer to:
  - COVID-19: Guidance on indoor ventilation during the pandemic – Government of Canada.
  - COVID-19: Improving indoor ventilation – Government of Canada.
  - Ventilation helps protect against the Spread of COVID-19 (POSTER) – Government of Canada
  - Indoor Ventilation: Guidance During The COVID-19 Pandemic – CCOHS.
  - Indoor Ventilation During COVID-19 (video) - CCOHS.

Physical Barriers

Install transparent physical barriers to reduce the spread of respiratory particles. Barriers should be:

- Positioned to block the flow of respiratory particles between individuals, especially if the interactions are frequent and less than 2 metres apart.
- Tall and wide enough to cover the breathing zones of both individuals on either side.
- Made from non-porous materials.
- Cleaned and disinfected at least daily.

Carefully plan the placement of barriers. They must **not**:

- Block aisles or exits.
- Negatively impact ventilation.
- Reduce visibility.
- Affect the ability to work safely.
- Completely surround individuals.

For additional information on physical barriers, refer to Physical Barriers – CCOHS.

Physical Distancing

Physical distancing requires people to:

- Maximize the distance from others (at least 2 metres in all directions) who are not part of their households or groups.
- Avoid non-essential in-person interactions.
- Keep interactions as few and as brief as possible.

Physical distancing measures to consider:

- Follow occupancy limits and physical distancing requirements of local public health or government authorities. Adjust limits according to each space or when requirements change.
- Modify the physical space to make it bigger if possible, such as accessing additional space, providing outdoor space for lines or removing temporary walls.

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- Spread workstations apart. Avoid having more than 1 worker at a time at each workstation.
- Avoid having workers face each other, where possible.
- Limit access to seating, sinks, urinals, etc. which are close to each other.
- Modify tasks to allow physical distancing.
- Determine if any employees can work remotely and provide ergonomic support and resources.
- Avoid in-person gatherings such as social events.
- Schedule work to avoid having workers crowd spaces.
- Allow exceptions to distancing guidance in certain circumstances such as assisting a distressed person, providing first aid, or performing Cardiopulmonary Resuscitation (CPR).
- For additional information on physical distancing, refer to COVID-19 and Physical Distancing – CCOHS.

Hygiene Measures

- Encourage good hand hygiene and respiratory etiquette.
- Provide hand washing stations or hand sanitizer dispensers (with minimum 60% alcohol content) in high traffic areas. Regularly check and restock dispensers.
- Encourage everyone to wash or sanitize their hands at appropriate times:
  - at the start and end of shift,
  - before eating, drinking, or smoking,
  - after touching shared or high-touch items, equipment, and surfaces,
  - after using the washroom,
  - after coughing or sneezing,
  - after cleaning and disinfecting,
  - before and after putting on or removing personal protective equipment or a mask.
- Discourage individuals from touching their eyes, nose, mouth, or mask especially with unwashed hands.
- Discourage unnecessary physical contact.
- Reduce the number of shared objects and equipment.
- Do not allow workers to share personal protective equipment or masks.
- Reduce the number of high-touch points by having:
  - Motion activated doors, faucets, toilets, urinals, and lighting.
  - Hand motion or foot pedal activated dispensers (for soap, paper towels, sanitizer, etc.) and plastic lined waste containers.
  - No touch methods of tracking worker attendance such as key cards or electronic messaging.

Cleaning and Disinfecting

Viruses can remain on objects for a few hours to days depending on the type of surface and environmental conditions.

- Clean and disinfect the workplace on a routine schedule.
- Focus on high-touch objects and surfaces (e.g., doorknobs, handles, rails, buttons, light switches, and faucets), which should be cleaned and disinfected more often and when visibly dirty.
- Use approved hard surface disinfecting products.
- Provide adequate cleaning and disinfecting supplies and appropriate personal protective equipment.
- Always follow the manufacturer's instructions when using, handling, or storing the product. Review the product's label, and (if applicable) safety data sheet to determine what precautions to follow.

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- Allow adequate time for workers to disinfect any shared equipment between each use.
- After cleaning and disinfecting:
  - Used cleaning cloths, towels, etc. must be properly handled to prevent cross-contamination and laundered or disposed of after every use.
  - Deposit heavily contaminated items into plastic lined waste containers.
  - Dispose of garbage at least daily.
- For additional information on cleaning and disinfection, refer to:
  - Cleaning and Disinfecting for COVID-19 – CCOHS.
  - Standard Operating Procedure: Disinfection of Touch Points – CCOHS.
  - List of disinfectants with evidence for use against COVID-19 – Government of Canada.
  - COVID-19: Cleaning and disinfecting – Government of Canada.

Personal Protective Equipment (PPE)

PPE includes such items as respirators, medical masks, eye protection, gloves, and safety footwear.

- Eye protection (safety glasses, goggles, or face shields) may be worn in addition to a mask when in close physical contact with others. Note: face shields do not provide respiratory protection and cannot replace masks.
- COVID-19 PPE policies must not interfere when a higher level of protection is needed for a task.
- Workers may need PPE for COVID-19 protection if they are:
  - Performing tasks that require them to be less than 2 metres from another person.
  - Using cleaning and disinfecting products (refer to the manufacturers' safe handling instructions).
  - Providing emergency first-aid.
- For additional information on PPE, refer to:
  - Personal protective equipment (COVID-19): Overview – Government of Canada.
  - COVID-19 and Personal Protective Equipment (PPE) – CCOHS.

Mask Wearing

- Follow the mask wearing requirements of your local jurisdiction. If not required, mask wearing should be encouraged as an additional measure when there is a high risk for COVID-19 spread, or when physical distancing is not possible.
- Masks should be comfortable, well-constructed and well-fitting, covering the nose, mouth, and chin.
- Consider using masks with a transparent window when communicating with people who are deaf or hard of hearing.
- Masks should not be worn by anyone who is unable to remove it without assistance (e.g., due to their age, ability, or developmental status).
- Allow workers to wear masks, even if not required, based on their discretion (e.g., being at risk of more severe disease, working in crowded setting, etc.).
- For additional information on masks, refer to:
  - Get the Facts on Masks – CCOHS.
  - COVID-19 mask use: Advice for community settings – Government of Canada.

Vaccination

- Consider creating and implementing a COVID-19 vaccination policy which meets all applicable government and organizational requirements.

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- Discuss any concerns about the COVID-19 vaccination policy with the health and safety committee or representative, and union (if present).
- Provide accommodation to any worker that has a valid exemption.
- Consider providing support for workers:
  - To attend local vaccination clinic appointments if these times occur during work hours.
  - Experiencing temporary side effects from vaccination.
- Before allowing entry to the workplace, request proof or attestation of vaccination from workers, if required by your government authorities or by organizational policy.
- Maintain COVID-19 controls and public health measures as required, even if most workers are fully vaccinated.
- For additional information on vaccination, refer to:
  - Vaccines for COVID-19 – Government of Canada.
  - The facts about COVID-19 vaccines – Government of Canada.
  - COVID-19 Vaccines – CCOHS.

COVID-19 Response Plan

- Develop and implement a plan to handle suspected cases of COVID-19 and emergencies.
- When any person experiences COVID-19 symptoms while in the workplace:
  - Immediately have them wear a mask (preferably a respirator or medical mask, or if neither is available, a well-constructed and well-fitting non-medical mask). A respirator used in this way (i.e., as source control) may not need to be fit tested.
  - Have them leave as soon as possible.
  - If they cannot immediately leave, have them isolate in a designated area, away from others, until they can leave.
- Call **911** for medical assistance if symptoms are life threatening. If it is a worker, notify their emergency contact.
- Refer to your jurisdictional OHS regulator and workers' compensation board for requirements regarding reporting, if required.
- Complete an incident report and begin an investigation.
- Refer to guidance from your local public health authority to determine when the worker can return to work.
- Consider updating your sick leave policy to provide support to workers who are or may be sick. Support may include paid or unpaid sick leave, long-term disability, and information on government programs, if available.
- For additional information on COVID-19 response refer to Responding to COVID-19 in the Workplace – CCOHS.

If you or someone you know is in crisis, please contact your local hospital, call 911 immediately, or contact a Crisis Centre in your area.

It is important that mental health resources and support are provided to all workers, including access to an employee assistance program, if available.

For further information on COVID-19, refer to the Public Health Agency of Canada.
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.
For further information on respiratory infectious diseases, including COVID-19, refer to the Public Health Agency of Canada .

Disclaimer: As public and occupational health and safety information may continue to change, 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

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