COVID-19

Infection Prevention and Control Recommendations
For Placement of Patients in Emergency Waiting Rooms

This document is intended to provide guidance on IPAC best practice recommendations with placement of patients in Emergency Departments (ED) waiting rooms.

General Recommendations:

1. All patients and their family/support person must clean their hands and put on a procedure mask when entering any SHA facility.
    a. A site-specific response/action plan for patients and family/support person who are non-compliant with the recommendations (e.g., masking and hand hygiene) should be developed and communicated with all staff.
    b. Face masks should not be placed on children under the age of two years: Instead keep them safe (in stroller, infant carrier or parent's arms) and faced towards the family/support person to minimize droplet spread.
    c. Maintain 2 metre (2m) distance from other patients and do not allow children to wander.
2. Separate symptomatic patients (i.e., COVID-19 or Influenza-like Illness (ILI) and/or Gastrointestinal (GI)) from asymptomatic patients by placing in a private room or in a separate waiting area.
3. A physical distance of 2m should be maintained between all patients in waiting rooms as best as possible. Note: Patients do not need to maintain 2m of physical distance from their family/support person. Examples to help maintain physical distancing include:
    - minimizing the number of chairs
    - alternating chairs that can be occupied
    - refrain from face-to-face seating; back-to-back is preferable
    - creating overflow waiting areas
    - establishing one-way traffic flow with separate entrance/exit
4. Facilities should follow the SHA Family Presence Policy Directive.
5. When cohorting patients in the ER, refer to CV-19-G0059-IPAC-Recommendations-for-Additional-Precautions-in-Shared-Spaces.
6. These principles can generally be applied to other areas in the ED (e.g., ambulance bay/EMS park areas and "fast-track" areas) but may require customization.
7. If ED waiting room infrastructure or patient volume do not support the 2m of separation, alternative strategies may be used to prioritize patient placement by symptoms, risk factors and their compliance with wearing a mask.

Alternative Strategies:

If unable to accommodate 2 metre separation between patients, the following may be considered (listed in order of preference):

1. A cleanable transparent physical barrier
    - Always consult with Infection Prevention and Control when considering this option. Important factors include the material and dimensions (height and width) of the partition (refer to National Collaborating Centre for Environmental Health) and whether the facility has the capacity to clean as per best practice recommendations (minimum twice daily and when visibly soiled)
2. Maintain a minimum of 1 metre spacing when patients are compliant with mask wearing and hand hygiene (Note: this option is only acceptable for asymptomatic patients regardless of exposure criteria).

References:

Alberta Health Services. IPC Resources for Emergency Department Waiting Areas During the COVID-19 Pandemic [Internet]. 2020 [cited 2020 Oct 13]. Available from: https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-covid-res-emerg-waiting-areas-infsht.pdf

British Columbia Provincial Health Services Authority – Cancer Agency. Nebulized therapy during the COVID-19 pandemic practice guide [Internet]. 2020 [cited 2020 July 10]. Available from: http://www.bccancer.bc.ca/health-professionals-site/Documents/Nebulized%20Therapy%20during%20the%20COVID-19%20Pandemic%20Practice%20Guide.pdf

For Partition Dimensions:

National Collaborating Centre for Environmental Health. Physical barriers for COVID-19 infection prevention and control in commercial settings [Internet]. 2020 [cited 2020 Oct 14]. Available from: https://ncceh.ca/content/blog/physical-barriers-covid-19-infection-prevention-and-control-commercial-settings