

# IPC Resources for Emergency Department Waiting Areas During the COVID-19 Pandemic

**Note:** This document is to assist managers with placement of patients in waiting areas in Emergency Department (ED) / Urgent Care Centres during the COVID-19 Pandemic. The principles below will facilitate management of any communicable disease. Refer to the AHS websites for listing of all [Infection Prevention and Control \(IPC\)](#) or [COVID-19](#) specific resources.

If you have any questions or comments contact IPC at [ipcsurvstdsadmin@ahs.ca](mailto:ipcsurvstdsadmin@ahs.ca).


## Patient placement in emergency department/urgent care centre waiting rooms

1. All patients and [essential visitors](#) **must** [clean their hands](#) and [don a procedure mask](#) when entering the Emergency Department (ED) or Urgent Care Centre (UCC).
  - 1.1 For young infants and toddlers who cannot tolerate a mask: keep them calm, safe (in stroller, infant carrier or parent's arms), and faced towards the parents to minimize droplet spread.
  - 1.2 Maintain 2 metre (2m) distance from other families and do not allow children to wander.
2. Separate patients exhibiting COVID-19 core [Influenza-like Illness \(ILI\)](#) and/or [Gastrointestinal \(GI\)](#) symptoms from asymptomatic patients. Sites may also choose to place asymptomatic patients with COVID-19 risk factors [here](#). Consider increased cleaning frequency of these spaces.
3. A physical distance of 2m should be maintained between all patients in waiting rooms as best as possible. Examples to help maintain 2m of physical distancing between patients include, but are not limited to:
  - minimizing the number of chairs;
  - alternating chairs that can be occupied;
  - creating overflow waiting areas;
  - establishing one-way traffic flow;
  - having a separate entrance/exit.
  - 3.1 Patients do not need to maintain 2m of physical distance from their accompanying essential support person provided they are from the same household or have already been in close contact with the patient.
4. If ED/UCC waiting room infrastructure or patient volume do not support the 2m of separation, alternative strategies should be used to prioritize patient placement by symptoms, risk factors and their compliance with wearing a mask; refer to the table below.
  - 4.1 Although less preferred, IPC recommends maintaining a **minimum of 1 metre spacing** when patients are **compliant with mask wearing and hand hygiene**. Asymptomatic patients with no COVID-19 risk factors should be prioritized for this strategy.
5. Follow most up-to-date [visitor guidance](#). Consider additional visitor limitations, with appropriate exceptions, in times of high volume.
6. Display appropriate pandemic [signage](#) at ED/UCC entrance to encourage immediate hand hygiene and mask use.
7. Develop a site-specific response plan for patients and essential support persons who are non-compliant with the recommendations.
8. In collaboration with local IPC and other relevant stakeholders, develop a site-specific plan for waiting rooms once the suggested strategies are overcome by patient volumes or if patient population requires alternative solutions (e.g., pediatrics).
9. These principles can generally be applied to ED/UCC areas other than the main waiting room, such as EMS park areas and "fast-track" areas, but may require customization.

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## Prioritization of placement of patients in ED/UCC waiting rooms

In the order of importance	Patient Status	Placement
<div style="text-align: center;"> <p>More Important</p>  <p>Less Important</p> </div>	Suspect airborne illness, i.e., measles, varicella, pulmonary tuberculosis	<p><b>Options by order of preference</b></p> <ul style="list-style-type: none"> <li>Assign to single room with 4-walls immediately on arrival - negative pressure preferred</li> <li>Mask patient and place in single-patient bedspace until transfer to an appropriate room/facility is arranged</li> </ul>
	COVID-19 core Influenza-like Illness (ILI) and/or Gastrointestinal (GI) symptoms + <b>unable</b> to wear a mask	<p><b>Options by order of preference</b></p> <ul style="list-style-type: none"> <li>Assign to single room on arrival</li> <li>Separate by 2m from other patients</li> <li>Separate from other patients using a cleanable physical barrier</li> </ul>
	COVID-19 core Influenza-like Illness (ILI) and/or Gastrointestinal (GI) symptoms + <b>able</b> to wear a mask	<p><b>Options by order of preference</b></p> <ul style="list-style-type: none"> <li>Assign to single room on arrival</li> <li>Separate by 2m from other patients</li> <li>Separate from other patients using a cleanable physical barrier</li> <li>Last priority for 1m separation <b>if able to wear a mask</b></li> </ul>
	NO COVID-19 core ILI or GI symptoms + <a href="#">risk factors for COVID-19</a> + able or unable to wear a mask	<p><b>Options by order of preference</b></p> <ul style="list-style-type: none"> <li>Separate by 2m from other patients</li> <li>Separate from other patients using a cleanable physical barrier</li> <li>Consider 1m separation <b>if able to wear a mask</b></li> </ul>
	NO COVID-19 core ILI or GI symptoms + NO <a href="#">risk factors for COVID-19</a> + able or unable to wear a mask	<p><b>Options by order of preference</b></p> <ul style="list-style-type: none"> <li>Separate by 2m from other patients</li> <li>First priority for 1m separation <b>if able to wear a mask</b></li> </ul>

[COVID-19 Core influenza-like-illness \(ILI\) symptoms](#): new/worse or unexplained cough, fever/chills/rigors (>37.8°C adults, ≥38.0°C pediatrics), shortness of breath, difficulty breathing, sore throat/painful swallowing, runny nose/nasal congestion.  
[COVID-19 gastrointestinal \(GI\) symptoms](#): new/worse and unexplained vomiting and/or diarrhea (>3 episodes in a 24-hour period).  
 Risk factors for COVID-19: See [Communicable Disease \(Respiratory\) Initial Screening](#).