

## COVID-19 Infection Prevention and Control Best Practices for Emergency Departments

The current surge in COVID-19 infections has led to emergency department overcrowding and staff shortages that threaten patient safety. Virginia health and hospital leaders support efforts to advise individuals with mild symptoms and other non-serious illnesses to avoid trips to the emergency rooms; more information is available [here](#). The consistent application of infection prevention and control (IPC) core principles in the emergency department (ED) setting during the COVID-19 pandemic must be emphasized to maintain the health and safety of patients, staff, and the community.

- Ensure all staff are [up-to-date](#) on their COVID-19 vaccine.
- Screen anyone entering the facility, regardless of their vaccination status, to identify and manage persons who have any of the following: 1) a positive viral test for SARS-CoV-2; 2) symptoms of COVID-19; or 3) criteria for quarantine or exclusion from work.
- Healthcare personnel (HCP), even if fully vaccinated, should report to occupational health or another point of contact designated by the facility if they have: 1) a positive viral test for SARS-CoV-2; 2) symptoms of COVID-19; or 3) [meet the criteria for quarantine or exclusion from work](#).

### Waiting Room/Registration/Triage:

- Ensure that everyone 2 years and older wears a [facemask](#) over their nose and mouth as source control when entering the ED.
- Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) with instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene).
- Maintain supplies for hand and respiratory hygiene in all waiting areas.
- Implement physical distancing. If this is not possible, consider alternatives such as utilizing additional space outside of the ED (e.g., tents, waiting in cars), staggered arrivals, or appointment-based approaches for some conditions.
- Train all staff on the level of personal protective equipment (PPE) required for each area of the ED, including registration personnel.
- Conduct triage procedures wearing appropriate [PPE](#) and following other recommended IPC practices between patients.
- Optimize the use of engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals (e.g., physical barriers at reception / triage locations and dedicated pathways to guide symptomatic patients through waiting rooms and triage areas).

### Treatment Area:

- Isolate patients with suspected or confirmed SARS-CoV-2 infection in a single-person room. If patients with or suspected of having COVID-19 cannot be isolated, cohort in a separate area. Ensure that all personnel entering the ED are aware of the cohort areas and the appropriate level of PPE required.
- Place patients who require admission to another area within the hospital and whose COVID-19 status is not known in an appropriate cohort ward until the COVID-19 test result is available.
- Healthcare providers entering the room (or area) of patients with suspected or confirmed SARS-CoV-2 infection should adhere to [Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection \(i.e., goggles or a face shield that covers the front and sides of the face\)](#).
- Perform all aerosol-generating procedures (AGPs) in an airborne infection isolation room (AIIR) using full PPE. Limit the number of persons present during the procedure to only those essential to care.
- Consider implementing universal use of PPE in EDs during periods of substantial or high transmission, regardless of vaccination status.
- Use single-use patient care items when possible. Decontaminate all non-reusable, non-critical care equipment between patients.
- Restrict access to visitors so that safe physical distancing can be maintained. Consider exceptions on a case-by-case basis for those who are critically ill, compassionate care, etc. Provide instructions, before visitors enter the treatment area, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy.

### Other general IPC recommendations:

- Monitor and maintain an adequate supply of PPE and hand hygiene products for all members of staff including support staff.
- Maintain timely communication with staff regarding guidance and/or hospital policies and procedures, e.g., PPE, isolation and quarantine, etc. Monitor compliance with those policies and procedures. New staff or contract/travel staff may need to be areas of focus.
- Increase the frequency and the quality of environmental cleaning and disinfection, especially high touch areas.
- Implement physical distancing in break rooms and increase the frequency of cleaning and staggering of breaks as necessary. Masking and distancing in these areas is especially important while Omicron is circulating.