Patient placement in emergency department/urgent care centre waiting rooms

1. All patients and designated support persons (DSPs) 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 or gastrointestinal (GI) symptoms from asymptomatic patients. Sites may also choose to place asymptomatic patients with COVID-19 risk factors away from other asymptomatic patients. Consider increased cleaning frequency of these spaces.

3. Maintain a 2m physical distance between all patients in waiting rooms, or maximize physical distancing as best as possible. Examples of actions to 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 DSP provided the DSP is from the same household or has already been in close contact with the patient.

3.2 If ED/UCC waiting room infrastructure or patient volume do not support the 2m of separation then prioritize patient placement by symptoms, risk factors and compliance with wearing a mask. Refer to Prioritization of Patient Placement in ED/UCC Waiting Rooms (table) on page 2.

3.3 Develop site-specific processes to achieve spatial separation within existing clinic footprints and address the needs of individual patient populations such as pediatrics. Consider:
   - Separate waiting areas for asymptomatic patients.
   - If essential to meet operational needs, evaluate reduced spatial separation for asymptomatic patients on a case-by-case basis, e.g.:
     - Asymptomatic patients who perform hand hygiene, maintain physical distancing and continuously wear a medical mask.
     - Separate symptomatic patients or those who are unable to wear a mask effectively by at least 2m and/or remove from shared spaces.

4. Follow most up-to-date Designated Support and Visitation Guidance. Consider additional DSP and visitor limitations, with appropriate exceptions, in times of high volume. Screen DSPs on arrival using the Daily Designated Family Support and Visitor Screening Questionnaire for Acute Care, Ambulatory, Emergency and Urgent Care (albertahealthservices.ca)

5. Display appropriate signage at ED/UCC entrance to encourage immediate hand hygiene and mask use.

6. Develop a site-specific response plan for patients and DSPs who are non-compliant with the recommendations.

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7. 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).

8. 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.

**Table: Prioritization of Patient Placement in ED/UCC Waiting Rooms**

<table>
<thead>
<tr>
<th>In the order of importance</th>
<th>Patient status</th>
<th>Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Suspect airborne illness, i.e., measles, varicella, pulmonary tuberculosis</td>
<td><strong>Options by order of preference</strong>&lt;br&gt;• Assign to single room with 4-walls immediately on arrival - negative pressure preferred&lt;br&gt;• Mask patient and place in single-patient bedspace until transfer to an appropriate room/facility is arranged</td>
</tr>
<tr>
<td>Less Important</td>
<td>COVID-19 Core and/or Gastrointestinal (GI) symptoms&lt;br&gt;+ unable to wear a mask</td>
<td><strong>Options by order of preference</strong>&lt;br&gt;• Assign to single room on arrival&lt;br&gt;• Separate by 2m from other patients&lt;br&gt;• Separate from other patients using a cleanable physical barrier</td>
</tr>
<tr>
<td></td>
<td>COVID-19 Core and/or Gastrointestinal (GI) symptoms&lt;br&gt;+ able to wear a mask</td>
<td><strong>Options by order of preference</strong>&lt;br&gt;• Assign to single room on arrival&lt;br&gt;• Separate by 2m from other patients&lt;br&gt;• Separate from other patients using a cleanable physical barrier&lt;br&gt;• Evaluate case-by-case for reduced spatial separation, i.e., if able to perform hand hygiene, maintain physical distance and wear a mask continuously</td>
</tr>
<tr>
<td></td>
<td>NO COVID-19 Core or GI symptoms&lt;br&gt;+ risk factors for COVID-19&lt;br&gt;+ able or unable to wear a mask</td>
<td><strong>Options by order of preference</strong>&lt;br&gt;• Separate by 2m from other patients&lt;br&gt;• Separate from other patients using a cleanable physical barrier&lt;br&gt;• Evaluate case-by-case for reduced spatial separation, i.e., if able to perform hand hygiene, maintain physical distance and wear a mask continuously</td>
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</table>

**COVID-19 Core 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, loss of/change to sense of smell or taste.

**COVID-19 gastrointestinal (GI) symptoms:** new or worse vomiting and/or diarrhea

Risk factors for COVID-19: See [Communicable Disease (Respiratory) Initial Screening](#).