Managing ED Flow During COVID-19

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ED Strategies

• Identify potential COVID patients at door
• Provide alternate location for triage and workup
• Designate negative airflow rooms/zones in ED
• Enforce universal mask usage; staff and patients
• Avoid boarding!
Screener at ED Ambulatory Entrance

- Exposure to known patients
- Respiratory symptoms, SOB
- Direct to triage in Tent A
- Avoid entering main waiting room
- Treat outside of ED and d/c if possible
COVID Triage Tent “A”

- Patients from front ED entrance
- EMS patients who are stable
- Triage nurse + APP staffing +/- medic
  - Vitals
  - Nasal swab
  - Bloodwork
- D/C without entering ED if possible
Three Tents – Separate Functions

• Tent A: COVID + or suspected +
  • triage and workup of stable
  • d/c or admit decision

• Tent B: COVID + stable
  • awaiting admission
  • prolonged workup

• Tent C: Clean
  • alternate fast track
  • most patients discharged
COVID Tents - 3

- 10 patient, curtain separations, intake area
- HVAC, ceiling lights, cots and chairs
- Negative airflow / Heppa Filter
- Portable computers, wifi
- Short-stay (no overnight use)
COVID Tents - 3

- Placed near ED decon entrance
- Move to ED if needing advanced care, admission
- Patients to decon for X-ray, ecg temporarily
- Decon is portal for staff to access tents
- Canopy for sun/rain shielding between tents and ED
Additional Negative AF Rooms

- Hospital inpatient rooms converted to negative
- All admitted patients get COVID test first
- COVID patient cohorted to common floors / hallways
- 6 bed ED “fast track” converted to negative
- Window removed with exhaust fan and filter
Negative Airflow Modification
ED Room Utilization Plan

First bank of PPE rooms: south hallway including B34

New negative
Summary

• Screen for positive and PUI patients at door
• Separate triage, waiting and workup area outside ED
• Separate workup area inside ED
• Separate patient flow into / out of ED
• Add negative airflow rooms via modification
• Increase inpatient capacity to avoid holding admissions
• Mandate universal mask usage by patients and staff