



The Canadian Association of Emergency Physicians Issues a Statement on Maintaining the Integrity of Canada's Emergency Health System During the COVID-19 Pandemic

For Immediate Release

Ottawa, ON: March 16, 2020

Canada sits on the precipice of a potential public health disaster. The Canadian Association of Emergency Physicians (CAEP) is sounding an alarm to government, health authorities and to the public to avert an overwhelming threat to the integrity of our health care system. At this time, it is key to maintain a strong emergency response and to preserve the health of emergency physicians. All Canadian jurisdictions need to appreciate the dire nature of the current situation and the irreparable harms of failing to act in an urgent and decisive manner.

CAEP has identified a number of key deficiencies in the current approach to the COVID pandemic which require decisive and immediate action.

1. Inadequate measures to limit the spread of COVID-19 in the community

Social isolation will decrease or slow the spread of the disease. Without mitigation the number of cases can double weekly. Even a minimal slowing of this trend can significantly decrease the strain on the health care system and the resultant deaths. A flattening of the incidence curve may spread the disease across a longer time frame but with a better health response. The various governments need to immediately initiate programs of social isolation including but not limited to cancelling of all large gatherings and closing of non-essential venues for the next two weeks. They must then compare the incidence of disease in Canada to matched populations in other countries to determine next steps.

2. Inadequate measures to ensure the safety of frontline healthcare providers from COVID infection.

Frontline healthcare providers are at high risk of contracting the COVID-19 infection, especially providers in the emergency and prehospital settings. Given that community transmission has now been established, the risk of community transmission associated with both symptomatic and asymptomatic carriage must be of paramount concern.

There are well-established procedures to reduce the risk of transmission that involve the use of personal protective equipment. Healthcare providers on the frontline of care need adequate protection from COVID-19 with surgical masks, gowns and gloves for both encounters suspicious for COVID-19 as well as all other healthcare encounters.

The models for COVID-19 propagation and the experience in northern Italy demonstrate clearly that without drastic measures we will exhaust the supply of personal protective equipment that keeps healthcare workers safe. Immediate measures must be instituted to ensure that personal protective equipment remain readily available to acute care providers.

3. Inadequate measures to limit COVID-19 contamination of acute care hospitals

It is of critical importance to maintain hospital resources for the sickest patients. It is imperative that we limit the exposure of our most vulnerable patients from potential vectors. We should restrict nonessential hospital visitation and consider the unprecedented move of triaging of patients from emergency department to off site alternate primary care opportunities. It is absolutely imperative that off site testing for COVID-19 be made available to all Canadians immediately.

4. Inadequate measures to preserve hospital capacity

Based on the disease progression in Wuhan and Italy, even with significant flattening of the COVID-19 epidemic curve, Canadian hospitals may be unable to receive and treat the anticipated wave of patients in need of admission to inpatient units or intensive care. Hospitals must create capacity now by cancelling all elective surgical procedures and



admissions and transferring patients awaiting convalescence to long-term care. Surge capacity plans need to be put in place that will include patient discharges, diversion of patients not requiring the services of hospitals to community alternatives and expansion of staffed and equipped treatment areas in the hospital.

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