

CANADIAN ASSOCIATION OF EMERGENCY PHYSICIANS

# COVID-19

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## COVID-19 Provider Wellness Statement

**For Immediate Release**

**Ottawa, Ontario: March 30, 2020**

As Canada prepares to face the challenges presented by the COVID-19 pandemic, certain issues affecting the health and wellbeing of Emergency Department (ED) staff on the frontlines of the outbreak demand attention. The health and safety of ED staff is vital to the national interest. Their leadership, teamwork, expertise and training are essential to Canada's plan to successfully weather the pandemic. The Canadian Association of Emergency Physicians highlight the following key messages:

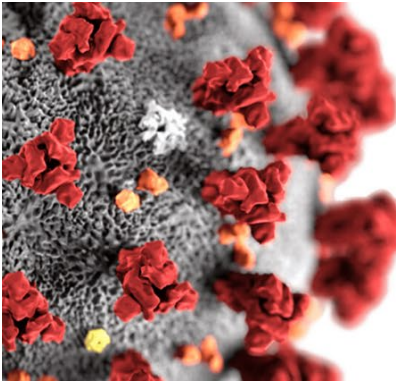
- 1) *Protect the health and safety of Emergency Department staff***
- 2) *Optimize Emergency Department human resources***
- 3) *Ensure access to counselling and emotional support during the pandemic and in its aftermath***
- 4) *Develop a single centralized, authoritative source for the dissemination of information***

Canada does not have a surplus of emergency medicine trained doctors or nurses and many EDs across the country are already understaffed. In fact, the [Collaborative Working Group on the Future of Emergency Medicine in Canada](#) projected a shortage of 1100 Emergency Physicians in 2020.

Implementation of the following measures will allow for a stronger, more resilient and robust offensive allowing our most experienced personnel a better chance at being able to serve and care for patients in a sustained effort during this extraordinary time.

We propose the following measures be implemented:

- 1. *Protect the health and safety of Emergency Department staff***
  - a. Provide adequate personal protective equipment (PPE) for all staff for each patient encounter requiring it.
    - i. PPE is of prime importance to preserve the health and wellbeing of ED staff.
    - ii. Hospital-supplied and laundered greens should be available to all ED staff if they wish to wear it in areas designated for patient care.-Access to hospital shower spaces should also be provided to ED staff.
    - iii. Equipment which meets the needs of staff who cannot don standard PPE due to religious considerations should be procured and supplied.
  - b. Develop and utilize a consistent triage protocol, including establishing clear and enhanced screening criteria for the early identification of suspected cases.



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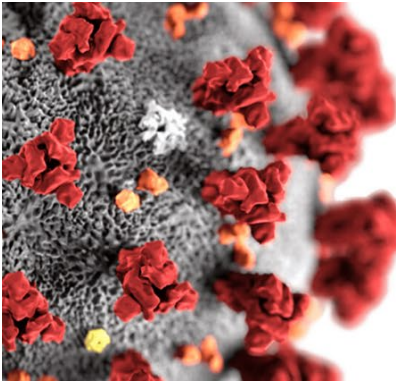
- c. Support physicians who are at increased risk if they were to become infected by COVID-19 in finding alternative working agreements (for instance pregnancy, age greater than 60, immune compromised, breastfeeding of infant)
- d. Address the physical needs of all ED staff.
  - i. Food should be made available to all ED staff around the clock within designated space to eat away from treatment areas.
  - ii. Sleep arrangements for ED staff who should not or cannot return home.
  - iii. A designated 24/7 entrance and/or parking to allow direct access to the ED should be provided if possible.

## **2. Optimize Emergency Department human resources**

- a. Increase funding for additional positions in EDs to allow for the care of an increased volume of patients
  - i. Provide additional resources such as 24-hour ward clerks in settings where not already established.
  - ii. Arrange additional resources to ensure increased disinfection protocols in all areas of the ED to prevent transmission of disease.
- b. Confirm that, as a result of the delayed formal certification exams, recently graduating physicians will be provided with provisional licenses and will be able to locum / be assigned billing numbers / be able to sign employment contracts.
- c. Prioritize diagnostic testing for all health care workers to be able to return to work in the event of fever or respiratory symptoms or exposure to infection.
- d. Develop a flexible and rapid system to coordinate ED staffing across the country
  - i. Development of a rapid pathway to ensure ED staff can be given privileges in multiple hospitals and or jurisdictions (including other provinces and territories) in order to ensure adequate staffing.
  - ii. Deployment of Emergency physicians from areas less affected to hotspots within the country needs to be considered in order to prevent critical shortages of ED staff and to prevent closure of smaller EDs.
  - iii. Emergency physicians must continue to lead and coordinate efforts in their emergency departments. Non-emergency physicians who may be co-opted to assist in the ED must receive training and support.

## **3. Ensure access to counselling and emotional support during the pandemic and in its aftermath**

- a. Establishment of an emergency National Mental Health Support Service for HCWs (as advocated by the Canadian Medical Association) to safeguard the mental and emotional health of ED Staff. The burnout rate of ED staff is already among the highest of any profession. ED staff will face stress and trauma as a result of increased disease burden and death. The increased emotional trauma results from having to decide *not* to provide care because of inadequate supplies, space or personnel; concerns regarding



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infection risk for family members and colleagues and overall demoralization and exhaustion after prolonged sustained stress.

- i. Paid counsellors and social workers
- ii. assigned to COVID-19 hotspots to care for HCWs.
- iii. Virtual counselling is an important consideration to facilitate safe and accessible services for front line staff regardless of location.
- iv. Expansion of paid mental health benefits for frontline HCWs.
- v. Access to danger-pay comparable to other First Responders.
- vi. 24/7 mental health hotline access for HCWs.

#### **4. Develop a single centralized, authoritative source for the dissemination of information**

- a. To alleviate stress and confusion in these rapidly evolving circumstances, ED staff would benefit from obtaining definitive information about the evolution and treatment of the virus, policies and procedures from a single, reliable, up to date source. It is the role of the federal government to provide this leadership during a national crisis.
  - i. Recommendations regarding self-isolation of ED staff returning from any international travel or in contact with a confirmed or presumed COVID case where PPE was not adequate should be unified across the country.
  - ii. Choice of PPE should be informed by evidence as it emerges and be rapidly implemented across the country.

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