

## Hospitals must always provide a safe working environment - especially in Covid-19 pandemic context.

**For Immediate Release**

**Ottawa, ON: March 20, 2020**

On March 11, 2020, the World Health Organization confirmed that the Covid-19 coronavirus outbreak had reached pandemic proportions.

The World Health Organization has acknowledged that health workers are at the front line of any outbreak response. They exposed to hazards that put them at risk of infection with an outbreak pathogen (in this case COVID-19).

Hazards include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout and stigma.

In China, an estimated 3000 health care workers have been infected and at least 22 have died. Transmission to family members has been widely reported. Forty-one percent (41%) of the Covid-19 cases in Wuhan resulted from hospital-related transmission.

The emergency department in Canada is a significant entry point for Canadians into the health care system. There are over 15 million emergency department visits on an annual basis.

It now falls on us to play a significant role in our nation's response to the pandemic.

Our principal focus must be on capacity – in terms of emergency service delivery, bed availability and health human resources in the emergency department.

At the very least, our pool of emergency providers must be preserved – depending on the anticipated severity of the pandemic, the pool may need to be expanded.

Regrettably, there are issues relating to decades of neglect that significantly impair our ability to respond.

Crowding increases the possibility of disease transmission for our patients and staff and severely limits any attempt at surge capacity. Despite this, Canada's ED's remain chronically overcrowded.

The Collaborative Working Group on the Future of Emergency Medicine in Canada identified that by 2020, that there would be an estimated shortfall of 1071 emergency physicians. This shortfall is also in evidence in rural communities throughout Canada where chronic staffing shortages have led to disruptions in the continuity of service. The full report can be [read here](#).

To maximize our profession's ability to respond, we must work extremely hard to guarantee the health and safety of Canada's emergency physicians. This clearly takes a human toll and also places a burden on an already strained system.

**It is incumbent on hospitals to provide a safe working environment at all times and especially in the context of the Covid-19 pandemic.**

In practical terms, this means appropriate training and protocols for infection control and the provision of adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies). These must be available in sufficient quantity to healthcare or other staff caring for suspected or confirmed COVID-19 patients. The



concept of community spread is now accepted and anecdotal reports from emergency colleagues around the world suggest atypical presentations are common.

In short, suspect the presence of Covid-19 in all patients presenting with an upper respiratory infection, and possibly as evidence emerges of diarrheal illness as well.

Caregivers who encounter any patient with respiratory illness should wear a gown, mask and gloves, with goggles as recommended. Even when COVID-19 is not suspected, it may be present, so routine use of universal precautions is advised.

Due to the rapidly changing state of our knowledge, our members are encouraged to keep abreast of the latest recommendations from their respective provincial public health agencies.

It is recognized that certain physicians are at increased risk of serious illness should they contract COVID19. These include:

1. Physicians over the age of 60
2. Those with chronic medical conditions or immunocompromised

Depending on the local circumstances, the risk of these physicians should be considered in work assignments while balancing against the overall department status and risk. Accommodations for religious beliefs impacting on PPE effectiveness should also be provided.

Currently, the limited data associated with the COVID-19 virus does not suggest that a pregnancy is placed at any particular increased risk. Nevertheless, the department should be sensitive to the physical impact of pregnancy on a physician's work status.

Collaboratively governments, hospitals and physician leaders can ensure that our work force is safe and available to help the public when they need us.

## **Resources**

### **Supporting the Health Care Workforce During the COVID-19 Global Epidemic**

James G. Adams, MD; Ron M. Walls, MD - *JAMA*. Published online March 12, 2020. doi:10.1001/jama.2020.3972

### **Practical recommendations for critical care and anesthesiology teams caring for novel coronavirus (2019-nCoV) patients**

Randy Wax, MD, Med, FRCP; Michael Christian, MD, MSc (Public Health), FRCP *Canadian Journal of Anesthesia* February 12, 2020; <https://link.springer.com/article/10.1007/s12630-020-01591-x>

### **[The Canadian Association of Emergency Physicians & The Society of Rural Physicians of Canada Press Release: Rural Emergency Departments & COVID19](#)**

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***If you would like more information about this topic, please contact Christina Bova at 613-523-3343 x17 (office), or email at [cbova@caep.ca](mailto:cbova@caep.ca).***