

CANADIAN ASSOCIATION OF EMERGENCY PHYSICIANS

# COVID-19

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## Reducing Disease Transmission to the Emergency Physician's Family

### For Immediate Release

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

The COVID pandemic is causing concern and anxiety for Canada's emergency physicians. On the front lines of the national response, emergency physicians are placed at higher risk of contracting the disease.

The potential shortages of personal protective equipment may potentially heighten that physical risk as well as having a negative psychological impact on the emergency health care team.

Emergency physicians accept some level of personal risk as consistent with the ideals of their chosen profession. Many, however, are very concerned with any perceived increased risk of disease transmission to their families. This is particularly true if family members are elderly, immunocompromised or have chronic medical conditions. Nobody wants to bring the disease home to a loved one. Neither does one want to exacerbate any underlying anxiety within the family unit.

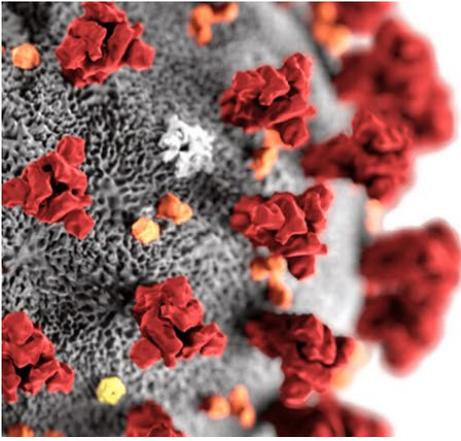
Clearly, the most appropriate response must be based on science and emphasizes the need to protect the individual emergency physician in the workplace which will simultaneously protect their families. Given that Covid is spread by droplet transmission, best practices suggest the use of contact and droplet precautions as recommended by the various public health agencies and infection control officers in our provinces, communities and hospitals. **Follow their advice: Use meticulous hand hygiene; remove rings and watches; practice respiratory etiquette and avoid contaminated workspaces.**

**Using the recommended barrier precautions (such as masks, gloves, gowns, and eye wear) in the care of all patients with respiratory symptoms and patients under investigation must be of highest priority.**

Where there is identified community spread, additional precautions may be necessary in hospitals and in the community. The coronavirus is known to survive on certain surfaces for hours or days. Emergency physicians should take care in the handling and cleaning of workspaces and personal items (e.g., stethoscopes, mobile phones, keyboards) and other surfaces and items they touch. Hospital-provided or alcohol-based disinfectants should be used.

**Protecting one's self in the emergency department is the very best way to lessen the risk of disease transmission at home.**

We are aware that many emergency physicians have taken extra steps to protect their families such as wearing clean scrubs home, leaving shoes outside the family home and showering either prior to leaving the hospital or immediately on returning home. **There is no clear scientific evidence in support of these practices.**



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We have consulted with infectious disease specialists of national prominence who all agree that there is no evidence that clothing (unless grossly soiled) or hair poses any risk for transmission of this or any other pathogens. There is no literature to support a requirement for clothing change or bathing after shifts. While changing clothes and / or showering after any shift at work is normal and may be part of usual or heightened personal hygiene it is not an “infection control” strategy. Hopefully this will be of reassurance to workers and their families.

In summary:

**To protect your families from disease transmission you must protect yourselves and above all things, wash your hands thoroughly and frequently. Excellent compliance with recommended measures is the very best way to protect your family.**

**Note that the protection and care of family members at particularly high risk may deserve specific strategies beyond the scope of this statement**

**Our families are also at risk from other family members and the broader community. In the context of sustained community transmission of COVID-19, all health care workers, their families, their neighbours and friends are at risk. All should follow local guidelines on physical distancing, good hand hygiene and any other recommended or required public health strategies.**

**As a physician you are a role model to your family, colleagues and community. Lead by example by demonstrating confidence in evidence-based measures and encourage social distancing, staying at home whenever possible and frequent handwashing.**

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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)**