Install high-efficiency air filters as supported by your HVAC system. If possible, create a negative-pressure waiting space for PUI/infected patients. If this is not possible, discuss with facilities the best available alternative to improve ventilation (example: HEPA filters). The ASHRAE Position Document on Infectious Aerosols offers options and is available at [https://www.ashrae.org/file%20library/about/position%20documents/pd_infectiousaerosols_2020.pdf](https://www.ashrae.org/file%20library/about/position%20documents/pd_infectiousaerosols_2020.pdf)

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### Risk Mitigation to Reduce Transmission

#### Triage for presence of HRID
- Promote pandemic infection concern alert notification by EMS (via established communication methods) prior to patient arrival at ED for patient assignment, placement, logistics, and planning.
- Implement temperature screening outdoors, at entry, and/or tele-screening.
- Refer asymptomatic/minimally symptomatic patients to a remote site for testing after ED medical screening exam.

#### Flow Management
- Implement a wayfinding and signage system directing visitors/patients to the appropriate entrances.

### Waiting Room/Common Areas

#### Capacity Management
- Post capacity limits in any non-clinical space (i.e., in break rooms) to allow for social distancing.
- Utilize remote meetings whenever possible.

#### Flow Management
- If possible, separate entrance and egress.

#### Triage for presence of HRID
- Screen individuals for signs and symptoms of infection prior to entry to the waiting room.

#### Risk Mitigation to Reduce Transmission
- Cohort patients with signs and symptoms of infection:
  - Establish separate waiting rooms, or separate locations within the same waiting area, for screen positive and screen negative patients.
  - Consider outdoor space/vent for screen-positive patients.
- Install high-efficiency air filters as supported by your HVAC system.
  - If possible, create a negative-pressure waiting space for PUI/infected patients.
  - If this is not possible, discuss with facilities the best available alternative to improve ventilation (example: HEPA filters).
- Discourage bringing personal items into the workplace. Any items brought should be left in a single location, such as a desk drawer or locker, if possible.
- If lockers are used for storing personal items, they should either be assigned to one person or disinfected between users.

#### Capacity Management
- Provide EPA-approved cleaning products at each workstation to allow individuals to disinfect between uses.
- Exchange upholstered chairs for seating made of plastic or another easily disinfected material.
- Provide face-level clear barriers between face-to-face contact locations at the check-in desk, and/or have triage/check-in staff in mask and eye-covering.
- Utilize touchless check-in/payment methods, include QR codes and mobile devices, etc.
- Institute masking policy, including supplying masks at reception, universal masking, and masking/eye-covering for triage/check-in staff.
- Remove unnecessary furnishings, decorative items, or other items that are difficult to disinfect, so it is easier to clean surfaces regularly.

#### Flow Management
- Evaluate physical distancing guidelines (ideally six feet between individuals).
- Demarcate distance requirements where queuing may occur.
- Rearrange furniture to promote a six-foot distance between chairs and remove excess chairs.
- Create outdoor break or dining areas.

#### Protective Equipment
- Place hand sanitizer stations in common areas.
- Install PPE storage units/stations in patient triage areas.
- Consider placing face-level clear barriers around workstations.

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Treatment
Resuscitation/Trauma

Capacity Management
- Limit the number of personnel allowed in the bay based on the minimum needed.
- Post “Limited entry to clinically necessary personnel only” signs.
- Find alternative locations to store items required in the remainder of the ED to limit the necessity of entering the bay for supplies.
- Consider installing telemedicine capabilities to allow observers to chart without entering the bay and allow tele-consults.
- Limit visitors allowed in the bay.

Flow Management
- Re-route through traffic and transportation of patients so that they do not need to enter the bay.

Triage for presence of HRID
- Screen all traumas and other patients entering the bay for signs and symptoms of HRID including via EMS in-code.
- Consider placing an outdoor screening area for triage prior to entry to the bay.

Risk Mitigation to Reduce Transmission
- Cohort patients with signs and symptoms of infection:
  - If possible, establish separate bays, or separate locations within the same bay, for screen-positive and screen-negative patients.
  - Install high-efficiency air filters as supported by your HVAC system.
  - Consider creating negative-pressure bays.
  - If this is not possible, discuss with facilities the best available alternative to improve ventilation (example: HEPA Filters).
- When available, create a separate resuscitation bay for patients with signs and symptoms or diagnosis of HRID.
- Remove all unnecessary items from the bay to limit the necessity for cleaning/disinfecting large quantities of items between patients.
- Prepare procedural equipment (i.e., airway) for disposable “to go” packs.
- Keep items stored in bay covered either in storage units with doors or plastic coverings.
- Perform plain films via a portable machine.
  - If patients are cohorted to a PUI/infection + unit, consider assigning one machine, if available, to that unit only.
- Designate low, medium, and high-risk zones within the bay (i.e., “green”, “yellow”, and “red” zones)
  - Only allow those absolutely necessary in higher-risk zones
  - Post PPE requirements for all zones
  - Store supplies in low risk (“green zones”) whenever possible

Physical Distancing
- Consider physician workstation/reading modifications (i.e., plexiglass dividers).
- Consider physical barriers (i.e., clear plastic/glass barriers/movable walls/screens) between/within treatment areas to create individual care spaces between patients
- Utilize sliding doors or tent flaps with zippers so that these spaces can be closed from common areas during AGPs or other high-risk patient care procedures, depending on the pathogen.

Cohorting
- When available, create a separate resuscitation bay for patients with signs and symptoms or diagnosis of HRID.

Protective Equipment
- Place PPE storage units at entry to resuscitation bays.
- Place hand sanitizer immediately outside and inside all patient care areas.

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### Diagnostic
#### General Radiology

**Risk Mitigation to Reduce Transmission**
- If patients are cohorted to a PUI/infection + unit, consider assigning one machine, if available, to that unit only.
- Position x-ray tube six feet away from the patient.
- Utilize disposable cartridge cover for each patient's use.
- Perform cartridge cleaning between each use.
- Install high-efficiency air filters if supported by an HVAC system.

### Computed Tomography (CT)/Magnetic Resonance Imaging (MRI)

**Risk Mitigation to Reduce Transmission**
- Identify scanner(s) available only for PUI/infection + patients.
- Implement predetermined down time between patients to allow ventilation of radiology rooms.

### Point of Care Ultrasound (POCUS)

**Risk Mitigation to Reduce Transmission**
- Decant and decant the entire system after each use with disinfectant recommended by the EPA.
- If patients are cohorted to a PUI/infection + unit, consider assigning one machine, if available, to that unit only.
- Use of a handheld ultrasound system may allow for better disinfection between patients.