

**NYSNA Recommendations and Resources for Reopening during COVID-19**  
**Emergency Department Settings: NYSNAs Nursing Education & Practice and Health & Safety**



Unit	Pre-Screening	Criteria for Testing	Unit Modifications	PPE	Cleaning	Visitor Access	RN to Patient Ratio
<b>Emergency Departments</b>	<p>Evaluate necessity of care on an ER unit based on clinical needs. Prioritize services that if deferred are most likely to result in patient harm.</p> <p>Establish designated zones where patients can be screened for COVID – 19.</p>	<p>PUI's should be prioritized for testing.</p> <p>If patient presents with any of the following they should be tested:</p> <ul style="list-style-type: none"> <li>• Cough</li> <li>• Sore throat</li> <li>• Chills</li> <li>• Repeated shaking with chills</li> <li>• Muscle pain</li> <li>• Headache</li> <li>• Loss of taste or smell</li> <li>• Contact with someone known to have COVID-19</li> <li>• Fever of 100 F</li> <li>• Shortness of breath</li> </ul> <p>For patients undergoing a procedure or operation, a viral test should be performed 24 hours prior to the procedure. If testing is not available, patient should self-quarantine for 14 days prior to the procedure.</p>	<p>ED's should be geographically zoned as COVID or Non-COVID areas.</p> <p>Distance patients 6 feet apart when possible. Alternately expand designated ED unit and staff capacity. Maintain "transmission of virus" control by adding temporary curtains or screens.</p> <p>Air handling systems with appropriate directionality, filtration, and exchange rate should be installed and maintained. AIRR should have a minimum of 6 air exchanges per hour and air from these rooms should be exhausted directly to the outside or through a HEPA filter before recirculation.</p> <p>All doors should remain closed except when entering or leaving.</p>	<p>All patient care staff should be wearing N95 or better equipment with eye protection (personal glasses or contacts not adequate). Gloves, isolation gown for nurses on COVID units.</p> <p>For Non-COVID units surgical mask, gown, gloves, as per usually and ordinary standards of practice.</p> <p>For the patient: Surgical masks</p> <p>ED staff should have available PAPR equipment for codes, intubations, etc. along with dedicated rooms/areas with</p>	<p>Hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds.</p> <p>Use EPA approved emerging viral pathogen cleansers.</p> <p>Clean and disinfect all surfaces before and after all treatments.</p> <p>Sanitize all high touch surfaces.</p> <p>Disposable medical supplies should be discarded not reused.</p>	<p>Refuse visitors who have symptoms or test positive on screening.</p> <p>Visitors should be made aware of visitor policy and requirements including wearing surgical masks, handwashing and any limitations on visitation.</p> <p>Limit visiting hours and use of visitor rooms.</p>	<p>RN's should not float between COVID and non-COVID units.</p> <p>Staff should be continuously and routinely screened for symptoms of COVID.</p> <p>ED 1:4</p> <p>Reduce exposure time to COVID virus by organizing and bundling tasks, use of runners/helpers, and team nursing concept.</p>

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			<p>Concurrently:</p> <ol style="list-style-type: none"> <li>1. Conduct air flow inspections to determine what improvements can be made.</li> <li>2. Begin investigating the use of dedicated downward flow ventilation directly over each patient area.</li> <li>3. Air changes should be boosted above 6 per hour, incorporating more outdoor air.</li> <li>4. Conduct air flow inspections to determine problems and arrive at recommendations for moving contaminated air quickly away from patients and staff.</li> </ol>	<p>improved ventilation.</p> <p>Departments should start to incorporate elastomeric equipment to build greater resiliency during the crisis.</p>		
<p><b>Resources:</b>  <a href="https://www.cms.gov/files/document/covid-recommendations-reopening-facilities-provide-non-emergent-care.pdf">https://www.cms.gov/files/document/covid-recommendations-reopening-facilities-provide-non-emergent-care.pdf</a>  <a href="https://psnet.ahrq.gov/web-mm/nurse-staffing-ratios-crucible-money-policy-research-and-patient-care-nursingeducation.lww.com/blog.entry.html/2016/11/10/the_importance_ofth-GCAE.html">https://psnet.ahrq.gov/web-mm/nurse-staffing-ratios-crucible-money-policy-research-and-patient-care-nursingeducation.lww.com/blog.entry.html/2016/11/10/the_importance_ofth-GCAE.html</a></p>						