Appendix 1. Questionnaire

EVALUATION OF ARCHITECTURAL EMERGENCY STRUCTURES IN THE CONTEXT OF THE 2019-nCOV PANDEMIC

Hospital Centre Name ……………………………………………………………………………………………………………………
E-mail ……………………………………………..............................................

General information on emergency structures

Q.1 Type of emergency department: ☐ Adult ☐ Adult and Paediatric
Q.2 Number of beds available in the traumatology emergency department: ……………
Q. 3 Number of beds available in the medical emergency department: …………..
Q.4 ED visits in 2019 ……………………………………………………………
Q.5 ED visits in February ……………………………………………………..
Q.6 ED visits in March ………………………………………………………
Q.7 ED visits in April ………………………………………………………
Q.8 ED visits in May ………………………………………………………
Q.9 COVID Daily Emergency Visits in February …………………………………
Q.10 COVID Daily Emergency Visits in March ……………………………….
Q.11 COVID Daily Emergency Visits in April ……………………………….
Q.12 COVID Daily Emergency Visits in May ……………………………….

COVID Zone Creation-White Plan

Q.13 Creation of a Covid Zone ☐ Yes ☐ No
Q.14 Date of the creation of the COVID zone: …/…/2020
Q.15 Date of start of white plan: …/…/2020
Q.16 Triggers for emergency restructuring:
☐ Number of cases in France
☐ Number of cases in the region
☐ Number of local cases
☐ Other: ……..
Q.17 Mandatory mask-wearing
- Suspected COVID patients only ☐ Yes ☐ No
- Any patient presenting at the ED ☐ Yes ☐ No
Q.18 If mask wearing is mandatory, on what date did this start? …/…/2020
Q.19 At the highest level of pressure, estimate the percentage (%) of area used for suspected COVID patients: ……………
Q.20 At the highest level of pressure, estimate the percentage (%) of area used for non-suspected COVID patients: …………..
Q.21 Has there been an increase in the emergency area, if yes by what means?
☐ Installation of an outdoor tent type NRBC
☐ Extension in the emergency building already anticipated
☐ Use of a space not initially dedicated to emergencies
☐ Other ………………………
Q.22 If Yes, estimated percentage increase in area …………..
Q.23 In the event of emergency capacity being exceeded, has another COVID19 circuit been planned? ☐ Yes ☐ No
Q. 24 If yes:
☐ It is located within the ED
☐ It is located outside the ED
☐ This circuit had to be activated during the pandemic
Q. 25 Have one or more channels been created by one or more other specialties for patients not suspected of COVID19?  
☐ Yes  ☐ No

Q. 26 If yes, specify the sector concerned (trauma, urology, etc.) and who supervises the sector (emergency physician, surgeon, etc.): .................................................................

Q. 27 Were one or more medical centres created or affiliated for COVID19 General Medicine consultations during the day?  
☐ Yes  ☐ No

Q. 28 How many major restructuring changes were made to your department and which were the major ones for you? .................................................................

Q. 29 Do you make an administrative record on SIVIC in emergencies?  
☐ Yes  ☐ No

Q. 30 Has the end of the COVID/Non-COVID distinction been defined?  
☐ Yes  ☐ No

Q. 31 If yes, what date - - / - - / - - - -

Reception/Flow/Circulations

Q. 32 Concerning access of families to the different areas, have you decided on:  
☐ No family visit, telephone contact only; no family visit, telephone or videoconference contact possible
☐ Visit possible: only one companion if severity criterion is met
☐ Decision on a case-by-case basis
☐ Other: ........................

Q. 33 Are there two separate triage areas for suspected COVID19 and non-suspected patients?  
☐ Yes  ☐ No

Q. 34 Location of the triage area for COVID19 patients?  
☐ Pre-existing reception separated into two
☐ Outdoor tent adjacent to emergencies
☐ Other structure already in place but with another function (administrative offices, waiting room...)
☐ Other: ........................

Q. 35 Does the Patient Triage Area have a coordinating and regulating doctor (MAO) for emergencies?  
☐ There is no coordinating and regulating doctor for emergencies
☐ Already in place prior to the pandemic
☐ Put in place after the pandemic began
☐ Dedicated to suspected COVID Patients

Q. 36 Are patients with low resource consumption (lack of additional examination, lack of hospitalization criteria) redirected by the IOA or the MAO to an outpatient unit?  
☐ Yes  ☐ No

Q. 37 Are patients directed to different areas based on severity, even for non-COVID19 patients (e.g., Fast track, valid, recumbent, emergency room)?  
☐ Yes
☐ No
☐ Only for non COVID19 patients
☐ Only for COVID19 patients

Q. 38 In the ED waiting room, COVID and non COVID patients are:  
☐ In two different locations
☐ Separated by a physical barrier (wall, tarpaulin...)
☐ Separated virtually or by a non-airtight barrier
☐ Not separated

Q. 39 What means are used to separate the COVID zone?  
☐ Walls already in place sufficient for delimitation
☐ Addition of hermetic barriers to isolate the area
☐ Other
Q.40 Presence of an emergency room for life-threatening conditions:  
☑ Yes ☐ No

Q.41 Is there an emergency room for life-threatening conditions dedicated solely to suspected COVID patients?  
☑ Yes ☐ No

Q.42 If yes, number of ER beds for patients suspected of COVID? .................................................................

Q.43 Is there a dedicated X-ray location for suspected COVID19 patients?  ☐ Yes ☐ No

Q.44 Is there a location reserved for scanning suspected COVID19 patients?  ☐ Yes ☐ No

Q.45 Is there signage to limit circulation in the area of high viral density, present from reception?  
☑ Yes ☐ No

Q.46 Is the route between the emergency department and the critical care services safe? (No cross-flow in particular)  
☑ Yes ☐ No

Q.47 Is the circulation of suspected COVID19 patients completely separated from the entry to exit of non-COVID patients?  ☐ Yes ☐ No

Q.48 Is the circulation in the service separated from any other flow that is unrelated to their activity (personnel external to the service, intra-hospital patient transfers, logistics and supply flow, etc.)?  
☑ Yes ☐ No

Q.49 Are the corridors wide enough in each area to allow two stretchers to pass each other (> 2m)?  
☑ Yes ☐ No

Q.50 Is there a monitoring area?  
☑ In the COVID sector  
☑ In the non-COVID sector  
☑ It is the same monitoring area separated virtually  
☑ It is the same monitoring area separated physically  
☑ Patients are separated by curtains or walls

Q.51 Is there a buffer zone before transfer to a service or exit?  
☑ Yes  
☑ No

☑ Patients are transferred directly to the services or exit  
☑ The buffer zone is in the corridors

Q.52 Is there a short stay hospitalisation unit still active?  ☐ Yes ☐ No

Q.53 If Yes:  
☑ Only for COVID  
☑ Only for non COVID  
☑ For both, it has been separated  
☑ These are single rooms  
☑ There are several patients per room  
☑ Other.....................

Human Resources Management:

Q.54 Did you recruit additional medical staff?  ☐ Yes ☐ No

Q.55 If so, how many more people per 24 hours? ....

Q.56 Was the organization the same during the day and night?  ☐ Yes ☐ No

Q.57 Did you involve external doctors in your emergency department?  ☐ Yes ☐ No

Q.58 If yes, from what specialty/ies: .................................

Q.59 Did you involve firefighters in your emergency department?  ☐ Yes ☐ No

Q.60 Did you involve volunteer first aiders in your emergency department?  ☐ Yes ☐ No

Q.61 Do medical personnel work exclusively in COVID or non-COVID?  ☐ Yes ☐ No
Q. 62 Do paramedics work exclusively in COVID or non-COVID? ☐ Yes ☐ No
Q. 63 Can Caregivers switch between sectors depending on the flow? ☐ Yes ☐ No