Role of SARS screening clinic in the ED

To the Editor: Dr. Marcus Ong recently described an emergency physician’s perspective on the “War on SARS” in Singapore. Fortunately, the strategy and tactics detailed were effective at that time. We know from the recent appearance of sporadic cases in Guangdong, China, that SARS has returned.

The SARS crisis has had one positive outcome: it highlighted many of the unique challenges emergency departments (EDs) face in dealing with contagious diseases. In addition, the economic costs of the SARS outbreak demonstrate the need to upgrade EDs to a comprehensive and national standard, as described in the recent CAEP position statement.

Overcrowding is a key factor that increases the risk of infectious disease transmission in EDs. Overcrowding is increasingly common in urban EDs, where large numbers of patients, some with potentially lethal infectious illnesses, squeeze together in waiting rooms and on stretchers in hallways, exposing ED staff and other patients and increasing the risk of initiating a new infectious outbreak.

Previous ED infection control guidelines are not adequate. Significant ED retrofitting and redesign is necessary to address future infectious disease threats. These proved useful in the Singapore and Hong Kong outbreaks. We strongly propose establishing “SARS screening clinics” or “fever clinics” such as those developed in Hong Kong and Singapore during the 2003 SARS outbreak. These units segregate and manage suspicious patients with fever, contact history, SARS or influenza-like symptoms, using a biohazard model that protects staff and patients.

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