What to Expect If You End Up in the ER During COVID-19

As coronavirus spreads, many are trying to avoid the hospital. But if you have a real emergency, don't hesitate to go.

By Laura Entis
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Much about life in the U.S. has changed because of COVID-19, but some things haven't: If you experience a serious injury or health crisis, such as a potential stroke or heart attack, you should still call 911 right away.

"Emergency departments are open and prepared like they've always been to deal with life-threatening emergencies," says Robert Femia, M.D., the chair of emergency medicine at NYU Langone Health in New York City.

That said, emergency rooms are operating differently, given the spread of COVID-19, the disease caused by the novel coronavirus. Here's what to expect if you end up there,

either because of an unrelated health crisis or because your COVID-19 symptoms require urgent medical attention.

Before You Get to the ER

If you call 911, the operator will want to know your symptoms. This is always the case, but it's particularly relevant now. If you are experiencing COVID-19 symptoms, "it's important to alert EMS [emergency medical services] during the call, so they can protect themselves when coming in," says Anna Yaffee, M.D., an emergency medicine physician at Grady Memorial Hospital in Atlanta and an assistant professor at Emory University. If you are able to, put your mask on before the ambulance arrives.

In some of the hardest-hit areas, 911 calls are up significantly. But for true emergencies, 911 is still your best bet. EMS not only can get you to the hospital quickly but also "have the ability to start treatment," Femia says.

For less severe symptoms that don't require urgent medical attention, consider calling your doctor or doing a telemedicine consult with an emergency physician. (Most hospitals have increased their telemedicine capacity. In April, Femia says, NYU Langone went from an average of 50 virtual visits per day to 1,000.) Ambulances are following a decontamination process after transporting every patient, but "nothing in life is 100 percent," Yaffee says. "If you can avoid the [emergency department] or you can avoid an EMS, it's probably best to do so."

You might be screened even before going inside. As COVID-19 has spread throughout the U.S., emergency rooms have reconfigured themselves to separate suspected coronavirus cases from patients with other health emergencies. Some facilities begin this process outside. Patients may "experience a nurse or a triage provider as they are approaching the emergency department, or they may be screened upon entry," Yaffee says.

All patients, no matter the nature of their health emergency, will be checked for fever, cough, and shortness of breath. They will also be asked a series of screening questions, including whether they've had any known exposure to COVID-19.

At the Hospital

If you have respiratory symptoms, such as a cough, or a fever, you'll be taken to a separate area. While the layout will depend on the specific hospital, all facilities are doing their best to separate suspected COVID-19 patients from other patients.

If you're exhibiting these symptoms but are not critically ill, you might be directed to a rapid care section of the emergency department, where you'll see a doctor, your vitals will be taken and, if deemed able, you'll receive instructions for caring for yourself at home. (Many hospitals have set this area up in tents so that COVID-19 patients don't have to enter the facility unless they have significant difficulty breathing or abnormal vital signs.)

How crowded it is depends on where you live. In March and April, when New York City was the hardest-hit area in the U.S., many emergency departments there were overwhelmed.

In many other parts of the country, that wasn't generally the case—at least in the spring. "Because of all the messaging and the stay-at-home orders, people have been doing a pretty good job staying out of the emergency department unless they absolutely need to be there," said Yaffee, in April.

Some emergency departments were, at the time, eerily quiet. "More than 40 percent to 50 percent of our volume is down," said Latha Ganti, M.D., a professor of emergency medicine and neurology at the University of Central Florida College of Medicine in Orlando, in April.

But things changed this summer. As cases surged in states like Florida, Arizona, and Texas, many once-quiet emergency rooms in the country's newest hotspots quickly got busier. Some ERs in Houston, for example, were so overwhelmed they had to turn patients away, according to reporting by ProPublica and NBC News.

Expect to wear a mask. As information has emerged about the prevalence of asymptomatic carriers, hospitals have begun treating every patient as a potential COVID-19 patient. That means that at most facilities, you'll be put in a mask on arrival, no matter the nature of your health emergency.

This mask policy also applies to the hospital staff, who should be wearing protective equipment at all times. If you come in for a broken bone, "you are still going to be cared for by someone in a mask," Femia says.

Visitors aren't allowed. Hospitals have instituted this policy in an effort to reduce the risk of infection. There are some exceptions to this: Children may have a parent or guardian with them, as can patients with dementia or other communication problems.

In general, however, if you are admitted to the emergency department, you won't be permitted visitors, nor will friends or family members be allowed inside the ambulance (although they can follow behind). Nonpatients are also discouraged from being in the waiting room. "We've had families waiting in their cars," Yaffee says.

For patients at the end of life, this policy is gut-wrenching. Enforcement depends on the specific facility, and is sometimes "on a case-by-case basis," says Yaffee.

To help mitigate the lack of in-person contact, many hospitals are using FaceTime, Zoom, and other technological tools to allow patients to conduct virtual visits. "This is heartbreaking for the staff, too," says Preeti Malani, M.D., chief health officer at the University of Michigan in Ann Arbor. Since the policy was instituted at her hospital, she's seen countless examples of providers helping patients reach family and friends, sometimes offering their own phones.

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