

EC EMERGENCY MEDICINE AND CRITICAL CARE Editorial

The Impact of Covid-19 on Emergency Readiness in Hospitals and Other Health Settings: New Insights towards Emergency Management

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This editorial is about the emergency management in the light of the COVID-19 pandemic. Due to the consideration that hospitals and healthcare settings are facing and challenged with increasing numbers of cases with corona virus. The readiness of emergency departments in most hospitals was proved to be insufficient. Here we have to denote three points of readiness: structure, knowledge and relations among working staff. The Structure of the emergency department in any hospital is limited by space and function because most of the cases are either treated in the emergency department or transferred to other specialized departments. Knowledge of working staff has become a matter of increasing awareness because the information regarding COVID-19 are not well established in terms of diagnosis, signs, symptoms and therapeutic options. Due to knowledge insufficiency and increasing demand for emergency services, and even more, the priority for to get the emergency healthcare, working staff in the emergency department has developed compassion fatigue, this is mainly due to the consideration that we are all humans, and you will never be satisfied when you become unable to help or to see people suffering. Another important point is that working staff infection, disease, and death. This phenomenon has made worries among working staff because it is not easy for any worker to work in the unsafe areas and to expect him to work to his highest expectations. Increasing pressure on working staff as a result of leaves of infected working staff has impact on the remaining staff to compensate for working staff deficiency. Relations among working staff and sharing knowledge is another challenge due to the deficiency of the right information.

Taken together, we think that new insights towards the strategic management of emergency departments should be adopted for future conditions. As an illustrating example, the need for ventilators has become clearly apparent. We suggest to establish ready manufacturing lines to produce ventilators on demand. Such a policy may be effective in times of crisis. Another point is to establish emergency units outside hospitals, as an example in social places such as schools and clubs, and to be prepared once needed.

Finally, health policy should be redesigned and legalized through formal routes including parliaments and other public sites.

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