

The challenge of emergency medicine facing the COVID-19 outbreak

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The COVID-19 pandemic, and local, regional and national responses to it, have progressed more rapidly than any other medical entity in many of our professional experiences. All COVID-19 papers in this edition were submitted during the week of 5th March. Many authors acknowledged that even a day after submission they had become outdated. We choose nevertheless to include them, in part, as a record of Europe's response to the pandemic, and in part, as a record of individual emergency physicians' experience of this unique period. Reading them at a later date may help us reflect on our planning and our approach at a time which with hindsight was the early part of the epidemic, and even before the pandemic was declared.

My predecessor as Editor-in-Chief, Colin Graham, certainly had some vision when 6 months ago, he wrote that 'it's the end of the world as we know it' [1]. At the time, I am writing this editorial, we have no idea what we should expect in the next days, weeks, or probably months. For this issue, we gathered several viewpoints from different settings to glimpse into how they are coping with this exceptional situation. By the time you read this editorial, further developments will probably make some of these thoughts obsolete. In France, hospitals and emergency departments in particular try to adapt to the ever-increasing flow of patients with suspicion of infection who constitutes serious access blocks. Our emergency medical services have a prominent role in the triage of suspected patients to limit their visits to the emergency departments. As expected, they are overwhelmed. We have few data to estimate the deadliness of this infection, but we have even less estimation of the global burden it will cause [2]. Due to overcrowded departments and wards, patients with chronic and acute disease may encounter delayed care and may suffer from resource shortage [3]. Emergency physicians are at the forefront and report from China and other regions suggests that our clinical work is about to be a lot more difficult, although it was not easy already. This surge may put

emergency workers at risk: risk from a potential contamination and risk from the effect of extended shifts worked in the hospital [4–7].

Emergency workers carry a huge responsibility in this pandemic. We have to provide early triage and management of patients with suspected or confirmed infection. More importantly, we have to do everything we can to prevent our emergency departments to spread the infection like it has been reported with the MERS-CoV outbreak in an emergency room in Singapore where 82 individuals (including health-care workers) were infected by a single case [8].

We have no idea what is ahead of us. Health-care facilities and especially emergency departments need to be prepared for this. Are we? We can do what we can and hope that my next editorial will be serene.

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Conflicts of interest

Y.F. is the Editor-in-Chief of the EJEM.

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