LETTER

Emergency departments and the COVID-19 pandemic: making the most of limited resources

Dear Editor,

The coronavirus disease 2019 (COVID-19) pandemic will stretch hospital resources all over the world. EDs in high-income countries are not immune, but those in low-income and middle-income countries (LMICs) are likely to be impacted more significantly. Emerging data speak to overwhelming demands for care and widespread disruption of hospital functioning.1

In order to support colleagues in resource-limited settings, the Australasian College from Emergency Medicine (ACEM) has developed a free guide for emergency care (EC) clinicians in LMICs preparing for a surge of patients with COVID-19.2 Content was developed by a working party of ACEM’s Global Emergency Care Committee and included EC clinicians from Timor Leste, Vanuatu, Papua New Guinea and Solomon Islands. The guide provides consensus-based advice on optimising resource utilisation during the pandemic and draws heavily on technical guidance from the WHO.1 It is intended to complement, not replace, local and national guidelines.

The guide is structured according to the central components of ED disaster response: systems, space, supplies and staff. A small number of boxes provide specific guidance to clinicians on triage and screening, infection prevention and control and clinical management. Figure 1 reproduces the section of the guide dedicated to ‘systems’.

EC clinicians in LMICs will be deeply impacted by COVID-19, and there is a substantial risk of burnout and moral injury. ACEM’s guide is an attempt to express solidarity with colleagues in resource-limited settings and will hopefully stimulate further collaboration among the global EC community.

The guide is available free online at: https://acem.org.au/covid-19. Feedback on the document is encouraged and should be directed to gecnetwork@acem.org.au.

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Excerpt from the guide focussed on ‘systems’. IPC, Infection, Prevention and Control.

Figure 1
REFERENCES