

Policy statement on minimal standards for safe working conditions in Emergency Medicine

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The Emergency Department (ED) is the place where an unpredictable number of patients with any type of urgent and developing clinical condition or injury come to be admitted, stabilized and diagnosed and where the next destination of the patient is decided.

By its very nature, it is difficult to predict the actual workload of the ED. This may vary widely from time to time, according to the movement of people, unexpected events, disasters, and other variables. For these reasons, it is necessary to be prepared and organized at sufficient levels and in an adequate way to be able to cope with the daily workload and to respond safely to exceptional demands.

This is what happened in 2020 with the Covid-19 pandemic, when an exceptional 2-year-long workload fell on the shoulders of EM professionals. Most of the Emergency Medical systems were not prepared at the beginning and were insufficiently supported during the Covid crisis.

For the 2022 Emergency Medicine Day campaign, we published the results of the survey on level of burnout among EM professionals [1,2]. This prompted great public interest and has underlined the fact that working conditions and professional health deserve more consideration by healthcare administrators, as well as by the scientific community.

The survey amassed 1925 responses, 84% of which were from physicians, and showed that there are signs of burnout in 62% of all responders, with about 31% with burnout in two of the three domains of the Abbreviate Maslach Inventory. Females, nurses and less experienced professionals had a significantly higher level of burnout. The responders reported frequent understaffing at work, and this was in turn related to a higher level of burnout and the desire to change jobs or workplace.

The majority of those who participated reported having no access to support programmes to cope with these difficulties.

The results of the survey were discussed among professionals during a webinar presented for EM Day on 27 May 2022, and many suggestions and comments were received. The Emergency Medicine Day group has incorporated the campaign outcomes in the policy statement that follows.

Each Emergency Department should have:

1. Adequate numbers of staff: the number of doctors, nurses and paramedics should be sufficient to deal with demand and acuity and to ensure sustainability for staff.
2. Adequate competence of staff: in any country, a specialty basic training in emergency medicine should be provided to all doctors working in the ED, and specific training in emergency and critical care must be granted for nurses and paramedics.
3. Adequate recognition from other specialists: the job of EM professional is difficult and very demanding. Often this professionalism is not sufficiently recognized and respected and thus the sense of frustration is greatly increased.
4. Adequate contingency system and organizational plan, to be activated promptly and safely in case of a mass casualty event.
5. Adequate design of working hours: this includes shift duration, flexibility about part-time, dedicated time for training and research
6. Adequate physical design: the ED should have adequate space related to patient numbers and the organization of work, and be respectful of privacy for patients and professionals. It should also have space for isolation of patients. It should be suitable

for disabled staff members and provide security for patients and professionals.

7. Adequate equipment: the ED should be equipped with furniture, medical devices, drugs, medical supplies, and protective personal equipment to enable safe working in an ethical manner for patients and professionals
8. Adequate supporting infrastructures: functional and customizable IT support is necessary to reduce administrative and bureaucratic burdens and enhance efficiency and safety.
9. Adequate space for rest and refreshment during shifts, in a calm and quiet place, with clean and dedicated toilets.
10. Adequate facilities for professionals with babies: a reasonable time before leaving maternity, protected time for breast feeding, nurseries and kindergartens are necessary
11. Adequate equal opportunity hospital policies that are respectful and do not discriminate by race, religion, sex, allowing everyone the same chances of career and professional growth.
12. Adequate psychological and emotional support: Emergency Medicine is a stressful job, where professionals are exposed to sudden deaths, large numbers of patients, catastrophic events and pandemics. Prompt and competent support must be available to help staff coping with critical experiences.

We hope that policymakers and healthcare administrators will heed our demands; it would be highly irresponsible to ignore the alarming situation that exists at present [3]. If they do not, it is very likely that many burned-out EM professionals will leave their job, with catastrophic consequences for patients, particularly should there be a further pandemic.

Acknowledgements

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 Belgian Society of Emergency and Disaster Medicine (BeSEDiM)
 Canadian Association of Emergency Physicians (CAEP)

CMA - Croatian Society of Emergency Medicine
 Czech Society for Emergency and Disaster Medicine
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 Emergency Medicine Society of Ghana (EMSOG)
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 Latvian Association for Emergency Medicine
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 Slovak Society of Disaster and Emergency Medicine
 Society for Academic Emergency Medicine (SAEM)
 Somaliland Emergency Medicine Association (SEMA)
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Conflicts of interest

There are no conflicts of interest.

References

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- 2 Khoury A. Burnout syndrome in emergency medicine: it's time to take action. *Eur J Emerg Med* 2022; **29**:239–240.
- 3 Khoury A The day after. *Eur J Emerg Med* 2020; **27**:392–393.