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FOR IMMEDIATE RELEASE

March 20, 2020

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AAEM Creates Position Statement on Protections for Emergency Medicine Physicians during COVID-19

MILWAUKEE — The American Academy of Emergency Medicine (AAEM) released the below position statement on protections for emergency medicine physicians during COVID-19.

Adequate Personal Protective Equipment (PPE)

AAEM supports the right of all physicians, nurses, physician assistants and first responders providing direct care to patients potentially infected with the novel coronavirus (COVID-19) to be provided with adequate personal protective equipment (PPE). We applaud the acts of those on the national and state level who have declared emergencies. We are calling on all government bodies empowered to do so by the State of Emergency to compel commercial entities to ensure that hospitals and emergency medical services vehicles are adequately supplied with PPE, even if this requires the restriction of commercial sale of PPE to consumer outlets for the access of the general public.

Use of Personal Protective Equipment

AAEM supports individual hospitals and emergency departments' right and responsibility to enact policies that delineate the minimal standards for use of personal protective equipment (PPE). AAEM further supports the right of the individual physician or health care professional rendering direct care to patients potentially infected with COVID-19 to require more PPE than is mandated by the institution's minimum standard whenever the healthcare professional feels it is necessary for their personal protection and safety.

Scheduling Rights

AAEM believes a physician, nurse, PA, first responder or other healthcare professional has the right to be removed from the schedule of work requiring direct contact with patients potentially infected with COVID-19 for issues of personal health, such as being on immunosuppressive therapy or other similar concerns, without the risk of termination of employment.

Availability of Testing

The Academy believes that federal and state governments must make more strident efforts to increase the availability of COVID-19 testing kits and the development of rapid testing. The evidence is clear, Korea being the prime example, that mass testing does lead to a decrease in case incidence through self-quarantine and other responsible behaviors. Americans are good, caring people. Multiple studies from the HIV literature demonstrate a very significant decrease in risk taking behaviors immediately upon receiving a positive test result. We have every reason to postulate that a positive COVID-19 test result will cause infected individuals to respond in a manner that will significantly decrease the infection rate, saving lives and resources.

AMERICAN ACADEMY OF EMERGENCY MEDICINE

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Decisions on Who to Test

The Academy recognizes that the Centers for Disease Control and Prevention (CDC) testing guidelines are changing almost daily. One of the reasons that the CDC chooses to issue guidelines rather than mandates is their awareness of the fluid nature of viral epidemics and the value of the clinical judgement of physicians on the front lines. We are also aware that the epidemiology of novel coronavirus continues to evolve, often in unpredicted ways. It is therefore imperative that in each individual case, the clinical judgement of the individual emergency physician should prevail in determining who should be tested.

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The American Academy of Emergency Medicine (AAEM) is the specialty society of emergency medicine and the champion of the emergency physician.