NEWSLETTER

EuSEN
European Society for emergency Nursing

EuSEN e-newsletter, number 2 , 2020

Dear colleagues,
In 2020 we were expecting to experience the most special YEAR for nurses, as so many celebrations were supposed to happen! But then came Corona and everything became "incredibly special", but unfortunately not in any positive way.

Around the world, life pretty much stopped and froze! All the interesting and exciting conferences that EuSen wanted to attend and be represented were cancelled and everything that was not directly linked to hands-on work within the hospital did no longer receive any attention.

The Year of the Nurses began with a lot of applause for the nurses, which however will not substitute the celebrations we had hoped for.
What effect did the Corona pandemic have on the EuSEN?

Each of the individual board members was required to deal with the crisis in their own countries that the activities within the board were de-prioritised.

Nevertheless, we held regular videoconferences to keep in touch and discuss important matters such as the organisation of the next congress for our members.
So, whilst all physical conferences got cancelled, some will still be held virtually:
ENA congress 9-11 September 2020
https://www.ena.org/events/emergency-nursing-2020

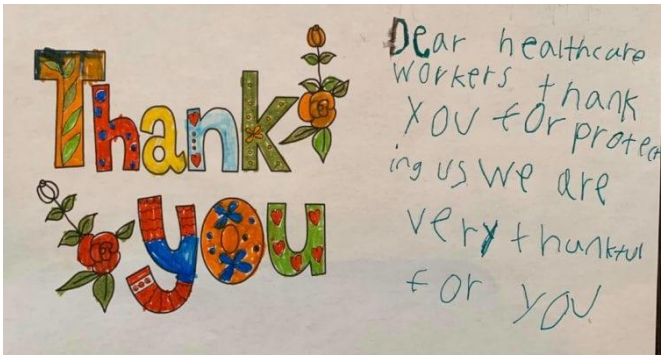
EuSEM congress 19-22 September 2020
https://www.eusem.org/congress/the-congress-2020/the-congress
The 4th Global Conference on Emergency Nursing and Trauma Care is however not available online and will thus be postponed to 2022.
https://www.elsevier.com/events/conferences/global-conference-on-emergency-nursing-and-trauma-care

Due to travel restrictions and relapse numbers of Covid-19 cases around the world, a physical board meeting is unlikely to be held in 2020, which means that we will need to organise a virtual General Assembly for our members. The date will be announced as soon as possible.

We all hope that we will be able to meet again in 2021 at the next EuSEN conference on 27-28 May, in Brussels. Please save the date in your calendars already today!

This newsletter features a few summaries on how some member countries experienced the pandemic. Do not hesitate to send us any reports about your own country; we would be highly interested to learn about your experiences and to share it with the EuSEN community.

Please stay healthy!
Your EuSEN Board



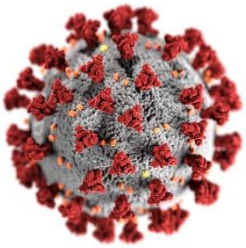
I slide a window in front of
only brownish green eyes
encapsulated on my own
sounds are muted
a buzz
bump into me

The other side looks back
expects an answer
I don't get a question
they gasp the air
their chest toils
the heat crushes them

I, too, gouge between my layers
some people spit it out
run out
I'm short of hands
nobody is anybody
all equal

Rescue flows
out of bottles and the wall
blood flows and sputters
Not to be reanimated
Code 4
my God no

38 years
with rhythm and in interaction
a stranger accompanies me
together in a weird dance
around the bed of loss
a mother, wife, someone's child



we slide our windows away
decode
break rules and ribs
unplug
a waxy face
toned eyes and loneliness

a bag of Arabica vapours purifies us
again the windows are slided in front
air and life are rare here

©Heidi Bullynck
Bachelor and proud to be a COVID-nurse, Belgium

Report from Switzerland

The yearly flu epidemic was just beginning to subside, and the emergency nurses looked hopeful towards springtime.
But then, in the middle of the Swiss skiing holidays, the reports of a deadly virus became louder and louder. Detected in China, which one thought was far away, it suddenly surged in Italy, so close to Switzerland. The virus spread rapidly, much too rapidly, and horror pictures appeared on television of unsustainable conditions, exhausted professionals, and desperate families.

Things took their course. My children were worried and anxious about the unknown threat, first it was just one patient in Switzerland, who tested positive, then suddenly eight. At that time, I was still explaining to my children that eight patients in a population of eight million is not much, don't you worry, I said, but I was quickly proven wrong.
This was all before mid-March when Switzerland experienced the highest peak of tested positive Covid-19 patients. Cases have been reported across all the different cantons of Switzerland, although those bordering with Italy, France and Germany were most affected.

The government reacted with a lockdown on March 16th, 2020 which meant schools, shops, restaurants, bars, entertainment, and leisure facilities etc. were closed with only grocery stores, pharmacies and healthcare facilities excluded. Furthermore, the Federal Council advised the population to stay at home if ever possible, to keep their distance and to follow the hygiene regulations to delay the spread of the novel coronavirus (Covid-19). The hospitals were advised to only hospitalize patients who needed urgent medical interventions, elective surgeries were cancelled. The goal was to keep resources – medical equipment and personnel – available to allow for the best treatment in case of significant numbers of potential corona patients.

The emergency departments (ED) experienced in that period an initial increase of patients and organisational challenges, followed by a decrease in the numbers of the “standard emergency presentations”. On the other hand, Covid-19 patient presentations surged. With those sometimes severely ill patients, the ED experienced a rapid and increasing amount of cases which was worrying, as Switzerland has only a limited number of beds (and qualified staff) in the intensive care units (ICU), to which these patients eventually needed to be admitted to.

Apart from it all, nurses in hospitals were facing a shortage of protective material i.e. face masks and disinfectant, which presented a massive challenge to their daily work. Furthermore, unexpected changes in shift work, fewer breaks and then suddenly short time working being implemented added to the growing anxiety due to its unprecedented circumstances.

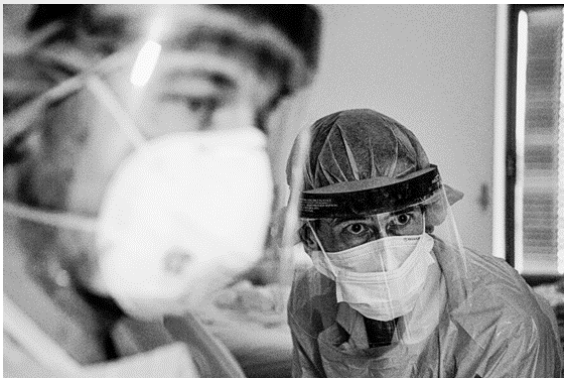
Between February 24th and June 22nd, 2020, Switzerland and the Principality of Liechtenstein recorded a total of 31’310 cases of the laboratory-confirmed COVID-19 disease. Most of the people recovered again however 12,5% of all the Covid 19 positive patients had to be hospitalized. 14% of these patients did not have any pre-existing problems, but 86% were suffering at least one pre-existing condition, of which high blood pressure (52%), cardiovascular diseases (34%) and diabetes (23%). Out of the 3’588 hospitalised persons, of whom complete data was available, 1680 people died (Bundesamt für Gesundheit BAG,2020).

Looking back, Switzerland was able to handle the pandemic reasonably well, as the Federal Council mobilised support from the army and medical students to support the health care workers and organised some provisional ICU beds plus ventilators, to increase capacities. Furthermore, the population was quite disciplined in terms of accepting the mandated regulations, which also helped to keep the numbers of infections low.

As of today – fortunately - it can be observed that daily life is slowly going back to a new normal and the daily ED presentation numbers are back to the usual. Although, healthcare professionals are threading the autumn-/ wintertime in anticipation of the common flu season in connection with a potential acceleration of more Covid 19 cases.

For now, one hopes for an untroubled and joyful summertime.

Petra Valk-Zwickl, Vice President EuSEN



A scream from behind the mask

I feel so powerless, almost empty...wonder how longer I can stand ...

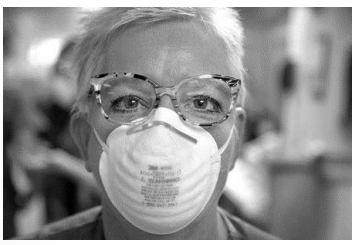
well, you work in an emergency department ... there are so many like those days.

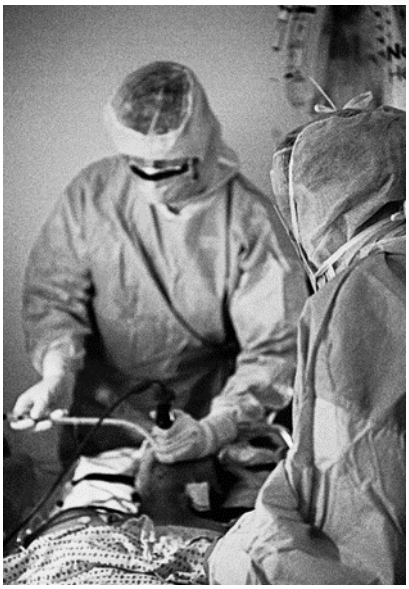
I help people as best I can ... but appreciation is hard to find when you're out there in the field ... no it's true, it's not what it's about. You don't do this job to get appreciation, you do what you have to do ....row with the belts you've got, and keep quiet ... shouting for more help doesn't help, because the management doesn't feel any powerlessness or sadness ... losing a child, for example, even though you've done what you could, touches you, that really hurts ... but well, shouldn't we have been trained for that?

Swallow and go again...I'll shed a tear.

The next patients arrive in large numbers, the eternal defense of the whole system makes me so tired...

We don't have enough people, not enough room to hold people for hours...things went better during COVID, because we got help from all ranks ... Everyone thought urgency was so important then ... but that's already over ... solve it on your own, stay friendly, because there's still a patient to go.





An E.R. isn't equipped for that, but see that you appease the patients...
The bed's not free, or not cleaned yet, the doctor is busy...

It's not just about me, I see young, motivated colleagues groaning under the pressure...we're all trying to keep our heads above water, all of us...
The ones who don't care, who let everything slip away like water on a wet duck, they are the ones who hold on...

Still, I want to keep fighting.

But I'm not a wet duck...I care about the patients...that's the reason I really want to keep going.
I just want to make it clear, if we have to keep working like this, we're going to crack one by one...

This is a bomb that's about to explode...I hope the management do something, cause by the time you know, it'll be too late.

JS from B, Belgium

Coronacrisis in The Netherlands

The first contamination was determined on the 27th of February. The south of the country was hit hardest. This may be related to the carnival that was celebrated just before. In the north there were far fewer crewings. On the 16th of March the prime minister addressed the country on television , radio and livestreams. He explained the Dutch cabinet pursued a strategy of group immunity. The prime minister spoke of an intelligent lock down. King Willem Alexander gave a speech of seven minutes addressed to the entire Dutch people on the 20th of March. He called fort he prevention of loneliness and concluded with 'Alertness, solidarity and warmth: as long as we keep, we can handle the crisis together, even if takes a little longer'. In the Netherlands there are more than 50.000 confirmed cases and more than 6.000 people died by Covid-19. In health care lacked personal protective equipment and testing capacity. Many residents died in nursing homes. In the Netherlands at the beginning of 2020 1.150 ICU-beds were available for all hospital patients. During the Coronacrisis, extra capacity was made available for Corona patients. The aim was to have an ICU-capacity of 2.400 available beds! 107 ICU-patients were transferred to Germany. As in other countries health workers were called heroes and people applauded. Now that the crisis is almost over, the applause has died down. There is a discussion about the salary of nurses. At the emergency department it is busy again: regular ED-patients and suspected Corona patients. Health workers seem to be suffering from a post-Corona syndrome

Frans de Voeght, EuSEN board

Slovenia and the Covid-19 epidemic

When the WHO in mid-March 2020 declared the Covid-19 pandemic, in Slovenia many measures were taken, especially in the healthcare system.
Hospitals have responded to the epidemic as envisaged by the mass disaster plan - for some only theoretical knowledge:
- establishing a leadership group and communication channels
- capacity control: staff, space, protective equipment, medicines and medical devices
- establishing new processes and rules, informing and monitoring
- training procedures for staff and patient security
- special triage, entry point and setting priorities
- logistics (transports, meetings,..)
- ongoing evaluation of measures and improvements
- coping with psychological and behavioral challenges in staff and patients

Emergency services at all levels have been reorganized. We tried to separate the treatment of potentially infected and non-infectious patients as much as possible. The so-called "gray zones" were established, where all those who had the possibility of infection with the new coronavirus were treated. Entry into emergency departments was controlled for both patients and staff. Additional "entry points" have been opened for all potentially infected patients - at the entrance to the hospital, Civil Protection and Disaster Relief Service set up tents or containers for patient testing.

All this increased staffing requirements. In addition to all organizational measures, the emergency staff could not fully cover two new sites. So employees from other departments and students came to help. They accepted the new situation as an interesting opportunity to work in unusual circumstances and sought positive experiences. And emergency staff provided them with support and assistance in meeting new challenges.

The number of tests performed and the number of reported cases of COVID-19 infections in Slovenia up to and including 4 July 2020:
- 107.736 tests performed
- 1.700 confirmed cases (780 men, 920 women) (81,2 reported cases per 100 000 population)
- 180 active cases (assessment)
- 333 confirmed cases between healthcare professionals (0,84%)
- 111 dead (5,4 reported deaths per 100 000 population)

After the first wave of the epidemic we can conclude Slovenia COVID 1: 0. This football result is a metaphor - even though we came out as winners, the second half awaits us and probably many more matches in the future.

Vida Bračko
Vice President, Slovenian professional group of nurses and health technicians in emergency units,
EuSEN board

COVID-19, a challenge in terms of adapting the skills of critical care nurses and others (Belgium)

End of February , most Belgian hospitals have been requested by the federal government to activate their internal emergency plans in order to accommodate the suspected massive influx of COVID-19 patients.
At the same time, a national regulation of Intensive Care beds and acute emergency admissions was organized.

In the aftermath of the attacks of March 22, 2016, we were well prepared for events limited in time but the current observation is that this is not the case for events like the COVID-19 pandemic which spread over long periods.

Quickly within hospitals, to avoid exhaustion of the emergency and intensive care teams, we were led to develop a strategy making it possible to welcome into emergency and intensive care nursing colleagues who do not have the clinical skills to manage such acute patients.

We had to broadly train nurses not working in the field of critical care while we ourselves were trying to understand the disease.

This strategy revolves around:
• the creation of a portfolio of founding texts describing the characteristics of care and the skills to be acquired in order to have clinical autonomy in this situation.
• The realization of e-learning using didactic capsules formatted so as to be integrative for these colleagues
• The implementation of an internal shadowing program to improve the understanding of the clinical process in acute circumstances.

We note that the advent of these training means has made it possible to provide a series of human resources aids, not of specialized nurses but of collaborators putting themselves "at the service" of specialized nurses to increase the treatment capacity of this type of patient.

The conclusion of these initiatives is that outside of this COVID period, the teaching processes that have been implemented have all their relevance to support nurses in their quest for daily competence and that these means must be supported .

Yves Maule, treasurer EuSEN

Covid-19 at St. Olavs Hospital, Trondheim, Norway

First, I will say thank you to all the nurses' throughout the world for everything you have done in your country and for taking care of your patients. You are all the heroes of the World.

Norway had a lot of Covid-19 patients early march, and they was mostly ski tourists that had been abroad for their ski holidays. This led to a major lockdown the 12th of March, and all educational institutions were closed and organized sports activities were to be discontinued. We closed the airports and the borders, restaurants and hotels where closed, and there was restricted access to hospitals and nursing homes. 20th of April schools where opened again. By 24th of June 8777 (163,5 pr 100k) have been infected and 248 (4,6 pr 100k) have died.
In general, I will say that Norway, and my hometown Trondheim have been lucky and have not received that many patients. When we started the lockdown and people was starting to be infected, we did a lot of work planning for the pandemic. We went through our plans and started to prepare for taking care of hundreds of patients to the hospital. The biggest issues where lack of ventilators, and the lack of personal protective equipment. We also had to postpone a lot of elective surgery and other outpatient hours, and we only took care of emergencies.
At St. Olavs Hospital we have had 26 patients with positive Covid-19 screening, and 3 have been on ventilator. 1 patient have died in hospital.

We started simulations and made videos of how we should manage possible Covid-19 emergency patients. You can see the videos here (in Norwegian):

1. Medical emergencies: https://youtu.be/9H1w_QLT5Vk

2. Stroke: https://youtu.be/QOxh8J7yta0

3.Trauma: https://youtu.be/Li4E_npAmyM

As I mostly handle trauma patients, we saw that the number of trauma patients decreased in the lockdown period. We had more than 50% reduction in trauma admissions but the patients was more severe injured then before the Covid-19 situation. The difference is 39% sever injury (in lockdown) vs 17% sever injury (before lockdown).

Wishing you all a nice and calm summertime.
Vinjevoll Ole-Petter, secretary EuSEN

Covid-19 report from Italy

We woke up one morning in February with an invisible enemy who, after a few weeks, started a real war, not only in Italy, but all over the world. Covid-19 this damn virus that quickly spread to become a pandemic. In Italy, one of the first European countries to be affected, before we were able to get to know it better we had to witness the deaths of hundreds of people including many colleagues, who fell in the field, like real soldiers, forced in the initial phase to fight without weapons, without masks, visors, gowns and everything necessary to defend themselves. Our good fortune has been to have a public health system that has worked very well and above all the great training of nurses, doctors, OSS and health personnel from other professions. In the first phase of Covid, we saw colleagues with faces marked by masks and other individual prevention devices that we had to wear for hours and hours in order to assist Covid patients safely. We saw nurses who voluntarily stayed weeks away from home, 24 hours a day in hospital, to avoid possible infection of their loved ones and, above all, to be always ready to intervene when needed. We have seen colleagues fall ill and unfortunately die in order not to leave Covid patients without treatment. Today we can say that our efforts have been rewarded by moving from the notorious phase 1 (acute in hospitals) to phase 2 (strengthening territorial care) to phase 3 (return to a controlled pseudo-normality). What all my fellow Members know today is the importance of not lowering our guard to prevent a return of the coronavirus. Fortunately, in Italy 99.9% of the citizens have shown themselves to be correct and cooperative, and they have respected the rules, which today, after more than three months of lockdown, has allowed a fair restart of all the ordinary health services that we had blocked, resuming normal activity. What have we learned from this global emergency? First of all, that we must never again skimp on health personnel, training and investment in health care. A possible return of the acute phase must find us ready and able to no longer witness scenes like those seen in our province of Bergamo where, because of the many deaths, the cemeteries were so full that to give a dignified burial to the deceased we had to resort to military vehicles (trucks) to transport them to cemeteries in other Italian regions, a tragedy within a tragedy. No one must die of Covid anymore, that is the goal of the near future.

Dott.Luciano Clarizia, Responsabile Servizio Professionale per l'Assistenza Infermieristica e Ostetrica

Covid in Iceland

The COVID-19 pandemic reached Iceland in February 28th 2019 and has affected our nation, as most of the world.
We have faced an unprecedented challenge that has almost stopped the travel industry, which normally drives a huge part of Iceland´s economy. Despite that, Iceland´s main concern has been the population´s common health and protecting our most vulnerable groups, such as the elderly, frail and sick.
Fortunately, the Icelandic authorities responded quickly and, unlike many other countries the political authorities are not in the frontline or decision-making people. The Directorate of Health, the Chief Superintendent for the National Commissioner of the Icelandic Police, Department of Civil Protection and Emergency Management and the Chief Epidemiologist (commonly referred to as The Trio) has been supervising the nationwide response. The approach has been that this is a national project where everyone has to participate and show responsible behavior, hence the slogan: Civil defense is in our hands. A contract-tracing app Rakning C-19 was established and has been an important link for the tracing team to use in the chain of response to COVID-19.

As expected, all health-care institutions in the country, prepared themselves for the COVID-19 consequences. Daily routines and normal operations were abandoned, all boundaries between units and institutions were eliminated and the main focus was solution-oriented approach in every aspect, with the patients always as the main focus. During the preparedness-phase the nurses played invaluable roles in all levels of the health-care system, having the most insight into its daily operation and being the backbone of the system itself.

The National Hospital increased the amount of ICU beds as well as the number of infections units. A special outpatient clinic was created to observe and follow up with patients and a sort of rearguard was established, where the main service was provided by the nurses. To be able to manage this pandemic, the authorities asked nurses and other health-care workers who are not working already within the health-care system to help us all in this battle. About 300 nurses enlisted, got permission from their employers for temporary leave of absence and joined the health-care forces again in various ways.

On April 8th we reached the peak of the outbreak and after that there were more recoveries than new infections were recorded. With the total population in Iceland a little over 366,000, we have aimed to screen the general population as well to determine the true spread of the virus in the community. An Icelandic biotech company deCODE genetics cooperated with the authorities in the nationwide screening and is the number of domestic samples now 67,440, or about 18% of the population. In addition, deCODE have participated in the border screening (27,291 samples so far) after the borders were opened June 15th.

On July 9th, the total figures of confirmed infections are 1.882, recovered are 1.854 and 22.804 have completed quarantine. Hospitalized patients in the country since the outbreak is 112 and 10 deaths.

During the most strenuous time of the pandemic, the nation realized the importance of nurses and their role within the health-care system. At the same time there had been ongoing negotiations between the Icelandic Nurses Association and the State in Iceland since March 2019. It finally resolved June 27th with a mediation proposal from the State Conciliation and Mediation Officer which referred the wage component of the agreement to a Court of arbitration. The ruling will be September 1st .
Iceland´s approach to the COVID-19 has been very successful and the united front of the common population and the huge part the people´s attitude has played, should be acknowledged. At the end, we are all in this together.

Smile for a while – leave the hugs and kisses for the better times

https://www.covid.is/english

Guðbjörg Pálsdóttir, EuSEN Board

EMERGENCY NURSES ASSOCIATION

The Emergency Nurses Association (USA), the premier organization for emergency nurses around the world, is proud to present EN20X – A Virtual Xperience on Sept. 9-11. Serving as the association's annual conference for 2020, EN20X promises to deliver three days of high-quality education, networking opportunities and a celebration of ENA's 50th anniversary on a dynamic platform that makes this exciting event available to ENA members virtually everywhere.
And, for just $100, members will also receive on-demand access to EN20X education sessions.

Registration is now open for EN20X by visiting www.ena.org/events/emergency-nursing-2020 .

Contact meetingservices@ena.org with questions about joining us for EN20X!

ESNO Communiqué

Nurses in Europe is times of a global Corona Virus health crisis

Introduction

The current global coronavirus pandemic means that we are living in memorable times, with unprecedented health and economic impacts. Who could have predicted that such a tiny microorganism, now dubbed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), could have potential to paralyse the world economy and jeopardise the entire health system? As European citizens, we have a special sense of pride in all of the nurses working directly and indirectly with patients with COVID-19 in health settings across Europe and around the world; no nurse is excluded. And as nurses, we are committed to doing what we can with the knowledge, resources and equipment that we have available. Our thoughts are not only for ourselves and for our fellow nurses, but also for the patients and their families and friends in difficult and in critical circumstances.

Appreciation

We thank the leaders of the WHO and the European Commission and the overall civil society for expressing their gratitude to the nursing and health professionals in Europe and around the globe and acknowledging that they are working to the best of their ability.

Raising awareness on safety

We are aware that, given the unexpected timing of this virus outbreak and the unparalleled impact on economics and health, there may be gaps in provision for dealing with the situation. This includes standard protocols and the provision and use of personal protective equipment (PPE). We believe that this health threat confirms the need to invest more attention in the microbiological and infection research because of the personal, local, regional and global impact.

Collaboration

Throughout the outbreak, ESNO has been contacted directly with information about growing tensions, or has heard about these on social media. We regard this as an unavoidable effect of the crisis, and something that we should not look away from. These issues vary from salary negotiations for overtime that put specialist nurses in a less significant position, to neglect of the hygiene guidelines and PPE usages protocols that have been developed by specialist nurses in collaboration with global health institutes. We are also aware of cases where the leadership roles of nurses in Europe, both nationally and cross-border, have been underestimated. As European health is based on collaboration between nations we call for a re-evaluation and exploration of the system of qualification of health providers across Europe.

Nursing in a special year

2020 is the 'Year of the Nurse and Midwife', but European nurses could never have predicted the dramatic way that their frontline roles would be spotlighted. Therefore, and with great respect, we send our thanks to all local, national and global leaders. We thank them for the way that they have acknowledged the role of the nurses, and recognised nurses' expertise, quality of care, and devotion to their roles and patients even at personal risk. We thank all the nurses for their work during these times of crisis. This will not be forgotten.

On behalf of the full ESNO board

Adriano Friganovic, president
Brussels
19-03-2020

COVID-19 and Brexit - Protecting patients across Europe from pandemics

WHAT THE CORONAVIRUS PANDEMIC HAS SHOWN US

Coronavirus has challenged the whole world, not just Europe and not just the EU. It has exacerbated and exposed the vulnerability of our health, health systems and societies.

It has brought to the forefront issues such as shortages and unequal access to medicines and personal protective equipment (PPE); the importance of global supply chains and continued supply of medicines; the negative effects of export bans, stockpiling requirements and other restrictions; the importance of international collaboration in maintaining open and resilient supply chains, and in a strong framework for innovation and research; as well as under- investment and slow uptake of new technologies and treatments.

It has demonstrated that cross-border health threats need effective co-ordination and rapid response mechanisms. Countries within and outside the EU, including the UK, need to work together as closely as possible to combine their expertise and resources in order to deal with the aftermath of Covid-19, improve access to care and strengthen the R&D and innovation frameworks, tackle health inequalities and ensure better preparedness for the next pandemic.

RACE AGAINST TIME: WHY THE POST-BREXIT DEAL BETWEEN THE EU AND THE UK MATTERS FOR PANDEMIC PREPAREDNESS

As a large country with a well-developed science base and centres of clinical expertise, the UK has contributed significant expertise and participated extensively in EU-wide health platforms and programmes. But it is now a "third country" and negotiations between the EU and the UK on their future relationship have reached a critical point.

Time is running out to conclude a deal before the post-Brexit "transition period" ends on 31 December 2020. Health issues are largely absent from the negotiators' agenda. There is a danger that a deal could be struck that fails to address health security issues for patients across Europe, or even that the talks could collapse and result in no agreement at all.

What could happen if there is no deal or a bad deal?

We risk a weakening of our current shared pandemic preparedness, including:

- No UK-EU cooperation in key data sharing platforms and alert systems to exchange information and early warnings about health threats, such as pandemics.

Infectious diseases remain a major burden on health systems and economies, estimates attribute 10% of deaths annually, 35-50% of primary care consultations and, for example, in England cost £6 billion a year in treatment. The EU's early warning and response system has played a critical role in systematic monitoring, detection and coordinating Europe's response to the coronavirus, as well as to earlier pandemics such as bird flu.

We risk losing existing freedoms and access healthcare and treatments, including:

- Citizens crossing the EU/UK border to travel, work or live losing their right to simple, safe access to healthcare on the same basis as local residents.

- Delays in EU patients' access to medicines authorised for use in the UK market, and vice-versa.
- Delays in import and export of medicines and medical supplies, such as PPE, causing supply disruptions across the UK/EU border. After decades of cooperation across the complex regulatory systems that facilitate trade and supply chains, there is now substantial frictionless trade between the UK and EU.

Covid-19 has demonstrated the importance of resilient international global supply chains for medicines and medical goods to deliver the right care on the frontline of healthcare services.

We risk undermining joint EU-UK science and innovation excellence, including:

- Fewer options for patients hoping for results from collaborative research and development of innovative treatments - UK no longer taking part in EU-wide research programmes, such as Horizon Europe, or clinical trials.
- Less research collaboration would impact patients of today and tomorrow. Future generations in Europe and beyond need the UK and the EU to tackle shared health challenges together.
- No UK participation in European Reference Networks of clinicians specialising in rare diseases.
- "Brain drain" of scientists and innovators to conduct cutting-edge research outside Europe.

Six of the 18 research projects funded by the EU's Horizon 2020 research programme involve UK partners, and 140 teams across Europe are working to help find a vaccine quickly against COVID-19. Further the UK is currently involved in 23 out of 24 ERNs and has led a quarter of the total.

Through cooperation the EU and UK have been able to achieve more than the sum of our parts. In the case of no deal or a bad deal, we stand to lose global competitiveness and a leading position in pharmaceuticals, medical and protective equipment, and innovative leadership. And as outlined above, the ultimate impact of this would fall to patients, who the system is intended to serve.

FIVE PRIORITIES THE EU AND UK NEED TO AGREE ON TO FIGHT FUTURE PANDEMICS

The health of Europe's citizens is precious and, as Covid-19 has shown, all too fragile. We, European health sector organisations, call upon EU and UK politicians to reach agreement on:

1. **Public health** - Close coordination on public health and wellbeing, including data sharing and early warning systems, to ensure maximum preparedness to tackle health threats.
2. **Patient safety** - Compatible regulatory frameworks for the manufacture, inspection and licensing of medicines and medical equipment such as ventilators and PPE, enabling rapid release onto the market and guaranteeing high safety standards.
3. **Uninterrupted supply of medicines and medical devices** - Maximum possible cooperation in import and export of medicines and medical supplies across UK/EU borders, to minimise delays in products reaching patients, including:
    - A Mutual Recognition Agreement on Good Manufacturing Practices that encompasses inspections and batch testing for medicines, and CE-marking of medical technologies.
    - Agreed interpretation of the implications of the Northern Ireland Protocol to ensure continuity of supply of medicines to patients in Northern Ireland.
4. **Citizens' rights to treatment** - EU and UK citizens to continue to benefit from reciprocal rights to healthcare, ensuring simple and safe access to treatment when working, living or travelling, at local, affordable cost.
5. **Furthering medical research and innovation** - Continued UK-EU collaboration in research programmes and clinical trials, including sharing patient data and information, to speed up new treatments, improve patients' options, and maintain Europe's R&D framework and reputation as an attractive destination for investments into cutting-edge research.

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The society's aim is to promote nursing activities in the field of emergency care

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The Society's purpose is:

- to promote science and art of nursing in emergency care
- to promote contacts, exchange and cooperation between European emergency nursing associations
- to represent emergency nurses within and outside of Europe
- to draft and promote standards for training, implementation of the profession and management in the field of emergency nursing
- to harmonize the training of emergency nursing across Europe
- to promote cooperation with all healthcare professionals, institutions and organizations with a professional interest in emergency care
- to promote basic knowledge about emergencies troughout the population.

EuSEN is a NON-Profit association. To be a member with EuSEN you need to be a member of a local or national emergency nurse association. The association needs to have local standards and official statutes.

Do you want to learn more about the EuSEN Please contact :

The President of EuSEN
Door Lauwaert
Post address: UZ Brussel, Emerg. Dpt, Laarbeeklaan 101, 1090 Brussels, Belgium
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EuSEN
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Application form EuSEN

Name of the Association
.....

Country.....
URL Website.....

Number of members.....

Does the association follow official statutes *Yes* *No*

The associations main purpose in emergency care

.....

.....

.....

Name of the President.....

Contact address, E-Mail and phone number

.....

.....

Second contact person of the association (if not the President is the contact person)
.....

Contact address, E-Mail and phone number

.....

.....

Send the application form and relevant documents presenting your organization to:
The President of EuSEN Door Lauwaert
Post address: UZ Brussel, Emerg. Dpt, Laarbeeklaan 101, 1090 Brussels, Belgium
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Dear future member,

If you want to support us developing EuSEN, you can become an individual EuSEN Member.

Membership fee for individual member had been fixed to 15€/year by the EuSEN Board . This money help us to promote the association throughout Europe.

As an Individual Member, you'll be informed of any evenemential action of EuSEN and every publication, you'll also have member price for Congress supported by EuSEN and any promotional action held by EuSEN.

Individual Membership don't give the right to vote at the General Meeting Assembly (Only for the Association) and membership of EuSEN don't mean that you are member of all the European nurses associations.

WE NEED YOU, if you want to help us by becoming a individual member, fill the form (see website EuSEN) and the treasurer will contact you as soon as possible to give you information about the procedure to pay the annual fee.

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