

# Traumatic Injuries Management in Coronavirus Disease-2019 (COVID-19) Crisis

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## Dear Editor

Coronavirus disease-2019 (COVID-19) is a pandemic disease that has imposed significant health threats to global public health and socioeconomics.<sup>1,2</sup>

In the COVID-19 pandemic we have observed dramatic changes in the epidemiology and causes of traumatic injuries. For example, in this period injuries, domestic violence and burning in children increased due to the presence of more family members at home in quarantine. On the other hand traffic injuries decreased due to reduced road traffic. Industrial and work trauma has decreased possibly due to reduced work and the closure of workshops and factories.

In COVID-19 period, a high number of emergency patients with serious circumstances have prevented the timely admissions of emergency patients and caused overcrowding of healthcare services. Also, in the outbreak of COVID-19 disease, overcrowding poses negative effects on controlling and prevention or spreading of diseases. Overcrowding of the emergency department also reduced standard services upon mass admission.<sup>3</sup>

Several proceedings can reduce the risk of infection of COVID-19. In the case of quarantine, if possible, it is preferable to have telephone triage and the presence of emergency technicians on the scene or at home and to take measures that do not require the presence of the injured in the hospital. This requires further training of people (self-aid and buddy care) and pre-hospital emergency personnel. Continued treatment at home by nurses or trained individuals who manage a variety of trauma injuries is recommended and if possible the reception centers for trauma patients should be separate from the hospitals that

accept COVID-19 cases. In the COVID-19 centers, the input and sections for patients should be completely separated from corona cases. If surgery is needed, regional and local anesthesia methods should be used as much as possible. Avoid long and risky operations (especially those that require Intensive care units). In general, safety guidelines for all patients and health care workers should be followed during this crisis.

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## References

1. Sun K, Chen J, Viboud C. Early epidemiological analysis of the coronavirus disease 2019 outbreak based on crowdsourced data: a population-level observational study. *The Lancet Digital Health*. 2020. doi:10.1016/S2589-7500(20)30026-1
2. Rothan HA, Byrareddy SN. The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *Journal of autoimmunity*. 2020;102433. doi:10.1016/j.jaut.2020.102433
3. Rasouli HR, Esfahani AA, Farajzadeh MA. Challenges, consequences, and lessons for way-outs to emergencies at hospitals: a systematic review study. *BMC emergency medicine*. 2019;19(1). doi:10.1186/s12873-019-0275-9