## Second Wave of COVID-19: Preparatory actions

Fields marked with \* are mandatory.

## Consultation with Clinicians involved in the management of COVID-19 patients

We are very interested to hear your comments and lessons learned from the COVID-19 crisis and what could be reinforced in terms of EU level cooperation to support preparedness and response to the next waves and to possible future pandemics.

## Introduction

Please indicate the membership your organisation represents, if any

care professional
Nurse
Family Medicine/ General practice doctor
Infectius diseases specialist
Intensive care specialist
Rare disease specialist
Emergency care specialist
Respiratory care specialist
Cardiology specialist
Anesthesiology specialist
Microbiology / Laboratory specialist
Other (please specify below)
n care provider
Public
Private
All
Other (please specify below)
nswering as individual citizen
Yes

Other - please specify

	n the following country
_	Austria
0	Belgium
	Bulgaria
	Croatia
0	Cyprus
	Czechia  Denmark
0	Estonia
	Finland
0	France
0	Germany
0	Greece
0	Hungary
0	Ireland
0	Italy
0	Latvia
0	Lithuania
0	Luxembourg
	Malta
	Netherlands
	Poland
	Portugal
	Romania
	Slovak Republic
	Slovenia
	Spain
	Sweden
Other	country (please specify)
	e indicate the geographical level you or your organisation represents
	An EU Member State (or part of an EU Member State)
0	EU / Multiple European countries
0	International
	Not aplicable. I do not represent an organisation

## 1 Shortages of ICU medicines

1.1 Did you encounter shortage of medicine?

Yes
No
Not sure
1.1 b If yes, how did you manage them? Please specify
1.2 Having an EU level stockpiling of ICU medicines is good idea
O Yes
O No
Not sure
1.2 b If yes, please specify what medicines
The bird year, produce opening what medicanes
1.3 Such stockpiling should be organized at:
National level
© EU level
Not at all, the current situation is fine
Two at an, the sanding missing
1.4 Please specify what products should be prioritized to anticipate a future surge in demand
Acyclovir
NORADRENALINE tartrate
EPINEPHRINE (adrenaline) tartrate
FENTANYL citrate
Remifentanil chlorhydrate
Sufentanil citrate
Heparin Sodium
Dalteparin (Heparin)
Enoxaparin
Nadroparin
AMIODARONE hydrochloride
AMOXICILLIN/CLAVULANIC acid
AMOXICILLIN
Amphotericin B
Ampicillin/ sulbactam
☐ ATRACURIUM BESILATE
Mivacurium Chloride
Pancuronium
Rocuronium bromide
Vecuronium
ATROPINE sulfate
AZITHROMYCIN
BENZYL PENICILLIN

Cefepime
Cefotaxime
Ceftazidime
CEFTRIAXONE sodium
Cefuroxime
Cisatracurium besilate
Clindamycin
Clonidine
Colistimethate Sodium
Darunavir and cobicistat
DEXMEDETOMIDINE
DIAZEPAM
Digoxin
Digitoxin
Dobutamine
Dopamine Hydrochloride
DOXYCYCLINE salt
Favipiravir
Fluconazole
FUROSEMIDE
Gentamicin
GLYCERYL TRINITRATE
Haloperidol
Imipenem+ cilastatin
Insuline rapid (Actrapid), rDNA insul
KETAMINE /EsKetamine hydrochloride
Levofloxacin Hemihydrate
LIDOCAINE hydrochloride
Linezolid
Lorazepam
Meropenem
Metamizole Magnesium
Metaraminol
Methylprednisolone
METOPROLOL tartrate
METRONIDAZOLE
Micafungin
MIDAZOLAM
MORPHINE sulfate
Moxifloxacin hydrochloride
OMEPRAZOLE
Pantoprazole
PARACETAMOL (acetaminophen)
PROPOFOL Discourse and the second discourse an
Rifampicin
SALBUTAMOL sulfate

Sevoflurane SULFAMETHOXAZOLE 400mg/TRIMETHOPRIM 80mg SUXAMETHONIUM CHLORIDE Vancomycin IV Vasopressin Voriconazole Piperacillin and tazobactam Other  1.4a If other, please specify which product?
<ul> <li>1.5 The Commission is planning to launch a joint procurement process on medicines for ICU, trying to sign framework contracts allowing MS to place orders when they wish. Do you believe that this would be a good idea in order to prepare for the second wave? <ul> <li>Yes</li> <li>No</li> <li>Not sure</li> </ul> </li> <li>1.5 b If yes, please specify the areas where such contracts are needed</li> </ul>
1.6 What could be done to prepare better for a potential second wave of COVID pandemic?
2 Shortages of PPEs and ventilators
<ul> <li>2.1 During the crisis, many solutions related to rapid manufacturing of ventilators were observed in different Member States. How do you evaluate these solutions?</li> <li>Good</li> <li>Bad</li> </ul>
2.1 b If good, could you please mention any successful stories which could serve a purpose in a future crisis toolbox?

2.1 c If bad, could you please give more details why
2.2 While shortages of PPEs, medical masks and ventilators have been at the forefront of the pandemic, the Commission has been recently made aware that availability of medical gloves could start becoming a problem in the near future due to the decreased availability of natural rubber. Do you agree with the sterilization/disinfection practices for extending the life-time of gloves?  Yes  No
2.2 b If no, what alternatives would you suggest?
2.3 Please specify what products should be prioritized to anticipate a future surge in demand  Ventilators  Masks  Medical gloves  Protective garments
Other (please specify below)  Other - please specify
2.4 What do think should be done to prepare for a second wave, beyond the already ongoing preparatory actions the EU has taken such as the stockpiling mechanism set up through ESI?

2.5 How could your association help in the preparations for a potential second wave?

3.1 As hospitals	
•	s rushed to maximise their capacity and number of beds, what were the main bottlened
encountered all Physical	ong the conversion process of acute and sub-acute hospital beds into ICUs?
Decision:	
Informati	onal
Other (pl	ease specify below)
Other - ple	ease specify
3.2 Have emer	gency makeshift ICU wards set up in non-hospital settings provided a "decent enough"
	le the sudden shortage of hospital beds?
Yes	
_	
O No	
<ul><li>No</li><li>Not sure</li></ul>	
Not sure	
Not sure	, please explain the main problems
Not sure	
Not sure	
Not sure	
Not sure  3.2 b If no.	
3.2 b If no.  3.3 Was it diffic	, please explain the main problems
3.2 b If no.  3.3 Was it diffic  Yes  No	please explain the main problems  cult to set up the emergency makeshift ICU wards set up in non-hospital settings?
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3.2 b If no.  3.3 Was it diffic  Yes  No  Not sure	please explain the main problems  cult to set up the emergency makeshift ICU wards set up in non-hospital settings?
3.2 b If no.  3.3 Was it diffic  Yes  No  Not sure	please explain the main problems  cult to set up the emergency makeshift ICU wards set up in non-hospital settings?
3.2 b If no.  3.3 Was it diffic  Yes  No  Not sure	please explain the main problems  cult to set up the emergency makeshift ICU wards set up in non-hospital settings?

3.4 b If yes, please explain which ones	
3.5 What should be done differently in this area when the next health crisis comes?	
3.6 To what extent have private health care facilities and primary care structures contributed to alleviating	)
pressure on the public health care infrastructure?	
Only values between 0 and 100 are allowed  0 = to a low extent and 100 = to a great	
extent	
3.7 Many hospital managers across Europe were mandated to free up beds by postponing non-essential	
procedures. Through which modalities was the clinical workforce involved in the decision-making process	s?
Discussion with the management	
<ul> <li>Decision of doctors</li> </ul>	
Other means (please specify below)	
Other means - please specify	
3.8 Have there been cases in which patient discharges were mandated by management in contrast to the	2
doctors' recommendation?	•
© Yes	
O No	
Not sure	
4 ICU training	
4.1 Specialist training (residencies, post-graduate, master) for medical doctors and healthcare workers in	
Europe follows standards that are set both by European Union and the single countries. For doctors in	
particular who want to become Intensive care specialists, they have to achieve a core curriculum based of	n
EU standards, which could also differ within the countries, based on different National Health Systems'	
needs. Is this a problem in your practice?	
O Yes	
O No	
Not sure	
4.1 b If yes, please specify why	

<ul> <li>4.2 Would you revise the core curriculum and main objectives/features of ICU specialty training?</li> <li>Yes</li> <li>No</li> <li>Not needed</li> </ul>
<ul> <li>4.3 If the standards depend on national healthcare systems, would it be feasible to engage all the actors possibly involved in their full revision?</li> <li>Yes</li> <li>No</li> <li>Not sure</li> <li>4.3 b If yes, please specify what actors</li> </ul>
4.4 Some EU countries experience lack of ICU beds, equipment and trained specialists; would it be possible and desirable to extend the training on some ICU's specialist competencies to other specialised figures too, such as emergency staff, from surgeons to medicine interns to ER personnel) in order to have better management of critical patients in cases of emergency?  Yes  No  No  Not sure
4.4 b ii yes, piease specify to willon specialists
4.5 How could knowledge and standards from your training programmes and diplomas (the international Competency Based Training programme in Intensive Care Medicine for Europe and other world regions the European Diploma in Intensive Care Medicine) be used more widely?

4.6 Do all countries do recognise the European Diploma in Intensive Care Medicine? Do all countries do
recognise the European Diploma in Intensive Care Medicine?
O Yes
O No
Not sure
4.6 b If no, please specify why
4.7 Do you believe that short term mobility of healthcare professionals would be useful to upskill the healthcare professionals?
Yes
O No
Not sure
4.7 b If yes, in what area, please specify
4.8 Do you believe that online training courses organised by specialised associations could support the
upskilling of health workforce and preparation of a new pandemic?
O Yes
O No
Not sure
4.8 b If yes, please specify in what area
4.9 Do you consider using ESF+/Health Programme funds for training your staff?
Yes
© No
4.9 b If yes, please specify for what area
ne s ii yee, piedes epeeny ier what area
4.9 c If not, please specify why

Other		
General comments or rema	rks	