INTRODUCTION

In December 2019, the information went around the world about a new virus that began to spread throughout the city of Wuhan, China. The virus was classified as a coronavirus and was named SARS-CoV-2 [1]. It turned out that the virus was rapidly spreading to other cities around the world. In Poland, the first case of SARS-CoV-2 virus transmission was registered on March 4, 2020. Accordingly, the World Health Organization (WHO), observing the current situation in the world with the spreading virus, declared the pandemic on March 20, 2020. The SARS-CoV-2 virus is classified as an infectious disease. It is transferred by the droplet route. Infection with SARS-CoV-2 virus can cause a disease called COVID-19, which manifests with a high temperature above 38°C, dry cough, and shortness of breath [2, 3]. The SARS-CoV-2 virus outbreak in the world caused that in many countries local announcements were introduced that changed the way of everyday functioning. For example, in Poland restrictions on contacts in public places were introduced, procedures for admitting patients to hospitals were changed, and Primary Health Care (GP) switched its operation to teleconsultations [4]. This caused the emergency medical service system plays a very important role in the fight against coronavirus.

THE AIM

The aim of the study was to assess the number of interventions of emergency medical teams during the SARS-CoV-2 pandemic, and to compare obtained data with the same periods in 2018-2019.

MATERIAL AND METHODS

The study was carried out throughout the country, making a retrospective analysis of dispatch order cards (DOC) and med-
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1,479,530 emergency medical team interventions in Poland were included in the study. There was a decrease in the number of emergency medical team interventions during the pandemic by approximately 25% in relation to the previously studied period (Fig. 1). By spreading the number of emergency medical team dispatches over individual periods, a similar decline was noted during the pandemic (Fig. 2). Analyzes in individual voivodships showed a decrease in interventions from 22% to almost 33% (Fig. 3). Then the focus was on the role of the medi-
The medical dispatcher takes medical history and makes decisions on disposing the emergency medical team or refusal along with providing information on further steps. The decision is made on the basis of categorizing the reason for the calls. Figure 4 provides an overview of the reasons for calling. Another aspect taken into account was the final diagnosis of the emergency medical team head at the incident site based on ICD-10. The selected diagnoses are presented in detail in Figure 5.

**DISCUSSION**

At the end of the last year, the information went around the world about a new, unknown virus spreading in China. From the beginning, WHO reported that it belonged to the group of coronaviruses and was transmitted by the droplet route. The virus quickly spread through the whole world [5]. At the end of May 2020, the virus has been located in 201 countries around the world and has been confirmed in almost 6 million people [6]. Many countries have introduced restrictions on people-to-people contacts [7]. In Poland, all mass events were canceled first. Border controls were reintroduced, and 14-day quarantine obligations for persons returning from abroad were introduced. Then, schools and colleges were closed as well as all public facilities were shuttered, including parks, playgrounds and forests [8]. These actions slowed down the spread of SARS-CoV-2 virus in Poland. Most of the population has adapted to the current regulations.
and remained at home. There was definitely reduced traffic on the streets, and thus a reduced number of traffic accidents. In addition, the decrease in social activity has contributed to the reduced number of emergency medical team interventions in the event of collapse [9]. Fainting is most common in public places, in clusters of people, where access to “fresh” oxygen is limited. Social isolation in many people caused anxiety and fear of the new virus. This could be observed after the introduction of the special Act on restrictions and isolation in Poland [10]. The part of the population increased their home supplies and isolated themselves from society by staying at home. There have been many comments on the internet about the health workers exposure to the spread of coronavirus. Some supported this fight, but unfortunately there was sometimes a wave of hatred, which contributed to avoiding contact with the healthcare facilities [11]. The concerns were related to the risk of infection or possible hospitalization in hospitals among people with symptoms of COVID-19 disease. This had a significant impact on reducing the number of emergency medical team interventions during the pandemic. In the work of Chourasia et al. we read that during the pandemic the number of patients in the Hospital Emergency Department (SOR) decreased by about 23% [12]. The question should be asked whether the above-mentioned fears have not really contributed to the fact that often people with disturbing symptoms concerning their state of health waited with a call for help hoping that the symptoms would subside [13].

CONCLUSIONS
1. The number of categorized reasons for calls related to the intervention of emergency medical teams in public places decreased significantly during the pandemic.
2. The decrease in the number of emergency medical team interventions during the pandemic in some voivodships reached over 30% compared to previous years.
3. Despite the reduced number of emergency medical team interventions associated with the spreading virus, the number of calls for sudden cardiac arrest was similar.

LIMITATIONS
The authors do not have data on the further outcomes of patients.

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Conflict of interest
Authors declare no conflict of interest.

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