AHNA COVID-19 Update  
Tuesday, July 14, 2020

The American Holistic Nurses Association (AHNA) supports the Center for Disease Control (CDC) and the World Health Organization (WHO) in acknowledging the immediate global public health risk of the COVID-19.

This update is current to time of release. Previous updated information is reduced weekly to keep the report as concise as possible. For a comprehensive appraisal, please review subsequent weekly updates (since Feb 2020) at: https://www.ahna.org/Home/Resources/Coronavirus-COVID-19

The mission of AHNA is to illuminate holism in nursing practice, community, advocacy, research, and education. Our vision is that Every Nurse Is a Holistic Nurse. This is exhibited as we incorporate the evidence-based research of multiple nursing specialties in our COVID-19 updates. Please utilize Table of Contents to navigate to sections pertinent to your nursing practice.

Self-Care Sharing: To sustain nurses in the Holistic Core Value of Self-Care AHNA is providing FREE public access to STRESS MANAGEMENT and RESILIENCE materials!

Clinical Updates

TRANSMISSION

AIRBORNE: Evidence increasingly suggests that the virus lingers in indoor air for extended periods of time. Masks, air ventilation and ultraviolet light are key to slowing its spread. Epidemiologists from over 32 countries challenged the World Health Organization (WHO) to recognize airborne transmission of COVID-19. The open letter from 239 scientists outlined evidence of smaller airborne particles contributing to transmission of SARS-CoV-2. The WHO has since adopted new language recognizing airborne spread. The letter recommended "ventilation systems in schools, nursing homes, residences and businesses may need to minimize recirculating air and add powerful new filters. Ultraviolet lights may be needed to kill viral particles floating in tiny droplets indoors."

Reported droplet diameters vary widely within the range 1 µm-500 µm, with a mean diameter of ~10 µm. The use of facemasks in public settings has been widely recommended by public health officials to mitigate cross-infection via respiratory droplets. There has been insufficient data toward efficacy of cloth-based coverings. A team of researches published qualitative analysis of "visualizations of emulated coughs and sneezes" to identify how material and design impact filtration, and ultimately transmission. Uncovered emulated coughs traveled notably farther than the currently recommended 6-ft distancing guideline. Verma, S., Dhanak, M., Frankenfield, J., Visualizing the effectiveness of facemasks in obstructing respiratory jets. Physics of Fluids 32, 061708 (2020).
It is established that SARS-CoV-2 pathogen particulates are notable in respiratory droplets, but the transport characteristics of these droplets can vary significantly depending on their diameter. "The smallest droplets and particles (diameter < 5 µm-10 µm) may remain suspended in the air indefinitely, until they are carried away by a light breeze or ventilation airflow," R. Tellier, *Review of aerosol transmission of influenza A virus*, Emerging Infect. Dis. 12, 1657-1662 (2006). Particles then undergo varying degrees of evaporation depending on their size and the ambient humidity and temperature. The smallest droplets may completely evaporate, leaving behind a dried-out spherical mass consisting of the particulate contents- pathogens referred to as "droplet nuclei." M. Nicas, W. W. Nazaroff, and A. Hubbard, *Toward understanding the risk of secondary airborne infection: Emission of respirable pathogens*, J. Occup. Environ. Hyg. 2, 143-154 (2005). "These desiccated nuclei, in combination with the smallest droplets are potent transmission sources in that they:

- remain suspended in the air for hours as a source of potential infection
- penetrate deeply into the airways increasing the likelihood of infection even in low pathogen loads," Verma, S., Dhanak, M., Frankenfield, J., (2020).

The focus when designing effective home-made masks should be discouraging air leakage. Loosely folded face-masks and bandana-style coverings provide minimal stopping-capacity. In high velocity patterns, such a sneeze or cough, researchers observed high variability in droplet dispersal patterns between experiments from "otherwise imperceptible changes in the ambient airflow". *This highlights the importance of designing ventilation systems that specifically aim to minimize the possibility of cross-infection in a confined setting.* Li, Y., Leung, G., Tang, J., et al., "Role of ventilation in airborne transmission of infectious agents in the built environment-A multidisciplinary systematic review," Indoor Air 17, 2-18 (2007).*Well-fitted with multiple layers quilting fabric proved most effective in reducing droplet nuclei dispersal from sneezes, and coughs. Verma, S., Dhanak, M., Frankenfield, J., (2020).*

**Fomites:** Researchers studied stability of SARS-CoV-2 fomites on skin, paper currency, and clothing exposed to SARS-CoV-2 under laboratory conditions and incubated at three different temperatures (4C, 22C, and 37C) to determine if these surfaces may factor in the fomite transmission dynamics of SARS-CoV-2. Stability was evaluated at 0 hours, 4 h, 8 h, 24 h, 72 h, 96 h, 7 days, and 14 days post-exposure. Though the study is waiting peer review, it offers support and need for continued caution to known particle transmission:

- SARS-CoV-2 was stable on skin through the duration of the experiment at 4C for 2 weeks, at least 96 hours at 22C, and at least 8h at 37C.
- Minimal differences noted in tested currency samples. The virus remained stable on the $1 U.S.A. Bank Note for at least 96 h at 4C. The virus remained stable on both $1 and $20 Bank Notes for at least 8 h at 22C and 4 h at 37C. Viable virus was not detected on the $20 U.S.A. Bank Note samples beyond 72 h.
- Clothing samples were similar in stability to the currency with the virus being detected for at least 96 h at 4C and at least 4 h at 22C. No viable virus was detected on clothing samples at 37C after initial exposure.

"This study confirms the inerse relationship between virus stability and temperature. Virus stability on skin demonstrates the need for continued hand hygiene practices to minimize fomite transmission both in the general population as well as workplaces where close contact is common." *Modeling the Stability of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) on Skin, Currency, and Clothing MedRxiv.

**PUBLIC EDUCATION**

- **Advocate Avoidance:** the 'handshake', throwing parties, restaurants not using call-in-advance reservation systems to limit numbers, places with lax safety protocols (if you pull up and the parking lot is full, drive on). Avoid paying with cash: it may take up to 3 days before viral particles are untraceable. *Viral load appears to persist at higher levels on impermeable surfaces, such as stainless steel and plastic, than permeable surfaces, such as cardboard.*
Environmental Risk Factor: Wildfire season introduces increased risk of infection post smoke-inhalation. Injury to lung cilia secondary to smoke exposure predisposes individuals to additional respiratory illnesses; Montana summer fires contributed to more severe influenza outbreaks in the winter. Landguth, E. L., Holden, Z. A., Graham, J. et al. (2020). The delayed effect of wildfire season particulate matter on subsequent influenza season in a mountain west region of the USA. Environmnet international, 139, 105668. Dr. Sarah Henderson, environmental epidemiologist, warns in the American Journal of Public Health, air quality may have similar effects and expects up to a 10% rise of severe COVID-19 cases. Clean air shelters, historically available, are unusable due to social distancing so Henderson advises remaining home, sealing windows and doors, and installing a filter with MERV rating of 13 or higher. If this is not possible, portable air cleaners are helpful in the room most frequently used, when unavailable improvise stacking a furnace filter behind a box fan.

Presentation & Triage: "Screening based on conventional febrile respiratory illness symptoms of COVID-19 or corresponding examination findings may not possess the necessary sensitivity for early diagnostic suspicion, at least in the prehospital emergency circumstances." The ability to identify patients with coronavirus disease 2019 (COVID-19) in the prehospital setting could inform strategies for infection control and use of personal protective equipment. Findings from a cohort study published in JAMA are especially applicable in elder care populations. A cohort study to ascertain patient characteristics and prehospital presentation of patients with COVID-19 cared for by EMS reviewed 124 patients. The investigation was designed and reported with consideration of the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline. Most whom presented to emergency medical services were older and had multiple chronic health conditions. Initial concern, symptoms, and examination findings were heterogeneous and not consistently characterized as febrile respiratory illness. Fever, tachypnea, or hypoxia were only present in a limited portion of cases: 43 of 84 encounters (51.2%), 42 of 131 (32.1%), and 60 of 112 (53.6%), respectively. Based on EMS evaluation, 43 of 147 encounters (29.3%) had no symptoms of fever, cough, or shortness of breath. Approximately 50% exhibited individual signs of measured fever (43 of 84 [51.2%]) or hypoxia (60 of 112 [53.6%]), and fewer than one-third experienced tachypnea (42 of 131 [32.1%]). One might consider that skilled nursing status could be a strong confounder in presentation. Cohort mortality was 52.4%. Yang By, Barnard LM, Emert JM, et al. Clinical Characteristics of Patients with Coronavirus Disease 2019 (COVID-19) Receiving Emergency Medical Services in King County, Washington. JAMA Network Open. 2020;3 (7):e2014549


Time of Exposure: After carrier exposure, time to symptom onset is typically 5 days. 97.5% of symptomatic carriers develop symptoms at 11.5 days.

Symptoms: Presentation of those hospitalized; fever (70%-90%), dry cough (60%-86%), shortness of breath (53%-80%), fatigue (38%), myalgia (15%-44%), nausea/vomiting or diarrhea (15%-39%), headache, weakness (25%), rhinorrhea (7%). Anosmia or ageusia may be the sole presenting symptom in approximately 3%.
**Diagnostic:** Profound lymphopenia (83%) may occur as SARS-CoV-2 infects/kills T lymphocytes. Elevated lactate dehydrogenase is common, but nonspecific. Elevated erythrocyte sedimentation rate, C-reactive protein, ferritin, tumor necrosis factor-α, IL-1, IL-6. Prolonged prothrombin time, thrombocytopenia, elevated D-dimer (in 46% of patients), low fibrinogen. Detection of SARS-CoV-2 via reverse transcription polymerase chain reaction: false-negatives are predicted 20%-67% dependent on the quality and timing of testing.

**Inpatient Physiology and Prognosis:** Over 75% COVID-19 inpatients require supplemental oxygen; 20% of those hospitalized require critical care management. Inflamed lung tissues and pulmonary endothelial cells may result in microthrombi formation and contribute to the high incidence (10-25%) of deep venous thrombosis, pulmonary embolism, and thrombotic arterial complications (e.g., limb ischemia, ischemic stroke, myocardial infarction) in critically ill patients. Klok FA, Kruip MJHA, van der Meer NJM, et al. Incidence of thrombotic complications in critically ill ICU patients with COVID-19. *Thromb Res.* 2020; 191:145-147. Fulminant activation of coagulation and consumption of clotting factors occur; disseminated intravascular coagulation is a common indicator of pending fatality accompanied by acute heart failure, injury to liver (19%), and kidneys (9%). Autopsy showing diffuse thickening of the alveolar wall with mononuclear cells and macrophages infiltrating airspaces and endothelialitis, suggest irreversible damage.

**Critical Care Management:** Primarily treatment remains supportive management of acute hypoxic respiratory failure. This should include where available: dexamethasone therapy reduces 28-day mortality in patients requiring supplemental oxygen compared with usual care (21.6% vs 24.6%; age-adjusted rate ratio, 0.83 [95% CI, 0.74-0.92]. Remdesivir reduced time to discharge- or no supplemental oxygen requirement- from 15 to 11 days. Subgroup analysis suggests benefit is limited to patients not receiving mechanical ventilation.

**Fatality in United States:** "varies markedly by age, ranging from 0.3 deaths per 1000 cases among patients aged 5 to 17 years to 304.9 deaths per 1000 cases among patients aged 85 years or older in the US," Wiersinga WJ, Rhodes A, Cheng AC, et al. (2020). ICU case fatality rates are 40%.

**Convalescent Plasma:** Randomized trial of 103 patients with COVID-19, convalescent plasma did not shorten time to recovery.

**IMMUNE-MEDIATED INFLAMMATORY DISEASE & COVID-19:** A case series from New York was discussed in *New England Journal Medicine,* 2020; 383:85-88, involved 86 patients, of which 72% (62) were receiving Janus kinase (JAK) inhibitors, anti-cytokine biologics, other immunomodulatory therapies, or both, for known immune-mediated inflammatory disease; rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, psoriasis, inflammatory bowel disease, or related conditions. The overall incidence of hospitalization was 16% (14 of 86 patients). Established patients at New York University Langone Health in New York City who had immune-mediated inflammatory disease assessed from March 3 through April 3, 2020 (average follow-up, 16 days from symptom onset). Demographic and clinical analysis compared hospitalized with ambulatory patients. The percentage of patients who were receiving biologics or JAK inhibitors at baseline was higher among the ambulatory patients than hospitalized patients (55 of 72 patients [76%] and 7 of 14 patients [50%], respectively, and the overall incidence of hospitalization among patients who had received these medications on a long-term basis was 11% (7 of 62 patients). These findings suggest chronic biologic treatment does not contribute to severe outcomes.

**OBSTETRICS:** Maternal COVID-19 is currently believed to be low risk for vertical transmission. In most reported series, the mothers’ infection with SARS-CoV-2 occurred in the third trimester of pregnancy, with no maternal deaths and a favorable clinical course in the neonates.

**PEDIATRICS:** Antibodies may help in pediatric COVID-related syndrome. Researchers studied 35 children who were admitted to the pediatric intensive care unit with cardiogenic shock, fever or acute left ventricular dysfunction with inflammation and found that the majority of those who were treated using intravenous steroids or immunoglobulin therapy had restored heart function. The findings, published in the journal Circulation, also showed that treatment using coronavirus antibodies from donated blood was linked to left ventricular systolic function recovery in children with COVID-19-related multisystem inflammatory syndrome.

**PHARMACEUTICAL RESEARCH:** Ongoing Research Trials for treatment: antiviral therapies, immune modulators, anticoagulants; monoclonal antibodies and hyper-immune globulin may provide preventive management. There are over 120 vaccine candidates in progress. Columbia Engineering & University of Wisconsin researchers identified molecules that Shut Down SARS-Cov-2 Polymerase Reaction a key step that establishes the potential of these molecules as lead compounds to be further modified for the development of COVID-19 therapeutics.

**PHAGES:** The University of Waterloo in Canada, researchers are in the process of developing a nasal DNA-based vaccine. The idea behind this vaccine is to stimulate an immune response in the nasal cavity and targeted cells in the respiratory tract. This triggers the production of a virus-like particle (VLP) inducing an immune response. The VLP attaches onto the location which the COVID-19 would normally bind resulting in limited sites for attachment. The VLP will visually look similar to the SARS-CoV-2 in structure, but will be harmless. The goal is to stimulate the body's natural immune response and mitigate the severity of infection such a product would not only act as a vaccine but can also be therapeutic. Researchers from the Leibniz-Forschungsinstitut für Molekulare Pharmakologie (FMP), Freie Universität Berlin, Technische Universität Berlin (TU), Humboldt-Universität (HU), the Robert Koch Institute (RKI) and Charité-Universitätsmedizin Berlin, have chemically modified a bacteriophage capsid that restrains a variety of viruses. During their research, it was observed that certain respiratory viruses were enveloped by the bacteriophage capsids, resulting in them become unable to infect lung cells. Lytic bacteriophages against such bacterial infection when using an inhalation method are worth exploring. Prophylactic lytic phages have immunomodulatory effects that would be helpful for the prevention of cytokine reaction. Related: bacteriophages-and-covid-19

Bacterial infections, including *Acinetobacter baumannii* and *Klebsiella pneumoniae*, have been documented in Covid-19 patients, especially in the intensive care unit setting. The bacterial growth rate could potentially be reduced by the aerosol application of natural bacteriophages that prey on the main species of bacteria known to cause respiratory failure and should be harmless to a patient. "Synthetically changed bacteriophages could be used to quickly manufacture specific antibodies against SARS-CoV-2. This can be done via a Nobel Prize awarded technique called "phage display.” If it works, the patient is given extra time to produce their own specific antibodies against the SARS-CoV-2 virus and stop the damage caused by an excessive immunological reaction." This would provide time for the patient to produce their own specific antibodies against the SARS-CoV-2 virus and stop the damage caused by an excessive immunological reaction. Cevik M, Bamford C, Ho A. COVID-19 pandemic—A focused review for clinicians. *Clin Microbiol Infect*. 2020.

Phage use in the United States is restricted to "compassionate use" only, though this practice has been common in other countries since as early as 1930. Expanded access is a potential pathway for a patient with an immediately life-threatening condition or serious disease or condition to gain access to an investigational medical product (drug, biologic, or medical device) for treatment outside of clinical trials when no comparable or satisfactory alternative. (FDA). IPATH, a program of UC San Diego School of Medicine, continues to offer phage therapy for cystic fibrosis, UTI, organ and hardware or joint transplantation complications.

**COMPLEMENTARY/INTEGRATIVE CARE**

*Superoxide dismutase* 3 (SOD3) is an enzyme encoded by the SOD3 gene, which, encodes a member of the superoxide dismutase protein family. SODs are antioxidant enzymes that catalyze the dismutation of two superoxide radicals into hydrogen peroxide and oxygen. The product of this gene is thought to protect the brain, lungs, and other tissues from oxidative stress and has properties which may regulate the immune and cytokine response systems through homeostasis. The decreased prevalence in elders is theorized to contribute to severity in this population. "The study of downstream factors known to be induced by ATF4, according to Ingenuity Pathway Analysis™, identified 24 candidates. Twenty-one of these were significantly downregulated in the cells from the elderly. These downregulated candidates were subjected to enrichment using the Reactome Database identifying that in the elderly, the ability to respond to heme deficiency and the ATF4-dependent ability to respond to endoplasmic reticulum stress is significantly compromised," Abouhasslem A., Singh K, Azzazy, H, Chanden, S., Antioxidants & Redox Signaling. Jul 2020.59-66 & Epigenetics & SOD3, Biochemistry in Oxidative Stress. 2020

*Artemisia annua* (Sweet Wormwood) Herbal plant exhibiting antiviral properties. Originated in China, cultivated extensively in the US and Madagascar. During the SARS epidemic, a degree of
Efficacy was noted as an antiviral but can be dangerous, taken improperly may result in liver toxicity. German Max Planck Institute of Colloids and Interfaces is researching safe efficacy for SARS-CoV-2. Scientists in China, 2005, reported an alcoholic extract from Artemisia annua was able to neutralize the SARS virus in a petri dish. However, caution is advised as WHO discourages artemisinin as an independent anti-malarial due to propensity of development of drug resistance, Science Direct.

Global Situation Report

Johns Hopkins Coronavirus Interactive Map

**CASES:** 10,424,992  
**FATALITIES:** 509,706.

**Noteworthy Changes:** The Eastern Mediterranean Region remains a global hot spot, representing 5 of the top 11 countries in terms of per capita incidence. The Americas continue to represent the most substantial proportion of global incidence, driven by growth in Argentina, Brazil (reported 45,305 new cases, its fifth highest daily incidence) Bolivia, Chile, Colombia, Mexico, Panama, Peru, and the United States. India continues its overall trend in daily incidence increases. Europe's relative contribution has decreased steadily since early April.

- WHO epidemiology team began an investigation into the origin of COVID-19 last week.
- Under pressure from scientists globally, the World Health Organization acknowledged that the virus can linger in the air indoors.
- The authorities in the Catalonia region of Spain reintroduced the mandatory use of masks outdoors, along with a fine of 100 euros ($113) for anyone not wearing one.

United States of America

The United States continues to lead in uncontrolled spread.

**3,447,006 cases**
137,899 fatalities

Related Resources: Tracker for U.S. metro areas, Stat-News Tracker, Has Your State Flattened the Curve?

The United States has hit daily case records three times in the first six days of July, as the politicization of public health measures and the spread of misinformation hinder the country's ability to curb transmission. Super-spread events contribute to transmission without caution. "In addition to closures of bars, ceasing indoor dining, and wearing face coverings, Americans in hot spots should stop holding or cut down on the size of gatherings they hold in their homes," Deborah Birx. Daily incidence in the US is above 50% higher than the peak of mid-April and has increased since June 9th by 165%. Concerning, Health-Related absenteeism among Critical Employees escalates.

U.S. COMORBIDITIES

Updated estimates of comorbidities affecting risk for severe COVID-19 infection show 56% of US adults through diverse age groups and States have more than one underlying condition for increased risk of hospitalization. Inclusion of obesity as an underlying condition led to a 23% increase in the data and significant increase of risk for severe infection in Americans under 60 years of age. This includes pediatric patients. States with the highest populations at risk of hospitalization are beginning to see greater spread. Including obesity as updated risk criteria predisposes Midwestern and Southern states, with high BMI populations, to the hospitalization rates now exhibited in Texas and Florida: Population Based Risk Factors and Co-Morbidities by State.

Considerable Rises

The U.S. added over 100,000 new cases over the weekend. Florida recorded 15,300 on Sunday alone - a new single-day record for U.S. states after the StatesICUs topped capacity in over 40 hospitals on July 7th. Over 8,800 new cases were announced across Texas, July 6, marking the largest single-day total of the pandemic in the State. Nineteen states are pausing their recovery plans, re-instituting, or strengthening existing social distancing restrictions. Restrictions across 50 states.

Considerable Decreases

Analysis published by Forbes shows that 10 states are reporting level or decreasing COVID-19 incidence over the past 2 weeks: 7 of these states had mandatory mask policies in place since mid-May. IHME Projected Spread through November 1, 2020

Diagram based upon current easing of restrictions, with and without universal mask mandates. Starting nation-wide mask mandates today, would save 75,000 - 160,000 lives by November 1 and prevent forced closures.

SURVEILLANCE

Testing Thirty million individual COVID-19 tests were completed in the United States since the onset of the pandemic. Average daily testing has reached 667,000 this week but this is insufficient. Nobel laureate Paul Romer cites the degree of testing required to reopen safely is 80 times the current daily volume. Increased capacity upward of 5 million tests daily may be possible via test pooling strategy. First proposed in World War II, pooling tests mass samples simultaneously preserving chemical reagents, time, and money. The Senate introduced a bill requiring a plan for diagnostic testing and public health system integration for this and future pandemics. The TEST
Act intends to move testing to top priority within the National Health Security Strategy, Homeland Preparedness News, this is encouraging in a moment when Government support has withdrawn in high transmission vicinities. **An effective plan must include:** Increased manufacturing, coordinated distribution of critical test supplies, machines, and strategic maintenance.

**Wastewater** The scientific community is resurfacing suggestions from months ago: a national wastewater surveillance program proposed as an efficient and frugal early warning system to SARS-CoV-2 prevalence within communities is a realistic option worth reconsidering. Early research suggests, "Analyzing sewage for the virus, using methods like the ones used for testing individuals, can predict the community level of infection 1-2 weeks in advance of clinical diagnoses, and show increasing and decreasing levels of coronavirus infection and transmission." Mehrrota, A., Larsen, D. Jha, A. *Its Time to Begin a National Wastewater Testing Program for Covid-19*, STAT, 7/2020.

**Classroom Re-opening** Serologic results suggest past infection for children exposed in the classroom. After returning from Europe to the United States, on March 1, a symptomatic teacher received positive test results for SARS-CoV-2. Twenty-one students were exposed and two tested positive for antibody response. Educational establishments may find Johns Hopkins University Tool for School Reopening a valuable resource.

**Shortages and Solutions**

**Critical Care Medications**
Increased hospitalizations in cities of Surge capacity are again straining medication supply. Recommendations from an article dated April 12, 2020 via the Department of Emergency Medicine, Oregon Health and Science University, Portland, OR (E.K.C.) and the Division of Hematology, Mayo Clinic, Rochester, MN (S.V.R.) discussed options for immediate action to boost medication supply. "We are exceeding capacity in terms of our vital medication supply. The usual supply chains, mechanisms, and administrative processes are inadequate for this crisis. We must act now with urgency. The US Food and Drug Administration (FDA) must revamp its regulatory procedures and dramatically accelerate its processes to ensure that important medications are available to the public. Many of the drug shortages are going to be generic drugs because of various barriers- we have only one or two FDA-approved versions available for sale in the United States," Esther K. Choo, MD, MPH, and S. Vincent Rajkumar, MD *Medication Shortages During the COVID-19 Crisis: What We Must Do*. Authors suggested institution of a 24 hour authorization and approval of importation for generic medications manufactured outside the United States and centralized need tracking to distribute supply 'rapidly and equitably'.

**PPE**
The President of the National Nurses United union reported March calls for action to PPE supply chain limitations remain unaddressed. Deborah Burger, co-president is concerned nurses continue to be forced to reuse protective gear in manners untested for safety. "It's almost five months into a pandemic in the richest country in the world and we're putting people's lives at risk because we don't have enough P.P.E." She rebuked the President deferring the shortage complications to state and local governments rather than implementing a centralized and coordinated federal action. Vice President Pence anticipates formal guidance encouraging healthcare workers to reuse PPE- and further denying the delinquency of current resources.

**Advocacy**

Conflicted nurses should contact Senators and Representatives directly, as well as consider supporting National Nurses United in lobbying activity. Several organizations have sent recent Letters to congressional committees requesting attention to the profession of Nursing. AACN Letter to Congress-- Public-Health-Infrastructure-Funding.pdf Letter to House Appropriation Subcommittee.pdf Letter to Senate-- Appropriation Subcommittee.pdf

Vulnerable Populations

Disaster Relief Migrant Workers

"A cluster of roughly 20 confirmed cases of COVID-19 drew the attention of local health officials," NPR. Recovery workers sent to flooded Midland, Michigan, tested positive for SARS-CoV-2. Packed into small hotel rooms while supporting the disaster relief efforts, many became ill. Michigan had strict rules in place for essential workers during the pandemic, but workers interviewed by NPR said those rules were not followed. Bellaliz Gonzalez, an asylum-seeker from Venezuela expressed, "there were cracks in the safety protocols. We would start working without masks and then the supervisors would say, 'We're going to go look for masks,' when we were already working inside." The workers were 'packed into vans' and transported home to Texas and Florida.

Racial Inequality and Mental Health

"Lack of access to testing, fear of being profiled while wearing face masks, and other issues are increasing toxic stress and straining mental health in communities of color," RWJF. It is recognized that health disparities stemming from structural racism have contributed to COVID-19's devastating toll on blacks and Latinos in America, but often overlooked is how heightened stress from this heavy burden is impacts mental health. "We must acknowledge the historic causes of mental health challenges: the legacy of racism, homophobia, transphobia, ableism, economic stressors, and systemic failures that contribute to our mental health struggles," Yolo Akili Robinson, the executive director and founder of Black Emotional and Mental Health Collective (BEAM) is a recipient of the RWJF Award for Health Equity. Those living with bipolar or anxiety disorders report higher distress, and, as we are unable to rely on our traditions to process grief, part of our healing process and extended family support is missing. "Mandated bans on traveling and gatherings have interrupted these traditions when we need them the most." Robinson responded by increasing accessibility, "We are offering [services via] Instagram Live, Facebook drop-ins, and so on. Previously, much of our work was in person... We also acknowledge that many may not have access to the Internet. Not only does that make it harder for us to reach them, but also it intensifies their sense of isolation. To address this, we are providing services by telephone and training the people who can virtually access our platforms to support those within their own networks who are more isolated."

Resources

SELF-CARE RESOURCES

Virtual "Compassionate Listening Circles" for RNs
The Compassion Caravan, a national project led by holistic nurses, and hosted and facilitated by American Holistic Nurses Association (AHNA) Chapters for all of nursing, is offering Compassionate Listening Circles for nurses and healthcare providers.

The intent of these circles is to offer a Compassionate Heart-Center places for nurses and other healthcare workers to be heard, to offer connection, to be fully present for others and to embrace common humanity. Click on the "Contact" link in the www.compassioncaravan.com website to get more information and a ZOOM invite.
Rest, Work, Survive
Sleep better, work better, survive this pandemic. An online program to help rest after your shift or gear up for your coming shift. Free for all healthcare employees! Learn effective tools in short multimedia programs (average length 6 mins). Available at your convenience. Enroll for free at www.LymanCenter.com/courses

American Nurses Foundation Launches National Well-being Initiative for Nurses
In response to the growing burden of stress and moral distress on the nation's nurses as they valiantly care for patients on the frontlines of the pandemic, the American Nurses Foundation announced the launch of the national Well-being Initiative designed specifically for nurses.

- COVID-19 Survey Series: Pulse on the Nation's Nurses - Mental Health and Wellness Survey
- Free Tools and Resources to Support the Mental Health and Resilience of All Nurses

GUIDANCE for PRACTICE
National Council of State Boards of Nursing (NCSBN)
- Guidance for Nursing Education Programs
- Emergency Response by States and Nurses
- Video: Practice/Academic Partnerships During the COVID-19 Crisis

DIVERSITY & EQUALITY
The COVID-19 Diversity, Equity, and Inclusion Crisis Action Strategy Guide
This publication by Dr. Damon Williams addresses the need for making culturally relevant decisions during the COVID-19 crisis. While understanding that we are each dealing with our own issues, we must keep asking Diversity, Equity, and Inclusion questions, at every point, to ensure we are reaching and serving our most vulnerable and marginalized populations. Recommendations are presented for maintaining community and belonging while we continue to build inclusive learning environments. Read the publication.

NURSE EDUCATION
COVID-19 Implications for Admissions and the Stability of Holistic Admissions Practices
Improving Nurse Preparedness for a Pandemic Response: Implications for U.S. Schools of Nursing

Not an AHNA member? Learn more.