AHNA COVID-19 Update
Tuesday, August 25, 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

Self-Care Sharing: To sustain nurses in the Holistic Core Value of Self-Care AHNA is providing FREE public access to our Stress Management and Nurse Resilience Series resource materials!

Clinical Updates

TRANSMISSION

A team of virologists and aerosol scientists at the University of Florida released preliminary results which substantiate airborne microscopic viral particulates can result in transmission.

“Our virus isolation work provides direct evidence that SARS-CoV-2 in aerosols can be viable and thus pose a risk for transmission of the virus. We show a clear progression of virus-induced cytopathic effects in cell culture, and demonstrate that the recovered virus can be serially propagated. Demonstrating an essential link: the viruses we isolated in material collected in four air sampling runs in a newly admitted symptomatic patient. Rooms were identical. Findings strengthen the notion that airborne...
transmission of viable SARS-CoV-2 is likely a critical role in the spread of COVID-19."

The research was conducted at UF Health Shands Hospital, (ranked #9, US News and World Report) led by John A Lednicky, lead virologist and published researcher in coronaviruses and arboviruses.

- The team collected air samples from a room in a ward dedicated to Covid-19 patients, however, **neither patient was subject to medical procedures known to generate aerosols**, which is the current contention as the primary source of airborne virus in a hospital setting. Dissimilar to a standard social situation such as restaurant dining.
- Aerosols were collected at two distances: **7 feet and 16 feet** from separate patients hospitalized with Covid-19- **significant in comparison to six feet recommended in social distancing guidelines**. Researchers collect a scant 74 viral particles per liter of air.
- **The room had six air changes per hour and was fitted with efficient filters, ultraviolet irradiation and OSHA cleaning regulations to inactivate the virus before the air was reintroduced into the room. These are substantial upgrades to 'normal' air filtration and circulation processes in public spaces.** Dr. Lednicky pointedly noted that indoor spaces without good ventilation- such as schools- are a risk for considerably higher concentration of viral content.

Examiners succeeded in isolating live virus from both patients- at both 7 and 16 feet distances. Subsequent testing resulted in replication of viral infected cells from the air, transmitting SARS-CoV-2 into control healthy cells.

Implications: These results occurred under 'best case practices' which are ideal for hygienic precautions. The conditions to which the public is exposed are less controlled and variable. Scientific information on the mode of transmission should guide best practices. Current best practices for limiting transmission are **secondary** to aerosols, especially in closed spaces and gatherings, wherein there is an epidemiological link to exposure and outbreaks, despite no aerosolizing procedure occurrence.

"**For aerosol-based transmission, measures such as physical distancing by 6 feet would not be helpful in an indoor setting and would provide a false-sense of security.** With the current surges of cases, to help stem the COVID-19 pandemic, clear guidance on control measures against SARS77 CoV-2 aerosols are needed." Lednicky, Lauzardo, Fan, Jutla, Tilly, et al. Viable SARS-CoV-2 in the air of a hospital room with COVID-19 patients. MedRxiv, doi.org/10.1101/2020.08.03.20167395

**PREVENTION**

**FACE SHIELDS:** *JAMA* commentary addressed the effectiveness of employees wearing face shields as a mitigation strategy to reduce risk for transmission. In Chennai, India, 62 health workers providing community counseling observed reduced spread after implementing face shield use. Prior to implementing face shields, the workers wore surgical masks citing 12 HCW infections over 9 days. Following these infections,
The health workers wore face shields in addition to masks and existing risk mitigation protocols. Over a 41-day period zero of the remaining 50 health workers tested positive for SARS-CoV-2. Considering the risk of transmission for community HCW who have close contact with numerous individuals and households on a daily basis, these results offer support for potential effectiveness of face shields in combination with masks in preventing the spread of COVID-19. Bhaskar ME, Arun S. SARS-CoV-2 Infection Among Community Health Workers in India Before and After Use of Face Shields. JAMA. Published online August 17.


To increase PAPR availability, NASA's Jet Propulsion Laboratory (JPL) created and tested a 3D printable Powered Air-Purifying Respirator (PAPR) device. The PAPR design includes custom filters and Commercial Off-The-Shelf (COTS) components. Plans are released as **Open Source** for production.

**Additional Resource:** Donning / Doffing a PAPR, Stanford

**MOUTH WASH:** SARS-CoV-2 may be inactivated using certain commercially available mouthwashes per the Journal of Infectious Diseases. The host cell-derived envelope of SARS-CoV-2 is highly susceptible to chemical agents (ie, various alcohols) that disrupt lipid biomembranes. Kratzel, A., Todt, D., V'kovski, P., Steiner, S., Gultom, M., Thao, T., et al. (2020). Inactivation of Severe Acute Respiratory Syndrome Coronavirus 2 by WHO-Recommended Hand Rub Formulations and Alcohols. Emerging infectious diseases, 26(7), 1592-1595. Chemical antisepsis thus provides a critical tool to decontaminate fomites and (body) surfaces such as human hands. In this context, nasal and oral antisepsis have been suggested to lower the number of active aerosolized virus particles from the nasal passages and oral cavity and consequently reduce transmission risk of SARS-CoV-2. O'Donnell, Thomas, Stanton, Maillard, Murphy, et al. (2020). Potential Role of Oral Rinses Targeting the Viral Lipid Envelope in SARS-CoV-2 Infection, Function, Volume 1, Issue 1, 2020, zqa002

"Although various commercially available dental mouthwashes contain membrane-damaging agents (ie, ethanol, chlorhexidine, cetylpyridinium chloride, hydrogen peroxide, and povidone-
iodine), their ability to inactivate SARS-CoV-2 under biologically relevant conditions has not been evaluated systematically" Meister, Brüggemann, Todt, Conzelmann, Müller, (2020) et al. Virucidal Efficacy of Different Oral Rinses Against Severe Acute Respiratory Syndrome Coronavirus 2, The Journal of Infectious Diseases.

Eight mouthwashes (of differing ingredients) available in pharmacies or drugstores in Germany were trialed for anti-viral properties at University Ulm Medical Center. Scientists mixed Vero E6 cells treated with cell culture medium, particularly receptive to Sars-Cov-2, to determine the virus titer. Viral particles and a substance to recreate the effect of saliva, was introduced to each mouthwash. The mixture was then shaken for 30 seconds to simulate the effect of gargling to assess efficacy. All of the tested preparations reduced the initial virus titer. Three mouthwashes (product C, E, & F) reduced it to such an extent that no virus could be detected after an exposure time of 30 seconds. Meister, Brüggemann, Todt, Conzelmann, Müller, et al. (2020) Virucidal Efficacy of Different Oral Rinses Against Severe Acute Respiratory Syndrome Coronavirus 2, The Journal of Infectious Diseases.

**PRESENTATION**

**BIOMARKERS:** George Washington University (GW) researchers found five biomarkers (medical indicators found in the blood) associated with higher odds of clinical deterioration and death in novel coronavirus (COVID-19) patients, according to new research published in the journal *Future Medicine.*

The study evaluated 299 patients diagnosed with COVID-19 admitted to GW Hospital between March 12 and May 9. Two hundred participants displayed changes in five of five biomarkers evaluated: IL-6, D-dimer, CRP, LDH, and ferritin. Elevated levels of these biomarkers were associated with inflammation and bleeding disorders, showing an independent increased risk for ICU admission, invasive ventilatory support, and death. The highest odds of death occurred when the LDH level was greater than 1200 units/l and a D-dimer level was greater than 3 μg/ml.
REINFECTION: Do not discount treatment necessity for patients presenting with history of previous COVID-19 infection or asymptomatic SARS-CoV-2 infection. A study published by the Journal of Infection reviewed 1146 patients hospitalized and discharged for COVID-19. Of those, 125 (10.9%) experienced a recurrence of COVID-19 infection. Data from a large cohort of individuals with recurrent SARS-CoV-2 infection showed more than 10% of patients clinically recovered from COVID-19 (negative PCR on 2 separate occasions) subsequently tested positive RT-PCR during post-discharge follow-up.

Clinical and demographic characteristics:

- Mean age 65.7 years, primary hospital diagnosis of interstitial pneumonia (82.4%).
- Clinical recovery time to second negative nasopharyngeal swabs; 27.7 days. The mean time to recurrence was 19.9 days (95%) and diagnosed by chance during follow-up surveillance 76%.
- Twenty-nine patients’ experienced clinical symptoms: fever, 16, malaise or fatigue, 9 and respiratory failure occurred in four re-admitted patients.
- 102 (81.6%) patients were considered clinically recovered for the second time after two additional negative PCR tests with a mean of 14.8 days.
- During follow-up, 11 re-infected patients (8.8%) died. 12 (9.6%) remained positive when database was closed. Patients who died averaged 86.4 years, and 8 (72.7%), had clinical symptoms; 4 fever / 4 respiratory failure. The mean time from recurrence of COVID-19 infection to death was 8 days (95% CI 5-11). This data confirms that recurrence of COVID-19 infection is frequent, though impact of reinfection requires additional study.

Clinicians should take note of second COVID-19 re-infection within the geriatric population, as re-infection does appear to increase morbidity. Implications: vaccine use among previously infected patients within high-risk populations may increase mortality. Any randomized testing of vaccines should include re-infection patients and be conducted with close monitoring of inflammatory biomarkers.

MEDICAL MANAGEMENT

LONG TERM: PCP Interventions for 'Long Hauler' COVID-19 care are relatively undocumented. Around 10% of patients who have tested positive for SARS-CoV-2 virus complain of prolonged recovery with symptoms extending three weeks to months. Greenhalgh, T., Knight M, A’Court C, Buxton M, Husain L., (2020) Management of Post-Acute Covid-19 in Primary Care, BMJ; 370:m3026 Several research studies, dedicated to identifying supportive measures for primary providers, are in progress. During the post-acute phase, geriatricians are becoming case managers for multidisciplinary teams, posing challenges for nurses unfamiliar with this role. Items for consideration:

- Patients recover slowly and spontaneously utilizing ‘supportive’ care. This requires a ‘whole patient perspective’ [to which Holistic Nurses are especially
Home pulse oximetry is ideal for monitoring breathlessness and gradually increasing activity levels. Indications for further clinical assessment include respiratory, cardiac, or neurological symptoms which are new, persistent, or progressive. Accumulating evidence indicates that the virus affects multiple organs, including the heart, blood vessels, kidneys, gut, and brain (Gemelli). A multidisciplinary approach becomes crucial.

Monitor mental health status. Provide encouragement for small gains by reminding patients that this recovery process resembles a long-distance race versus a sprint. Research points to long-haulers as individuals without history of significant illness—a longer recovery is unfamiliar and may be daunting.

"Post COVID-19 Day Hospital" is studying the long-term physiological and psychological impacts at Fondazione Policlinico Universitario A. Gemelli IRCSS (Rome, Italy) using a multidisciplinary healthcare service. The team, comprised of Infectious Disease, Pulmonary, Ophthalmology, Otolaryngology, Neurological, Cardiology, Rheumatology, GI & Nutrition, Gerontology (when applicable) and Psychiatry, developed comprehensive assessment screening tools to track recovery progression in a standardized format: Comprehensive COVID-19 post-acute assessment. Related: COVID-19-long-haulers-are-organizing-online-to-study-themselves

END-OF-LIFE: Communication during end of life discussion should emphasize effective, open, and genuine connection with both the patient and their family members. The COMFORT model "highlights how intertwined nurses and family members are [allowing] for the best outcome for the dying patient," Maureen P. Keeley, PhD, RN. Long-term healing for grieving family members, and easing the emotional affects to nurses, are additional benefits from this communication method.

**COMFORT model:**

- C. **"Communicate,"** focusing on the importance of discussing task-related messages and relational messages (comfort, needs, and patient reflection of personal relationships).
O. "Orientation and Options," determines patient & family comprehension of illness progression, assesses literacy level, prioritizes care option planning, and assesses the impact of culture on decisions and expectations.

M. "Mindful Communication." Encourages presence and accepts the fluidity of the situation, adapting messages as the need arises acknowledges both verbal and nonverbal messages impact patient care.

F. "Family," pertains to the role and involvement of support persons throughout the healthcare process, to include addressing communication needs and concerns and guiding stressful, health-related decisions.

O. "Openings," highlights critical transitions in illness trajectories (i.e., diagnosis, or change in severity, limited treatment options, intubation, decision to transition to hospice). These moments present opportunities to reframe the situation, build resilience and develop coping skills. Quality of life is of utmost importance during this time.

R. "Relating," supports meeting the family and patient where they are at in regard to acceptance, understanding, and willingness to make the necessary impending care decisions.

T. "Team." This step emphasizes a multi-disciplinary approach to treating both the needs of the patient and their support system. It honors the cooperation and wisdom of all care members and may include bringing in additional support members such as clergy, or social workers.

The COMFORT model offers critically needed skills for effective, compassionate, and authentic communication during stress and end-of-life. Nurses interact extensively with patients and family members; this affords opportunity, but also burden, of facilitating consistent and compassionate care. This model incorporates supporting caregiver needs and voices, and clarifies to decrease frustration and resistance from family members during treatment. "Times like these remind us all how human we really are, and call for specific attention to palliative care, communication at end of life, and grief support at a level that many of us haven't experienced before" Maureen P. Keeley, PhD, RN. An Effective Approach for Difficult End of Life Communication, SigmaNurses.org & Wittenberg-Lyles, E., Goldsmith, J., Ragan, S. I. (2010). The COMFORT Initiative: Palliative nursing and the centrality of communication. Journal of Hospice Palliative Nursing, 12(5):282-292

Research

Randomized Control Trial Repository The University of Oxford is compiling potential COVID-19 treatments, some from international collaboration. The RECOVERY Trial of interventions and care options is quickly growing. Data is reviewed continuously to identify effective treatments and expedite distribution.

Recent noted conclusions: No clinical benefit from use of lopinavir-ritonavir in hospitalized COVID-19 patients studied in RECOVERY.

Current studies in progress:
- Low-dose Dexamethasone (now only recruiting children)
- Azithromycin (a commonly used antibiotic)
- Tocilizumab (an anti-inflammatory treatment given by injection)
- Convalescent plasma (collected from donors who have recovered from COVID-19 and contains antibodies against the SARS-CoV-2 virus).

**NANOBODIES**

Inspired by a unique infection-fighting antibody found in llamas, alpacas, and camelids, the University of California San Francisco has synthesized the molecule *Aeronab 6*. Nanobodies are about a quarter of the size of antibodies found in people and animals; capable of infiltrating microscopic spaces to block viral attachment and entry. *Aeronab 6* can be converted into a dry powder and aerosolized for simple administration. "Every day, 5,000 people die of this disease. We'd like as soon and as fast as possible to find a partner to make this," Peter Walter, veteran biochemist and Nobel Prize expectant, co-led the project with structural biologist Aashish Manglik. The compound is budget friendly and viable for mass production using bacteria or yeast. Shipped as a powder, the nanobody is ideal for distribution to developing countries. Scientists aim to create low dose dispensing with capability to be administered directly to the lungs and or nasal passage. There is concern, however, in protecting efficacy in delivery to lung tissue. (For example, asthma patients often use inhalers incorrectly.) Education for administration and method of absorption will be critical.

The nanobody preliminary trials exhibited potency against coronavirus in testing at Institut Pasteur in Paris by Veronica Rezelj, Postdoctoral researcher in viral populations and pathogens. Vero-E6 cells (derived from the kidney cells of African green monkeys and commonly used in lab work) were protected from infection and stayed alive when the nanobody was introduced on plated specimens.

The research is promising; University of Oxford and the Rosalind Franklin Institute published results of synthetic nanobodies, and a University of Texas study demonstrated synthetic llama antibodies prevented SARS-CoV-2 infection to cells. Camel nanobodies were reported having protective mechanism via inhalation in a *bioRxiv* preprint.

**Complementary/Integrative Care**

**ACUPUNCTURE**

The impact of neuro-stimulation of specific body regions on systemic inflammation was the purpose of a study published by the journal, Neuron. Ma Q, Liu S, Wand Z, et al. Somatotopic organization and intensity dependence in driving distinct NPY-expressing sympathetic pathways by electroacupuncture. Neuron, August 12, 2020. Conclusions states that electroacupuncture stimulation of specific body regions, can activate distinct sympathetic pathways thereby reducing "systemic inflammation in intensity, somatotopy, and disease state-dependent manners."

Using endotoxin-induced systemic inflammation in mice as a host, the scientists evaluated the effects of low-intensity electroacupuncture stimulation at hindlimb regions. This drove the vagal-adrenal axis, producing anti-inflammatory effects in...
non-splenic tissues. High-intensity electroacupuncture stimulation at the abdomen drove the spinal-sympathetic axis and suppressed splenic inflammation. The research, supported by the National Center for Complementary and Integrative Health (NCCIH), speculates the advantage over manual acupuncture is the ease of control of intensity offered by electroacupuncture.


The revelation of somatotopic organization and intensity dependence in driving distinct autonomic pathways could optimize safe stimulation parameters, and increase efficacy of acupuncture as a therapeutic treatment for inflammatory conditions such as those produced by COVID-19.

Nutrition \hspace{1cm} Foods are very rich in substances beneficial to health. "Food is Medicine" is a distinct approach in Maharishi AyurVeda. The antiviral action, or immune modulation of honey has been well documented, as well as the antioxidative effect of berries and greens. A clinical review of Hesperidin, published recently, Bellavite, P.; Donzelli, A. Hesperidin and SARS-CoV-2: New Light on the Healthy Function of Citrus Fruits. Antioxidants 2020, 9, 742. draws attention to citrus fruit components.

The orange (Citrus sinensis) is specifically cited in nutrition for vitamin and flavonoid content. Among the flavonoids, hesperidin has recently attracted the attention of researchers, because it binds to the key proteins of the SARS-CoV-2 particle. Several computational methods, independently applied by multiple researchers showed that hesperidin has a low binding energy with the coronavirus "spike" protein as well as the main protease (that transforms the early proteins of the virus into the complex responsible for viral replication). The binding energy of hesperidin to these important components is lower than that of lopinavir, ritonavir, and indinavir, suggesting that it could perform an effective antiviral action.
Hesperidin and ascorbic acid both counteract cell damaging effects of oxygen free radicals triggered by virus infection and inflammation. Computational methods and laboratory studies support the need to undertake relevant preclinical, epidemiological, and experimental studies on the potential benefits of citrus fruit components for the prevention of infectious diseases, including COVID-19.

**Global Situation Report**

**as of August 25, 2020 at 1040 CDT**

**CASES:** 23,690,270  
**FATALITIES:** 814,135

**Noteworthy Changes**  
7 countries report [test positivity](#) of 20% or greater. High test positivity can indicate that testing capacity or volume may not be sufficient to fully capture community transmission. The [WHO](#) previously set 5% [test positivity](#) as one of the key benchmarks for determining epidemic control within a country.

**SOUTH AMERICA:** Top tier (globally) are Argentina (57.9%), Bolivia (44.6%), Columbia (32.4%), Mexico (63.7%), and Panama (34.8%). South America's daily incidence (172 daily cases per million population) is considerably higher than all other continents- 70% higher than North America (#2).

**SOUTH KOREA** threatened "maximum" criminal penalties and arrests for people who impede the government's disease-control efforts.

**PAPUA NEW GUINEA** barred four dozen Chinese workers who had received an unproven vaccine from entering the country.

**INDIA**, [New Delhi](#), a new seroprevalence survey suggests that more than 29% of the city's population may have been exposed to SARS-CoV-2.

**EUROPE:** French Ministry of Labor, Employment, and Integration required universal mask usage in all workplaces. SARS-CoV-2 transmission in the workplace is a major concern as countries weigh decisions regarding the ability to resume in-person work. France, Germany, Italy, and Spain reported
highest daily case counts since the spring. Belgium, Croatia, the Netherlands, the United Kingdom had recent uptick in cases; ages 15 to 24 has risen from around 4.5 percent to 15 percent. No new lockdowns were placed- leaders are relying on localized efforts, targeted restrictions on movement and increased mask requirements. Ukraine reported a sharp increase in cases this week, attributed in part to church attendance and weddings. **Newly detected infections per 100,000 people across Europe, are one-fifth the number in the United States over the last week.**

- NEW RESOURCE: [JHU COVID-19 DATA IN MOTION - Daily Update in 60 seconds](#)

### United States of America

**10:30 CDT August 25, 2020:**

- **Cases** 5,871,695
- **Fatalities** 180,443

Updated via [1point3acres.com](http://1point3acres.com)

**Considerable Rises:**

*Texas Becomes Fourth State to Surpass 10,000 COVID-19 Deaths* *(The Texas Tribune)* New Jersey, New York and California have also exceeded 10,000 known COVID-19 fatalities. Experts say official death tolls are all but certain to be undercounts.

**US Virgin Islands** have risen to #3 in global new case reporting: 226 new daily cases per million population.

**Related Resources:** [Tracker for U.S. metro areas](http://), [Stat-News Tracker](http://), [Has Your State Flattened the Curve? & Restrictions across 50 States](http://) & [IHME Projections](http://)

### Public Health

**Education** Public education, including data published by the CDC, is often written at an 11th-grade reading level. Though the CDC, NIH, and American Medical Association recommend a target of 8th grade comprehension, no state health information about the virus or pandemic met the guidelines, nor
did 18 international websites, including 12 pages on the World Health Organization's site, USA Today. National test results observe the average American Citizen best understands materials composed for 5th grade reading. In order to promote public health education, the medical and nursing community must utilize speech patterns and vocabulary that is easily understood by the general population.

RECOMMENDATIONS

Meta-analysis of current public health research and protection measures revealed the following points of consensus:

- Physical distancing (>1 meter) reduced risk of infection by 82% in both health-care and community settings. Additional distancing provided greater risk reduction.
- Masks reduced risk of infection by 85% with greater effectiveness in healthcare settings than in the community (likely due to use of N95 respirators and PAPRS).

Shortages and Solutions

**STAFFING**

In our zeal to understand how our health systems are coping with COVID-19, a key issue is often overlooked: human capacity. ICU beds and ventilators are irrelevant without an adequately trained workforce. COVID-19 has widened the pre-existing discrepancy between practitioners and critical patients. "The spring surge lasted two months in a few epicenters, and hospitals managed (albeit suboptimally); with current demand both more prolonged and occurring simultaneously nationwide previous strategies are inadequate" (STAT).

Public Health recommendations to prevent spread are one half of an adequate strategy. Hospital reporting of ICU census are released, however, this report should be combined with available beds to which safe staffing capacity is available. "The number that can be covered by the typical clinicians working under normal conditions. Tracking these figures can help us all understand how much demand for ICU care can truly be optimally met in each community." Hayley B. Gershengorn, MD

Related Resource: [Rapid Expert Consultation on Staffing Considerations for Crisis Standards of Care for the COVID-19 Pandemic (July 28, 2020)](#)

**MEDICATIONS**

There is a need to ensure access to controlled medicines such as sedatives and analgesics for

"Competent national authorities, manufacturers, suppliers and distributors play a crucial role in ensuring that internationally controlled medicines urgently needed for medical treatment are available within and across national borders. The supply chain is the foundation of quality medical care because without the necessary supplies, including essential controlled medicines, patients will suffer." -WHO

Suggestions for implementation made by the three organizations were published online this month refer to ‘toolkits’ produced by the WHO. Under the UNODC-WHO-UICC Joint Global Program, countries are encouraged to reach out to UNODC and WHO for technical assistance and support at the national level that also involves civil society partners.

Vulnerable Populations


"The racial and ethnic disparities in workplace outbreak-associated COVID-19 cases found in Utah (and identified in meat processing facility outbreaks in other states) demonstrate a disproportionate risk for COVID-19. Longstanding health and social inequities result in the over representation of Hispanic and nonwhite workers in frontline occupations [whereas remote or non-direct service work offers flexible schedules and telework options]." Bui DP, McCaffrey K, Friedrichs M, et al.

Higher rates of severe outcomes may also be attributed to unpaid or punitive sick leave policies which prevent ill workers from isolating or seeking healthcare, and result in workplace exposures and delayed treatment. When employers can provide flexible work schedules, telework options, and non-punitive paid
sick leave this should be implemented equitably to all employees. Long term, society should be awakening to the need for improved public education systems to support the entire society regardless of funding, location, or ethnicity.

EMS WORKERS
ASPR Implemented Check-in Calls for NDMS Responders Returning from the Field. "NDMS responders are working with determination, dedication, and perseverance to protect health and save lives; and ASPR is committed to ensuring our responders remain healthy, both mentally and physically." After NDMS responders return home, they are contacted by behavioral health professionals who have experience working in disasters and are themselves on NDMS teams. Building on similar programs that have been implemented by the US Public Health Service and the Centers for Disease Control and Prevention, responders are contacted after they have been home 10 to 14 days. The goal is to follow up at the 30-day mark with those responders who could benefit from additional contact. The outcome of this practice may be a useful guide to implementation of a similar program for Nurses and other Healthcare Workers within individual hospital systems. (ASPR, 8/14/2020)

Advocacy

GOVERNMENT RESPONSE TO COVID-19

The impact of COVID-19 within the healthcare community has brought to light significant deficits to the funding and functioning of the public health system. Despite 6 months since the onset of the pandemic, the responsibility to protect Nurses (and other HCW) remains questionable. PPE needs remain unmet in areas of increasing infection rates. Though political speak is often avoided to prevent contention within a profession of compassionate persons, to leave unquestioned the future protection of our greatest resources- ourselves- would be negligent. Recent statements regarding the welfare of HCW have been absent from the current administration, however we offer the following from the candidates whom are speaking toward the subject.

STAT recently presented the statement entitled "Seven things to Know", from presidential candidate Joe Biden, regarding proposed changes in pandemic response if elected, per Beckershospitalreview.com

1. Biden reports his first post-election phone call will be to Dr. Anthony Fauci, requesting his continued service sharing his knowledge and experience of infectious disease.
2. Increase testing to 100 million per month by 2021.
3. Establish daily pandemic briefings to be led by scientists and public health experts.
4. Restore a biodefense official to the National Security Council and improve COVID-19
Surveillance by revamping insurance claims data.
5. Appoint a supply chain commander. (Per Nicole Lurie, MD, former Assistant Health Secretary for Preparedness & Response.
6. Meetings 4x per week for briefing on status of the pandemic both in the United States and globally.
7. New leadership within the HHS, CDC, and FDA.

GLOBAL IMPLICATIONS

The WHO developed a "Law Lab," an initiative which gathers and shares legal documents from over 190 countries across the world. The goal is implementation of legal frameworks to manage the pandemic... ensuring that laws protect and adhere to international human rights standards. This is a joint project of United Nations Development Program (UNDP), the World Health Organization (WHO), the Joint United Nations Program on HIV/AIDS (UNAIDS) and the O'Neill Institute for National and Global Health Law at Georgetown University.

CLIMATE CHANGE


"Our work shows that the global temperature signal due to the short-term dynamics of the pandemic is likely to be small. These results highlight that without underlying long-term system-wide decarbonization of economies, even massive shifts in behaviour, only lead to modest reductions in the rate of warming. However, economic investment choices for the recovery will strongly affect the warming trajectory by mid-century. Pursuing a green stimulus recovery out of the post-COVID-19 economic crisis can set the world on track for keeping the long-term temperature goal of the Paris Agreement within sight," Forster, P.M., Forster, H.I., Evans, M.J. et al.

Resources

Self-Care & Resilience

AHNA's Stress Management & Resilience for Healthcare Workers resources were some of the first publications specific to nurses in the COVID-19 response.

We are pleased to present AHNA's newest Self-Care resource: "Tapping for Resilience"
Tapping, or the Emotional Freedom Technique (EFT) is an evidence based practice combining the manual stimulation of acupressure points with present-day cognitive and exposure therapies. This process of tapping specific points is effective for the resolution of anxiety, depression, mood disorders, self-limiting beliefs, addictions, and chronic pain.


Easily performed and self-administered, Tapping is a potent non-pharmaceutical intervention for nurses seeking a whole-person approach to healing psychological and physical imbalances.

Happy App "warm line" offers 24/7 access to a trained Support Giver; Nurses have access to their first call at no cost.

The MoodFit App enables nurses to set goals using best-practice methods such as mindfulness meditation, breathing exercises, lifestyle tracking (sleeping and nutrition) and set up custom reminders. Download through Google Play or the Apple App Store. In account registration, enter program code ANF30 for customized nurse-focused messaging.

Staying Calm and Well in the Midst of the COVID19 Storm
Holliblu - Connect with other nurses and find Self-care resources for before, during, and after your shift!

NurseGroups.org is a non-profit initiative formed specifically to support the emotional resilience of nurses on the frontlines of COVID-19. Free, confidential, video conference groups where nurses can connect with other nurses and process their COVID-19 experiences together. All groups are led by members of our experienced facilitation team.

Compassionate Listening Circles Offered Several times a week for 60 minute circles. Compassionate Circles are virtual Listening offering and are not a replacement or substitute for medical, psychological or mental health crisis care. Participants are requested to let all facilitators know of their need to access such supports and agree to provide their phone number to the facilitator. Participation in the circles is fully voluntary. Facilitators are present to Compassionately listen and are not serving as a crisis or mental health support team.

Open-Source Education

- **Infection Prevention and Control (IPC) core components and multimodal strategies:** In this introductory course you will learn the essential components of effective IPC programs, including multimodal strategies for implementation, at the national and facility level, according to scientific evidence and the advice of WHO and international experts.

- **WHO COVID-19 Mass Gatherings Risk Assessment Training:** The purpose of this course is to provide guidance for health authorities and organizers of mass gatherings in the context of the COVID-19 pandemic, with the specific aim of containing risks associated with transmission of this infection.

- **Basic microbiology:** In this course, you will learn about how disease-causing microbes, called pathogens, are classified, identified and transmitted. You will be introduced to basic microbiological principles, fundamental laboratory diagnostics and mechanisms by which microbes transmit and cause diseases.

Professional Resources

- **Nurse Educators & COVID**
- **AACN Clinical Resources for COVID-19**
- **Moral Distress in Times of Crisis**
- **Caring with Limited Resources- American Hospital Association**
- **American Association of Colleges of Nursing**
- **American Academy of Nursing**
- **American Assembly for Men in Nursing**
- **National Student Nurses Association**

Specialty Specific Organizations
Administrative

- American Organization of Nurse Executives
- National Association Directors of Nursing Administration/Long Term Care
- National Association of Clinical Nurse Specialists
- National Association of Directors of Nursing Administration in Long Term Care
- National Nursing Staff Development Organization
- Nurse Without Borders
- Nursing Ethics Network
- Sigma Theta Tau, International Honor Society of Nursing

Advanced Practice

- Nurse Practitioner Healthcare Foundation
- ACNP- American College of Nurse Practitioners
- Association of Faculties of Pediatric Nurse Practitioners
- Coalition for Nurses in Advanced Practice
- Gerontological Advanced Practice Nurses Association
- National Academy of Dermatology Nurse Practitioners
- Society of Nurses in Advanced Practice

Bariatrics

- National Association of Bariatric Nurses

Cardiology / Vascular

- American College of Cardiology - ACC's COVID-19 Hub
- European Society of Cardiology - COVID-19 and Cardiology
- American Heart Association- COVID-19 Resources
- Society for Cardiovascular Angiography and Interventions - Considerations for the Cath Lab Considerations for Cardiac Catheterization Laboratory Procedures During the COVID-19 Pandemic
- American Association of Heart Failure Nurses
- American Thoracic Society: Nurses Section
- Society for Vascular Nursing

Critical Care

- American Association of Critical Care Nurses

Emergency / Trauma

- American Academy of Emergency Medicine
- COVID-19 - Emergency Nurses Association
- Society of Trauma Nurses

Endocrinology

- American Association of Clinical Endocrinologists - AACE Position Statement: Coronavirus (COVID-19) and People with Diabetes
- American Association of Diabetes Educators
- Endocrine Nurses Society

Ethics

- AMA Journal of Ethics - COVID-19 Ethics Resource Center
Gerontology

- American Assisted Living Nurses Association
- American Long Term & Sub Acute Nurses Association
- National Gerontological Nurses Association
- American Geriatrics Society - information hub and article

Health Policy

- CDC - Evaluating and Testing For COVID-19
- CDC - Healthcare Infection Control Guidance
- CDC - Guidance for Emergency Medical Care Services
- CDC - Healthcare Personnel with Potential Exposure Guidance
- CDC - Inpatient Obstetric Care Guidance
- National Institutes of Health - Coronavirus (COVID-19)

Home Health / Hospice / Palliative

- Home Healthcare Nurses Association
- Hospice and Palliative Nurses Association
- National Hospice & Palliative Care Organization

Infectious Diseases

- Association of Nurses in AIDS Care

Med-Surg / Infusion / Inpatient Specialties

- Academy of Medical-Surgical Nurses
- Infusion Nurses Society
- Association of Rehabilitation Nurses
- Respiratory Nursing Society
- Wound, Ostomy and Continence Nurses Society (WOCN)

Neonatal

- Academy of Neonatal Nursing
- National Association of Neonatal Nurses

Nephrology

- National Kidney Foundation regarding dialysis
- American Society of Nephrology regarding dialysis and hospitalized patients with kidney failure
- American Nephrology Nurses Association

Neurology

- American Association of Neuroscience Nurses
- American Association of Spinal Cord Injury Nurses
- American Academy of Neurology - COVID-19 resources
- National MS Society - Disease-Modifying Treatment Guidelines for COVID-19

OB/GYN

- American College for Obstetricians and Gynecologists: COVID-19 Guidelines
- American College of Nurse Midwives
- Association of Women's Health, Obstetric and Neonatal Nursing
- National Association of Nurse Practitioners in Women's Health
- Society for Maternal-Fetal Medicine

**Oncology**

- Oncology Nursing Society - [Interim Guidance During the COVID-19 Pandemic](#)
- Oncology Nursing Society - [COVID-19 Resource Page](#) - Links for providers and patients
- Nat'l Comprehensive Cancer Network - [COVID-19 Resource Page](#) - Links for providers of cancer care

**Operative / Peri-Operative**

- American Association of Nurse Anesthetists
- American Association of Moderate Sedation Nurses
- American Society of Peri-Anesthesia Nurses
- American Society of Plastic & Reconstructive Surgical Nurses, Inc.

**Outpatient / Ambulatory / Clinic**

- American Academy of Ambulatory Care Nursing
- American Association of Occupational Health Nurses
- American Society for Pain Management Nursing
- American Society of Ophthalmic Registered Nurses
- Developmental Disabilities Nurses Association
- Dermatology Nurses’ Association
- National Association of Disease Management & Wellness Professionals
- National Association of Rural Health Clinics
- Society of Gastroenterology Nurses and Associates
- Society of Otorhinolaryngology and Head/Neck Nurses
- Society of Urologic Nurses and Associates

**Pediatrics**

- Association of Child Neurology Nurses
- Association of Pediatric Oncology Nurses
- NAPNAP Foundation
- National Association of Pediatric Nurse Practitioners
- National Association of School Nurses
- Northeast Pediatric Cardiology Nurses Association
- Pediatric Endocrinology Nursing Society
- Society of Pediatric Nurses

**Public Health / Community Health**

- Alliance of Nurses for Healthy Environments
- Association of Community Health Nursing Educators

**Psychiatry and Psychology**

- American Psychiatric Association: COVID-19 mental health impacts
- American Psychiatric Nurses Association

**Research**

- International Association of Clinical Research Nurses
- Midwest Nursing Research Society
- National Institute of Nursing Research