

# CORRECTIONAL HEALTH CARE REPORT®

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*Nursing Essentials*

## Managing Stressors During COVID-19

By Catherine M. Knox

The wellbeing and emotional resilience of front-line staff in correctional facilities is a key component in maintaining essential health care and custody services during the COVID-19 virus outbreak. Therefore, we all need to anticipate the stressors associated with this work and put in place institutional supports and individual practices that will help mitigate the adversities, trauma and challenges experienced during this pandemic.

**Stressors for Correctional Workers During the Outbreak**—These include the demands of normal daily activity in the workplace that compete with measures necessary to identify and manage people potentially infected with COVID-19, fears about the probability and consequences of infection and subsequent implications for self and family, scarcity of supplies—particularly personal protective equipment, constant vigilance regarding infection control practices, physical strain of wearing personal protective equipment, extraordinary efforts to reduce transmission in correctional settings that challenge control of communicable disease and the isolation of social distancing.

Employers should be proactive and encourage initiatives to assist employees experiencing these stressors and prevent fatigue and burnout. Burnout and fatigue are major factors in accidents and avoidable error. Correctional facilities should develop capacity to monitor stress, burnout and fatigue among frontline workers, provide easy access to help with stress

reduction, ensure that staff schedules include time for breaks away from the immediate worksite and adequate time off. It is also important to anticipate and plan resources to support employees' families so that employees are not distracted when at work. These might include transportation, assistance with children who are at home, grocery shopping etc.

The following four practices have been identified as ways to support coping of healthcare and other frontline staff during the stress of responding to disasters.

**Supportive Work Relationships**—Creating and maintaining social support among co-workers has been found to build resilience, increasing the sense of safety, reducing interpersonal tension and staff conflict. Shift report or the team huddle is one way to build and maintain social support for team members. This should include time for each staff to clarify their role for the shift and to confirm reporting lines (especially as staff become sick and are replaced). Use of a buddy system is also recommended. A buddy is someone who has had some of the same experiences and provides support during the shift and off-duty. Examples of behaviors that are supportive of co-workers include:

- being friendly and respectful,
- asking how the co-worker is and paying attention to their answer,

See *STRESSORS*, page 56

## 'We Don't Talk In Terms of Supply Numbers, We Talk In Terms Of Days'

By W. Graham Carlos, M.D.\*

Brown paper bags line the windowsill of the COVID-19 intensive care unit at Eskenazi Hospital in downtown Indianapolis. The bags are filled with the N95 masks we're reusing, labeled with the handwritten names of my staff: Patrick, Angela, Brittany. They are mothers, fathers, brothers and sisters.

As of this writing, we are caring for more than double our average number of ICU patients and using more than triple our average number of ventilators. We expect those numbers to keep climbing.

To prevent exposure to coronavirus, we use gowns, gloves, goggles and masks. The N95 mask in particular is critical because it protects front-line hospital staff from aerosols emitted during high-risk procedures, such as placing someone on life support.

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## SUPPLIES, from page 53

One of my roles as the chief of internal medicine and an intensivist working in the ICU is to teach my staff why we are taking steps that we wouldn't ordinarily take, such as saving their N95 respirator masks in paper bags.

Supplies of protective gear are dwindling. We are worried about the number of ventilators we have available for patients. We don't talk about supplies in terms of numbers anymore; we talk in terms of days. And I need a way to talk to my staff about this that is both truthful and calming.

My team of nurses, physicians and therapists are selflessly serving patients afflicted with a deadly and highly contagious virus. I need words that work.

Communicating decisions like this is difficult, and I know that what I say and how I say it has never been more important. I prepare myself.

### Rationing Supplies

"What do we do when we run out?" I am asked frequently, regarding personal protective equipment and ventilators.

Given the effect that SARS-CoV-2 has on the lungs, many patients require mechanical ventilators to infuse enough oxygen into their bodies to keep them alive. These machines use hospital supplies of oxygen and deliver air into the lungs under pressure to open them up.

Ventilators are used all of the time in surgery and critical care, but they are expensive and strictly limited in supply. Ventilator allocation describes a process in

which a committee, typically comprised of three people including an intensivist, follow a predetermined algorithm taking into account a patient's age, underlying illness and severity of current illness to determine who should get priority to receive a ventilator when there are none left. The idea is that we would make decisions in advance based on objective data, so we aren't influenced by bias and emotion when tough decisions have to be made.

Hospitals all over the country are preparing their allocation teams (Truog) and documents, and it is terrifying. We are encouraged to see factories ramping up production of ventilators, but we are still worried. Will they be here in time, or will it be too little too late?

On a national level, I serve the American Thoracic Society as chair of the Section on Medical Education. I have been working on documents (Jamil) to rapidly communicate important information to patients and providers, including two Twitter chats. These serve to increase awareness and share vital information to health care systems and providers worldwide. In addition to interviews on local and national news outlets, I am using social media to share the truth about the virus and advocate for communities to keep social distancing to slow the spread of COVID-19.

I am saying, prepare, but don't panic.

Now that the virus is endemic with community spread, we are seeing hospitals fill up. Systems to conserve protective equipment, cohort patients with the virus together and keep hospital staff educated are vital.

We should prepare for the "just in case," in the event that the ventilator supply runs low, by creating allocation teams and electronic medical records that extract data for those teams.

We need to prepare for this to continue. Early estimates considering how the virus acted in China mean we could be looking at surge capacity for hospitals well into April.

We also need to prepare our staffs mentally. Celebrate "wins" when patients get better. Take time to reflect on all that is good.

I look at the brown paper bags lined up next to each other as a symbol of solidarity in mission and purpose. We are all in it together. We have never needed each other more.

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\* Dr. W. Graham Carlos is Chief of Medicine for Eskenazi Health; Bicentennial Professor for Indiana University; Pulmonary & Critical Care; and Attending Physician, Indiana University School of Medicine. This article is published under a Creative Commons license from "The Conversation." ■

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