

Special Points of Interest

- * COVID-19 Pandemic
- * Lessons learned in Italy
- * Self Care

Inside this issue:

WHO Advices for Nurses	2
Letter from ANIARTI President Silvia Scelsi	2 - 5
EFN, EfCCNa & EuSEN COVID-19 Statement	6
Caring for COVID -19 Patients	7
EfCCNa Fellows' note	8
Sources of Information for front-line Nurses	9
Self Care during COVID-19	10

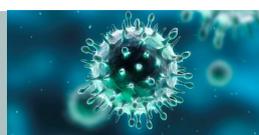
Visit EfCCNa on



Newsletter 1/2020

March 2020

The EfCCNa Newsletter Edition on Corona Care



A Message from the EfCCNa President and Board of Officers'

EfCCNa stands united in supporting our critical care colleagues across Europe. Especially, we have our Italian and Spanish colleagues in our thoughts...we need to learn from them how to cope best with COVID-19 while remaining safe both physically and psychologically, because it is already escalating in our countries.

EfCCNa will support you by posting relevant information that may be useful for you.

We urge you to please keep in touch by posting comments and we will do everything we can to get information out to you.

By working together, we will achieve more!'



Corona Virus—WHO Advices for Nurses

Nurses are core to health delivery and advising the public during this Corona Virus outbreak. We must support each other and ensure we receive the most up to date reliable information.

Here is some of the latest advice from the WHO that will be useful for you.

Prof Bronagh Blackwood



Health care workers

- * Infection prevention and control during health care when novel corona virus (nCoV) infection is suspected [Link](#)
- * Health workers exposure risk assessment and management in the context of COVID-19 virus [Link](#)
- * Q&A on infection prevention and control for health care workers caring for patients with suspected or confirmed 2019-nCoV [Link](#)

Equipment

- * Rational use of personal protective equipment for corona virus disease (COVID-19) [Link](#)
- * Advice on the Use of Masks [Link](#)

Home care

- * Home care for patients with suspected novel corona virus (nCoV) infection presenting with mild symptoms and management of contacts [Link](#)
- * Water, sanitation, hygiene and waste management for COVID-19 [Link](#)
- * Guide to local production of WHO-recommended Hand rub Formulations [Link](#)

Letter from the ANIARTI President , Silvia Scelsi



Dear EfCCNa European Federation of Critical Care Nursing Associations and European Society of Intensive Care Medicine (ESICM) colleagues, the Italian Critical Care Nurses represented by ANIARTI are working hard at the moment. We believe that it is important to share our first impressions and experiences on what we learned in the first days of the COVID-19 epidemic.

It is essential to keep in mind that the rapid evolution of infection clusters can set up an emergency situation in a very short time, without any time to implement appropriate containment measures. This is why anticipation and planning becomes the key to deal with this epidemic.



Dear EFCCNa colleagues,

The Italian Critical Area nurses represented by Aniarti are working hard at the moment. We believe that it is important to share, our first impressions and experiences on what we learned in the first days of the COVID-19 epidemic.

We have seen a very high number of hospitalizations in intensive care, almost entirely due to severe hypoxemic respiratory failure that rapidly worsens in ARDS and requires mechanical ventilation and pronation at least in the first 48 hours. The measures put in place of isolation and some changes in the usual habits and conventions of social and community life have the aim to try to contain the rapid spread we are observing throughout Europe and the world. These actions, although apparently drastic, are necessary and it is not time to underestimate what is happening. Consider that about 15% of those infected are health workers, and this puts us in a position to be the category most at risk.

About 10% of those infected are admitted to an intensive or sub-intensive care unit. For this reason it is necessary to adopt adequate safety measures and contain the risk of virus spread during all phases of treatment and care of people in critical conditions.

Given the rapidity of the evolution of the epidemic (which could soon become a pandemic), pending confirmation from clinical research, some aspects that have been put in place, and others that deserve to be considered for the most prudent and judicious management are as follows:

- Organization (or strengthening) of a national ICU Network
- Definition and verification of pandemic emergency plans (with verification of organ care and support devices, personal protective equipment and appropriate training as extensive as possible)
- Establishment of appropriate Rapid Triage protocols on the territory and in front of Emergency Departments to identify patients with suspicion of COVID-19 at an early stage and insert them in dedicated logistical and clinical pathways which are separate from the other clinical conditions of non infected users
- Accurate and extensive training with appropriate simulations on dressing and undressing procedures with Personal Protective Equipment (PPE)
- Identification of the hospitals that should receive COVID-19 patients, or strict separation of the treatment areas (of any intensity level) dedicated to people with COVID-19, and their transit and transport routes, including areas for radiological diagnostics
- Redefine the number of nurses with care skills in ICU in consideration of a working model with a patient - nurse ratio 1:1 and where possible 2:1 for procedures with a high workload. The workload is greatly increased due to the physiological slowdown that wearing PPE involves, in addition to the need to increase attention levels to avoid possible contamination and dispersion of SARS-Cov-2 viruses. Organize shifts so that a nurse or an Health Carer Assistant (HCA) always remains "clean" outside the area where PPE is to be used and provide for the possibility of having free nurses on shift who can support or lighten the workload.



- Increase of beds in intensive and sub-intensive care unit, with priority recruitment of already experienced nurses, as the need to care for a large number of patients can suddenly arise and evolve very quickly so as not to allow training and integration of newly hired or inexperienced in intensive care.
- Expect increased workloads due to high pronation needs, and PPE dressing and undressing procedures
- Need to aggregate care interventions and anticipate any preventable/predictable situations to reduce the patient's bedside time and allow adequate interval times without PPE
- Need to schedule shifts on COVID - 19 patients such that nurses do not wear PPE for more than 3 hours (4 hours maximum), and take appropriate measures to prevent pressure-related injuries related to PPE (protective hydrocolloids on contact points of filter masks)
- Predict the need to extend shifts due to workload, but also cases of possible increase in illness among care staff
- Strengthening of support operators for logistical needs linked to the decontamination and reconditioning of multi-use care and assistance equipment
- Meticulous monitoring of daily and terminal environmental hygiene procedures, with particular attention to common and repeated contact surfaces such as keyboards, PCs, telephones, switches, door handles, and personal mobile phones
- Need to consider the possibility of psychological support for intensive therapy teams facing up this situation due to the increase of work-related stress, the possibility of burn-out in relation to the lengthening of "health emergency" times, the feeling of isolation and anxiety of the operators (also related to the health of their meaningful)
- Particular attention should be paid to refreshing the internal safety rules aimed at limiting the dispersion of contaminants containing SARS-Cov2 viruses, particularly for procedures at risk:
 - Tracheal intubation
 - Tracheostomy bedside
 - Tracheal suction (closed circuit)
 - Limit as much as possible the oxygenation and ventilation methods that can nebulize particles
 - Aerosol therapy (privilege the installation of the systems directly at the time of intubation of the patient)
 - Avoid accidental disconnection of the ventilator circuit
 - Use the "expiratory pause block" functions combined with the closure of the endotracheal tube in case of programmed opening of the circuit
 - Avoid the use of high diffusion droplet systems (High Flow Nasal Cannula, Non-invasive ventilation with face mask, CPAP by Boussignac system)



- Privilege the use of the helmet as an interface for oxygen therapy or CPAP, placing a HEPA (high efficiency particulate air) filter on the expiratory line
- Place a HEPA filter on the expiratory valves of the ventilators, on the side where the exhaled gas escapes into the atmosphere.
- Place a HEPA filter on manual ventilation devices
- Prefer the use of single-use fibroscopes
- In case of MET activation for CPR maneuvers, inside hospitals, operators must consider the unknown patient as potentially infected, and use the PPE provided for Covid patients (equip emergency backpacks with complete dressing kits for at least 2 operators)
- Immediate notification of any disruption of barriers caused by individual PPE or accidental exposure conditions
- Prudential and temporary limitation of access to patient visits in all areas of the hospital, with absolute prohibition of entry to people with respiratory symptoms. Provide alternative strategies of communication with the patients' families (Skype, video calls, email, etc.)
- The nurse, towards the awake patient, maintains himself as an interface with the outside world with respect to the condition of isolation. This condition is not new, especially to those who assist patients in protective isolation by immunosuppression (eg. Transplantation, malignant haematological pathologies in bone marrow aplasia ...), and the measures of therapeutic relationship are presumably maintained in a way comparable to those mentioned above

It is essential to keep in mind that the rapid evolution of infection clusters can set up an emergency situation in a very short time, without any time to implement appropriate containment measures. This is why anticipation and planning becomes the key to deal with this epidemic.

Genova 08/03/2020

Il Presidente

Silvia Scelsi

For the ANIARTI Board

Silvia Scelsi

Giandomenico Giusti

Tiziana Marano

Alessandro Di Risio

Fabrizio Moggia

Simona Saggi

Francesco D'Ambrosio

Mario Madeo

Gaetano Romigi

Lucchini Alberto

Davide Zanardo

Pasquale Iozzo

Valter Favero

Stefano Bambi

Guglielmo Imbriaco

Vita Cases

Statement on COVID-19 Preparedness & the Urgent Need to Protect Frontline Nurses



**European Federation of Nurses Associations
European federation of Critical Care Nursing Associations
European Society for Emergency Nursing**
26 March 2020

EFN- EfCCNa - EuSEN Statement on COVID-19 Preparedness and the Urgent Need to Protect Frontline Nurses

The COVID-19 pandemic is currently taking a toll on the citizens and the healthcare systems of the European Union (EU). But, above all, it is having a huge negative impact on frontline nurses. They are doing their job in worse conditions than ever before, lacking enough and/or proper protective equipment, and often getting infected by the virus themselves, with deadly consequences in some cases.

For that, the EFN, EfCCNa, EuSEN call on the EU institutions, all EU national governments, the health industry and other health stakeholders to:

1. Minimise public procurements procedures to the bare minimum, ensuring that the right equipment (e.g., FFP2 masks, mechanical respirators) is accessible to the frontline nurses. It is key the distribution stays transparent and proportioned for all EU Member States.
2. Allocate the necessary funds to support frontline nurses. The EU institutions should re-arrange already agreed budgets to inject funds into the nursing frontline.
3. Act through media and social media against the stigmatisation of nurses taking care of COVID-19 patients.
4. Start monitoring the number of nurses that are infected with COVID-19 at the workplace and register the number of those who passed away because of the infection.
5. Foster the co-creation and co-design with frontline nurses of political decision-making processes concerning IDHC preparedness, protocols, training, and selection of appropriate materials.
6. Work closely with the nursing profession to develop policies that protect the nursing staff from unnecessarily difficult or unsafe working conditions, particularly when caring with COVID-19 patients.
7. Commit to preventing future outbreaks from becoming epidemics by engaging frontline nursing in the design of policies/procedures and coordination. The EU needs to improve its capacity to prevent, protect against, detect, report and respond to public health emergencies.
8. Ensure appropriate mechanisms for psychological care of nurses who are experiencing extreme anxiety and stress during the crisis as well as post factum to prevent and treat post-traumatic stress disorder.
9. Provide nurses with additional training in strategies for helping patients cope with isolation, lack of family visiting and fear of death.

EFN, EfCCNa, EuSEN recognise and value the efforts and funds put together by the European Commission and the health industry to research a COVID-19 vaccine and treatment. But we remind the Commission that the most critical situation is now frontline. Therefore, we remain at full disposal to the European Commission to make sure EU decision reflect frontline views making EU Actions fit-for-purpose.

Contact: Bronagh Blackwood b.blackwood@qub.ac.uk - Door Lauwaert, Door.Lauwaert@uzbrussel.be; and Paul De Raeve, efn@efn.be



What to expect when caring for patients in Critical Care during COVID19

For insights read this from JAMA: <https://bit.ly/3dwGk1M>

Caring for critically ill patients with COVID-19 is based on the usual management of viral pneumonia with respiratory failure with additional precautions to reduce risk of transmission.

Usual critical care

Many patients with severe COVID-19 develop acute respiratory distress syndrome (ARDS). Evidence-based guidelines for ARDS in the context of COVID-19 include treatments such as

- Conservative intravenous fluid strategies
- Empirical early antibiotics for possible bacterial pneumonia
- Consideration for early invasive ventilation
- Lung-protective ventilation strategies
- Periodic prone positioning during mechanical ventilation
- Consideration of extracorporeal membrane oxygenation

Modifications to usual critical care

- Admission of patients with suspected disease to private rooms when possible
- Use of medical face masks for symptomatic patients during assessment and transfer
- Maintain distancing of at least 2 m between patients
- Caution when using high-flow nasal oxygen or noninvasive ventilation due to risk of dispersion of aerosolized virus in the health care environment with poorly fitting masks
- Clinicians involved with aerosol-generating procedures should use additional airborne precautions including N95 respirators and eye protection

Facility planning

- Ensure staff have updated training in infection prevention and control including personal protective equipment
- Planning at local and regional levels for a potential surge in the need for critical care resources

COVID-19-specific considerations

Antiviral or immunomodulatory therapies are not yet proven effective for treatment of COVID-19. Patients should be asked to participate in clinical trials of supportive or targeted therapies.

Thank you to all Critical Care Nurses dealing with COVID-19



On behalf of Paul Fulbrook, Wouter de Graaf, Jos Latour, Birte Baktoft, Heike Strunk, John Albarran, Elio Drigo, Daniel Benlahouès, Lerma Hernandez, Rosa Thorsteinsdottir, Evanthia Georgiou, Eva Barkestad, Bronagh Blackwood, Irene Harth



We, the EfCCNa Fellows, who consist of past and present critical care nurse leaders within the European Community, wish to express our sincerest sympathy, gratitude, appreciation and respect to our Critical Care Nurses colleagues and all other health-care professionals for their outstanding efforts, dedication and compassion in these difficult times.



We recognize that nurses and other healthcare professionals are now facing a challenge beyond imagination as the COVID19 pandemic is causing illness and death all over the world.



Uniquely, this pandemic is placing excessive workload and health demands on all healthcare professionals, especially those working in critical care units and departments.



We would, therefore, like to salute our fellow 'hero' Critical Care Nurses all over the world whose continued commitment, devoted efforts and caring every week, twenty-fours a day, is saving patients' lives. Your ongoing work continues to amaze and inspire us and society.



*Working together - achieving more
and stay safe*



Sources of Information on Corona Care *click on headline to get linked*

Emergency Resources –COVID-19

The Society of Critical Care Medicine (SCCM) is rapidly developing and deploying resources to respond to coronavirus disease 2019 (COVID-19).

COVID-19 pandemic: triage for intensive-care treatment under resource scarcity

This document is available in English, French, German and Italian, cf. sams.ch/en/coronavirus updated version of 24 March 2020

Practical advice from the frontline of SARS-CoV-2 outbreak

In this time of difficulty, from the frontline of SARS-CoV-2 outbreak in Italy, we would like transmit some lessons learnt so far that might be of use for your local strategic planning.

Nursing guidance for the care of the child with suspected or proven COVID 19 infection

At those times of fast-changing and unexpected situations - ESPNIC Nurses have prepared for you Nursing guidance for the care of the child with suspected or proven COVID-19 infection.

“Mechanical Ventilation for Dummies”

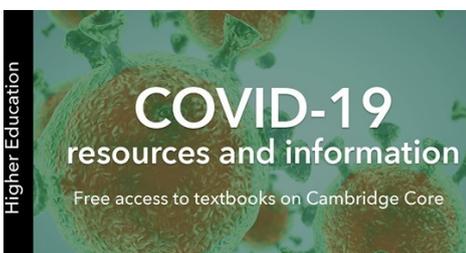
With the COVID-19 outbreak, Mechanical Ventilation can be a huge challenge for professionals who don't face it in their daily routine. ESPNIC members have prepared series of practical tutorials.

Prone Positioning in Ventilated Patients

Teaching video University Hospital Münster, Germany



EfCCNa hat set up a WhatsApp ,COVID-19` group in order to allow exchange of knowledge & experience in the management of this huge challenge . Would you like to join? Then contact the admistrator of this group [*contact*](#)



Cambridge University Press is making higher education textbooks in HTML format free to access online during the coronavirus outbreak. Free access is available until the end of May 2020. [*Link to Cambridge University*](#)

SELF-CARE DURING COVID-19



Most importantly this is unprecedented: It is okay to not be okay

- Seek information updates at specific times during the day once or twice. The sudden and near-constant stream of news reports can cause anyone to feel worried. Get the facts. www.gov.uk
- Feeling stressed is an experience that you and many of your colleagues are likely going through. It is normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak.
- Managing your stress/psychosocial wellbeing during this time is as important as managing your physical health.
- Take care of your basic needs and ensure rest and respite during work or between shifts, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends.
- This is an unprecedented scenario, don't try to learn new strategies, use the ones that you have used in the past to manage times of stress.
- This is likely to be a marathon - pace yourself
- Consider your psychological energy levels - you will need to "fill up" after "emptying the tank"
- Be aware of your "bandwidth"- it might take longer to think things through and make sense of things if you are feeling overwhelmed
- Beware dramatic language that might panic your colleagues.
- Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs.
- Some workers may unfortunately experience avoidance by their family or community due to stigma or fear. If possible, staying connected with your loved ones including through digital methods is one way to maintain contact. Turn to your colleagues or team leader for social support - your colleagues may be having similar experiences to you.

STOP, BREATHE, then THINK- slowing your breathing slows the stress cycle and re-engages your frontal lobes - then you can think.



2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE



From everyone at Nursing Now, a sincere thank you to all those working to fight COVID-19.

We see the passion for your profession, & dedication to your patients. We commend you for your tireless care & commitment in these difficult times.

In this, the Year of the Nurse & the Midwife, now more than ever it is essential that governments support & invest in their nurses and midwives.

Without them, we would be lost.