As I’m writing this letter we are all sheltering-in-place, staying six feet away from each other, and wearing face masks out in public. Some masks are creative and cool looking while others are over-the-top gas masks. Here at the AANA office, we’ve been using Zoom, emails, phone calls, and texts to stay in touch with each other. It doesn’t feel right to only communicate this way, and one could really get depressed. So with our nice evenings I like to walk our dog around the block after supper. And on Saturdays, my friends and I are able to go to Hatchery Pass and snowshoe. We drive alone and keep six feet apart.

My hope and prayer is that we don’t experience a surge of COVID-19 here in Alaska. I want to send a big shout out to our nurses and healthcare workers for stepping up and taking care of the people in our communities during this time of pandemonium and uncertainty. I also want to give a shout out to Dr. Anne Zink for being proactive with COVID-19 mitigation measures and keeping us informed about what is happening in our state. She has been a calming presence in all this COVID-19 stress and uncertainty. Thank you, Dr. Zink!

By the time this issue hits your mailbox, planting season will be in full swing. But I’m writing this in April and the potholes are out in abundance and my garden is still half-covered in snow. I’ve got my tomato plants growing already as well as broccoli and cauliflower in the greenhouse, and for the first time I am attempting Brussels sprouts. Not all plants require a greenhouse to get started; seeds that can go directly in the ground include beets, lettuce, carrots, potatoes, radishes, peas and kohlrabi. These are all easy veggies to grow with little fuss.

Kids can help in the garden too; it’s the perfect place to let them dig in the dirt. Give them a spot all their own to dig and plant what they want. The rows don’t need to be straight either (well for me they do, but not for kids). You might want to get them interested in growing flowers too. Nasturtiums are big seeds that can go directly in the ground in May after all danger of frost has passed and the ground is dried out enough to dig in. You will find marigolds in my garden too. They help repel bugs naturally and bring color to the garden.

So go to the store, buy some seeds and dirt, and get started! Take walks every evening with your family. Most bike and walking paths are clear of snow and ice now so hit the trails in town! Let me know how you all are doing, and I am happy to answer your gardening questions. Just email me at jane@aknurse.org.

Jane Erickson, ADN, RN, CCRN
President, Alaska Nurses Association

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AUTHOR GUIDELINES FOR THE ALASKA NURSE: The Editorial Committee welcomes original articles for publication. Preference is given to nursing and health-related topics in Alaska. Authors are not required to be members of the AANA. There is no limit on article length; include names and applicable credentials of all authors. Articles should be Microsoft Word documents. Photos are encouraged and should be in high resolution. Please include captions and photo credits at time of submission. All content submitted to The Alaska Nurse becomes property of the Alaska Nurses Association. Submit all content by email to Andrea@aknurse.org.
AFT is a union of 1.7 million professionals that champions fairness, democracy, economic opportunity, and high-quality public education, healthcare and public services for our students, our families and our communities. AFT is the national affiliate of the Alaska Nurses Association.

School Nurses Work COVID-19 Testing Sites

To slow the spread of the coronavirus, Connecticut closed schools March 13, which meant school nurses like Toni Pederson would be out of work for weeks. As fate would have it, however, the state established test sites at local hospitals, and nurses like Pederson were needed. Pederson and other school nurses represented by AFT Connecticut were hired to do testing at the drive-through testing center at Lawrence + Memorial in New London. In fact, members bargained for this role.

“It is a great example of solution-driven unionism and shows how collective bargaining empowers members to apply our faith, strength and willingness to work together—the union way—to get everyone through this,” says local president Ann Ryan.

Read about their training and challenges: www.aft.org/news/school-nurses-working-covid-19-testing-sites-connecticut

Crisis Heightsen Need to Address Student Debt

Already a heavy burden on the U.S. economy, student debt is an even bigger problem now that the coronavirus is shutting businesses and student loan borrowers are losing income. To minimize the damage, the AFT, in partnership with the Student Borrower Protection Center, is circulating information and tips to help borrowers through the crisis with tools like income-driven repayment plans and hardship deferment. The AFT is also working with lawmakers to ensure that substantial student loan relief is part of the coronavirus relief legislation.

Check out COVID-19 student borrower resources: www.forgivemystudentdebt.org/covid-19-student-borrower-resources/

I’m on the Pandemic’s Frontlines: Testing Notes of a Swabbing Nurse

A New York nurse explains why she accepted the call to go out into the community to test people for the coronavirus, despite personal risk. Dressed in full hazmat gear—double-masked, double-gloved and carrying red biohazard garbage bags—she and her team present a frightening specter in the neighborhoods where they take swab samples from children, seniors and everyone in between. “I see the crisis escalating,” she says. “PLEASE listen to the safety precautions. If you don’t and you’re incubating the virus, you’re going to spread it.”

Learn why this 65-year-old nurse stepped up to help: aftvoices.org/im-on-the-pandemic-s-frontlines-testing-notes-of-a-swabbing-nurse-f64ab2d74643

Virginia Cheers Collective Bargaining

AFT members in Virginia have won a new state law allowing school boards and local governments to engage in collective bargaining with their employees. This is a historic step forward for public service workers in the commonwealth. Although the law falls short of the original legislation, you can bet your last dollar that activists in Fairfax, Hampton and Norfolk will keep up the fight in next year’s session to strengthen union rights. In the meantime, the unions plan to work with local officials to put this new law into practice. Hear what these members have to say in AFT Voices.

See how activists won: aftvoices.org/virginia-chiefs-collective-bargaining-760b7bc95e0f

Sick Kids Need School, Too

Growing up, Vicky McClure wanted to be a pediatrician, and then a nurse, but ultimately she became a special education teacher in Chicago. A member of the Chicago Teachers Union, McClure had worked in special education for nearly a decade when she was offered the opportunity to become a hospital teacher with the school system. Its Home and Hospital Instruction Program provides continuous instruction by a certified teacher to any student whose academic programs are interrupted because of physical or mental illness. “Sick students need support. Unfortunately, not all teachers know how to provide that support,” McClure says. For her, this care is second nature; she spent a lot of time in the hospital as a child.

Hear Vicky’s inspiring story: aftvoices.org/sick-students-need-support-aabb82084123

“I Don’t Want Any Child to Go Hungry”

Essential workers come in many forms: doctors and nurses, of course, but how about school bus drivers, custodians and food service employees? Yolanda Fisher, a cafeteria worker at a middle school in Dallas, describes on AFT Voices how she and a small crew put their own safety on the line every day to serve others. Public schools provide the only chance many students have to eat each day, so Yolanda and her colleagues are still going into work to ensure that kids have grab-and-go meals. For their efforts, they made the cover of Time.

Look at their efforts to help kids: aftvoices.org/i-dont-want-any-child-to-go-hungry-while-schools-are-closed-463b38b2174d0f

Get the COVID-19 resources you need: www.aft.org/coronavirus
Understanding COVID Risk of Mortality: WHAT WE KNOW SO FAR

By Stacey Sever, BSN, RN, CCDS
Staff Nurse Director, Aana Board of Directors

It has only been five months since news came out of China about a new viral illness that was causing respiratory infections and with it, many deaths. Since that time, the world has changed. The World Health Organization (WHO) declared a pandemic, and (as of this writing) there are approximately 1.7 million confirmed cases and approximately 106,000 deaths globally. Many countries have instituted travel advisories and bans, quarantine orders vary from country to country as well as from state to state, and the global economy has taken a beating with people not being able to work in order to keep the virus from spreading so quickly.

Alaska has not been spared the effects of COVID-19, identified as a novel coronavirus, SARS-CoV-2. Our state has been placed under many mandates to help lessen the transmission and to protect our vulnerable populations. Those considered vulnerable to COVID-19 (SARS-CoV-2) are the elderly and people with co-morbid conditions. As we have seen, some nursing homes have been devastated by this virus mainly because the residents that live there generally fit into both of those categories.

Because this virus is so new, there is much that we do not know. Research is currently underway in many different areas, but definitive answers are not always available during the early stages of investigation. One of the areas being looked at is why the elderly and those with co-morbid conditions have a higher mortality rate than other population groups. Previous experience and study with SARS (SARS-CoV) and MERS (MERS-CoV) showed that older age was reported as an important independent predictor of mortality. Researchers wanted to know if COVID-19 (SARS-CoV-2) was similar.

A retrospective cohort study from two hospitals in China looked at adult patients that were diagnosed with COVID-19 (SARS-CoV-2) and separated them into two groups: those that survived and were discharged and those that did not survive their hospitalization. The most common symptoms upon admission were fever and cough, followed by sputum production and fatigue. Sepsis was the most frequently observed complication, followed by respiratory failure, ARDS, heart failure, and septic shock. Half of non-survivors experienced a secondary infection (Fei Zhou, 2020). Findings also showed that abnormal lab results that were associated with higher mortality rates included elevated ALT, LDH, troponin I, creatinine kinase, d-dimer, serum ferritin, IL-6, prothrombin time, creatinine, and procalcitonin.

For patients that had an associated sepsis diagnosis, having a higher SOFA score on admission (based on the sepsis and septic shock definitions according to the 2016 Third International Consensus Definition for Sepsis and Septic Shock) was also associated with increased odds of in-hospital death. In addition, Fei Zhou, et al, found that the risk of in-hospital death was higher for patients with diabetes or coronary heart disease.

Although the clinical manifestations of COVID-19 (SARS-CoV-2) are dominated by respiratory symptoms, some patients also experience severe cardiovascular damage. As a result, patients with underlying cardiovascular diseases may have an increased risk of death (Ying-Ying Zheng, 2020). Research has suggested that MERS (MERS-CoV) can cause acute myocarditis and heart failure. Since COVID-19 (SARS-CoV-2) and MERS-CoV have similar pathogenicity, the myocardial damage caused by an infection with these viruses undoubtedly increases the difficulty and complexity of patient treatment. Consequently, understanding the underlying mechanisms and damage caused by SARS-CoV-2 to the cardiovascular system is important so that effective treatment can be initiated in order to reduce mortality.

A meta-analysis showed that MERS-CoV infection was more likely to occur in patients with underlying cardiovascular disease. In patients with MERS-CoV infection and severe symptoms, 50 percent had hypertension and diabetes up to 30 percent had heart disease. Similarly, according to the Pneumonitis Diagnosis and Treatment Program for New Coronavirus Infection (Trial Version 4), elderly people with comorbidities are more likely to be infected with SARS-CoV-2, especially those with hypertension, coronary heart disease, or diabetes. Furthermore, patients with cardiovascular disease are more likely to develop severe symptoms if infected with SARS-CoV-2 (Ying-Ying Zheng, 2020).

Angiotensin-converting enzyme 2 (ACE2) is a membrane-bound aminopeptidase that plays a vital role in the cardiovascular and immune systems. Not only is ACE2 involved in heart function, it is also involved in the development of hypertension and diabetes mellitus. Research has shown that ACE2 has been identified as a functional receptor for coronaviruses, including SARS-CoV and SARS-CoV-2. The mechanism of a SARS-CoV-2 infection is triggered by the binding of the virus’s spike protein to ACE2, which is found in abundance in the heart and lungs.

SARS-CoV-2 mainly invades the alveolar epithelial cells, resulting in respiratory symptoms. These symptoms are more severe in patients with cardiovascular disease, which might be linked to the increased secretion of ACE2 in these patients compared with healthy individuals.

ACE2 levels can be increased by the use of renin–angiotensin–aldosterone system inhibitors. Given that initial research shows that ACE2 is a functional receptor for SARS-CoV-2, the safety and potential effects of antihypertension therapy with ACE inhibitors or angiotensin-receptor blockers in patients with COVID-19 should be carefully considered.

In patients with coronary heart disease, cardiac functional reserve can be reduced leading to myocardial ischemia. When infected with SARS-CoV-2, cardiac insufficiency is more likely to occur and can precipitate to a sudden deterioration in the condition of these patients. According to mortality data released by the National Health Commission of the People’s Republic of China, 35 percent of patients with SARS-CoV-2 infection had a history of hypertension and 17 percent had a history of coronary heart disease. Furthermore, data show that patients aged >60 years who were infected with SARS-CoV-2 had more acute symptoms and more severe pneumonia than patients aged ≤60 years (Ying-Ying Zheng, 2020).

Continued research is needed in order to fully understand SARS-CoV-2 and to develop effective ways to manage the illness. Preliminary studies show that our vulnerable populations of the elderly and those with comorbid conditions such as cardiovascular disease and diabetes are most at risk for contracting the illness and have a higher incidence of exhibiting severe symptoms and death. Social distancing, self-quarantine, good hand washing, and disinfection are effective ways to protect our community. By understanding the mechanism of the SARS-CoV-2 infection and creating interventions and treatments can lead to decreased mortality rates.

References
Around and walked in the other direction. Others
environment that lacked even the most fundamental
beds of soldiers (Goldie, 1997). She walked into an
coordination, and basic hygiene. She reportedly
apart. An almost complete lack of sanitation, care
that most of us today can't even begin to imagine.

Travel to Istanbul, Turkey with 38 other women to
War in 1854 to 1856. Nightingale was selected to
publication, it is becoming apparent that this is now
a profession as this year unfolded. The World Health
Year of the Nurse but as this article is submitted for

Florence Nightingale was called to be a nurse at the age
In 1860, she established the first professional
training school for nurses in England, the
experts was so well regarded that after the war
she worked to assist the entire country of India
from her sick bed in London, by working with and
for the British occupation. She researched, wrote,
and by mail, sent a 2,000-page step-by-step policy
on how to improve the health of the people of India
by improving public health, to include water, air,
and sanitation concerns. Florence Nightingale felt
strongly that her purpose was to care and have compassion
for those less privileged, and to get out of her comfort zone to improve the environment.
Florence Nightingale was awarded many honors
to include the OM (Order of Merit recipient), RRC
(Royal Red Cross recipient), and DSJ (Dame of The
in high regard by Queen Victoria to improve
the British Army Medical System, and later the
civilian healthcare system. She persevered under
challenging circumstances no matter the risk
to herself, her health, welfare, and future. When
she arrived in Crimea, there were reportedly
mortality rates of 50 percent for the staff and
75.2 percent for the soldiers receiving care
(Goldie, 1997).

Do the providers use healthcare informatics and
public health statistics? You can probably thank Florence.

For the eighteenth year in a row, nurses were
once again rated the most trusted profession in
America. Nurses are consistently rated higher in

THE LADY WITH THE LAMP

By Quinn Sharkey, MA, BSPH, BMAsc, RN-BC, CCDS, NHDP-BC
and Michele Burdette-Taylor, PhD, MSN, RN-BC, CWCN, CFCCN

As we began to look forward to the annual
Nurses Week celebrations in May, this year marked
a significant anniversary. Two hundred years ago,
Florence Nightingale was born. As we planned to
make preparations to celebrate, no one could have envisioned the challenges we would have to face as a profession as this year unfolded. The World Health Organization declared 2020 as the International Year of the Nurse because this article is submitted for publication, it is becoming apparent that this is now the international year of the nurse battling COVID-19 and many, if not most of the nurses in this state and the world, are preparing to face the challenge of their careers. Famous for being the almost mythical figure of 'The Lady with the Lamp,' rounding on wards by lamplight at night during the Crimean War, we now know that Florence Nightingale was far more than that. Her accomplishments and her struggles were very real and are as relevant today as they were so many years ago.

Florence was called to be a nurse at the age of 16 years old, reportedly a divine calling to a woman significantly influenced by spirituality. She was the first woman to serve at the frontlines of a war with in-depth daily accounts, the Crimean War in 1854 to 1856. Nightingale was selected to travel to Istanbul, Turkey with 38 other women to serve the British Army Medical System. When she arrived in Scutari, what she found were conditions that most of us today can't even begin to imagine. Soldiers crammed into 4 miles of beds, not 18 inches apart. An almost complete lack of sanitation, care coordination, and basic hygiene. She reportedly...

This page is a continuation of THE LADY WITH THE LAMP. For the full article, please see the next page.
THE IMPORTANCE OF SUFFICIENT SLEEP

By Stacey Sever, BSN, RN, CCDS
Staff Nurse Director, AANA Board of Directors

Who needs sleep? Well you’re never gonna get it
Who needs sleep? Tell me what’s that for
Who needs sleep? Be happy with what you’re getting
There’s a guy who’s been awake
Since the Second World War

— Barenaked Ladies “Who Needs Sleep?”

Sleep. This topic has been in the news for the past several years. An abundance of research has gone into the study of sleep. Information can be found from reputable sources such as the National Institute of Occupational Safety and Health (NIOSH), Center for Disease Control and Prevention (CDC), and the National Sleep Foundation, to name a few. Information about insomnia, good sleep hygiene, plus the physical and psychological effects of poor sleep quality is easily located at your fingertips. 

The importance of sleep stems from her experience as a 17-year-old nurse in Alaska in 2015 after retiring from the US Army. Dr. Shelly is board certified in foot care, wound care, and nursing professional development. Her passion for history stems from her experience as a 17-year-old student nurse attending a 3-year Nightingale School of Nursing. She has had a grant-funded academic service-learning project to provide a foot and wound care clinic for the homeless of Anchorage since 2016.

References and Inspirations


The gold watch worn by Florence Nightingale throughout her time working in the Scutari Hospital during the Crimean War, the watch originally belonged to Nightingale’s father, William Nightingale, and was given to his daughter as a gift before she left for Scutari. After returning to England, Nightingale was often housebound, as a result of the brucellosis infection she contracted during the war. In 1874, she gave the watch to her relative, Miss May Cooke Smith, writing, “I do not use a watch now, for I am not moveable.”
means it’s harder to sleep during the day. Over time, this can lead to chronic sleep deprivation (National Sleep Foundation, 2020). While it may feel that you have no control over your insomnia (especially when lying wide-awake during the middle of the night), believe it or not, you have much more control over the quality of your sleep than you realize. Here are some tips that can help get your sleeping back on track:

1. **Try going to sleep and getting up at the same time every day.** This helps reset your body’s internal clock and optimize the quality of your sleep.
2. **As tempting as it may be, avoid sleeping in—even on weekends.**
3. **Be smart about napping.** Napping can make things worse when you have trouble sleeping. However, if a nap is needed, be sure to limit it to 15 to 20 minutes.
4. **Fight after-dinner drowsiness.** If you get sleepy way before your bedtime, get off the couch and do something mildly stimulating such as going for a walk.

Control your exposure to light. Winter and summer in Alaska can make this particularly difficult at times. Melatonin is a naturally occurring hormone controlled by light exposure that helps regulate your sleep-wake cycle. The brain secretes more melatonin when it’s dark, which stimulates drowsiness.

- **During waking hours, expose yourself to natural light as much as possible.** A light therapy box may be helpful if access to natural light is difficult such as during the winter months.
- **Prep for bedtime, turn down the lights, avoid bright lights an hour or two before bed,** use blackout curtains, don’t engage in late TV watching (as this is known to suppress melatonin), and if you do wake up in the middle of your sleep time, keep the lights down low so as not to stimulate your brain to fully wake up.
- **Exercise during the day.** People who exercise regularly find they feel less sleepy during the day. Regular exercise also improves the symptoms of insomnia and sleep apnea and increases the amount of time you spend in the deep, restorative stages of sleep.

Be smart about what you eat and drink. Your daytime eating habits play a role in how well you sleep, especially in the hours before bedtime.

- **Limit caffeine and nicotine.** Both are stimulants and it might be surprising to know that caffeine can cause sleep problems up to 10 to 12 hours after drinking it!
- **Avoid big meals at night.** Try to make dinner time earlier in the evening, and avoid heavy, rich foods within two hours of bed.
- **Avoid alcohol before bed.** While a nightcap may help with relaxation, alcohol interferes with the sleep cycle.
- **Avoid drinking too many liquids in the evening.** This will decrease the need for frequent bathroom trips throughout the night.
- **Cut back on sugary foods and refined carbs.** Eating lots of sugar and refined carbs such as white bread, white rice, and pasta during the day can trigger wakefulness at night and pull you out of the deep, restorative stages of sleep.

Wind down and clear your head. Taking steps to manage your overall stress levels and learning how to curb the worry habit can make it easier to unwind at night. You can also try developing a relaxing bedtime ritual to help you prepare your mind for sleep, such as practicing a relaxation technique, taking a warm bath, or dimming the lights and listening to soft music or an audiobook.

- **Improve your sleep environment.** Even small changes to your environment can make a big difference to your quality of sleep.
- **Keep the bedroom dark, cool, and quiet.**
- **A new mattress and/or pillows may be in order if morning aches and pains are routine.**
- **Limit bedroom activities to sleeping and sex only.** By not working, watching TV, or using your phone, tablet, or computer in bed, the brain can be retrained to associate the bedroom with just sleep and sex which can aid in relaxation.

It’s normal to wake briefly during the night but if you’re having trouble falling back asleep, engage in a quiet, non-stimulating activity:

- **If you’ve been awake for more than 15 minutes,** get out of bed and do a quiet, non-stimulating activity, such as reading a book. Keep the lights dim and avoid screens so as not to cue your body that it’s time to wake up.
- **History has informed us that before artificial lighting allowed us to stay awake longer, most people would go to bed around sunset.** The actual time spent sleeping was split into two phases known as first sleep and second sleep. In between the first and second sleep, the person would be awake for about an hour — enough to say prayers during Matins (which would typically fall between 2 am and 3 am), study, or even have sex (Ekirch, 2005).

There are times when all of these methods have been tried and the sleep deprivations continues. There are many medical conditions (some mild and others more serious) that can lead to insomnia. In some cases, a medical condition itself causes insomnia, while in other cases, symptoms of the condition cause discomfort that can make it difficult for a person to sleep. It’s a good idea to review your health and think about whether any underlying medical issues or sleep disorders could be contributing to your sleep problems. Some of those conditions include (but are not limited to) restless leg syndrome, obstructive sleep apnea, hypothyroidism, GERD, allergies, and neurologic disorders such as Parkinson’s disease.

As nurses, we are well aware of how a disturbed sleep cycle affects our patients that are hospitalized. The bright lights, loud noises, and frequent sleep interruptions can affect cognitive function as evidenced by decreased, depressed, and other psychiatric impairments (American Academy of Nursing, 2015). Research and evidence-based practice has led to changes in the hospital setting that limit the lights and noise of inpatient units as well as clustering care at night to decrease the number of interruptions of sleeping patients.

We also know that serious health complications can arise from medical issues that contribute to sleep deprivation. Untreated obstructive sleep apnea or central sleep apnea (OSA/CSA) can lead to hypertension, cardiovascular disease, stroke, diabetes, and depression. Pulmonary hypertension related to untreated OSA/CSA can strain the heart, leading to heart failure, and increasing mortality (Maria Rosa Costanzo, 2015).

Good-quality sleep is critical for health and overall quality of life. Research has shown associations between the lack of quality sleep and physical performance, nutritional habits, measures of obesity, lifestyle behaviors, and measures of psychosocial status. The amount of sleep needed by an individual varies significantly with age across the lifespan, though most studies advise 7-9 hours of optimal sleep duration for adults. Sleep disorders are common, cause significant morbidity, and have substantial economic impact, but are treatable.

Yet many individuals with sleep disorders remain undiagnosed and untreated. Educating ourselves and the community that we care for about the importance of sleep as an essential component of good health certainly deserves more importance in the societal priorities of the general population.
I am a nurse. I have been a nurse for 27 years and have practiced in various settings. Early in my career, I learned about hospice, and since then I have had the opportunity to sit at the bedside of dying patients and rocked babies that have taken their last breath in my arms. I have also been a patient. I am a resident coordinator, an ELNEC (End of Life Nursing Education Consortium) trainer teaching end-of-life care to nurses and other healthcare professionals, and now am an Assistant Professor at the University of Alaska, Anchorage, School of Nursing.

Using the ELNEC modules, I have created an End-of-Life elective, and this past week we had a Zoom meeting to discuss the nurse’s role at the bedside during a pandemic. While preparing for class, I had a profound thought of how living during a pandemic is very similar to the process of grief. If we recognize the similarity and allow ourselves to process our experiences, we will be able to cope with the challenges we are faced with. There are so many angles to look at. First, the pandemic is very similar to the process of grief. We are all significant in developing coping strategies. The experience of loss is helpful, recognizing that there is a sense of grief that comes to mind is the position healthcare workers are being put in. People are dying, and there are feelings of helplessness and chaos. We may feel guilty as nurses, if we just want to stay home to protect our loved ones. We are not the only ones suffering. People are dying alone. Maybe you were not able to say goodbye to a loved one. The anguish runs deep into our souls. Pain and suffering are not only expressed through tears, but can be masked by alcohol, drugs, or poor life decisions. Not processing our emotions can lead to poor lifestyle choices later in life. We start reflecting on what we should have done. With more time and less distractions, our thoughts may reveal past hurts and pain which were never processed. This can be a very difficult stage.

Anger and Bargaining is the next stage. Conferences have been cancelled, classes are being put online, the gym is closed, and big ceremonies and events are being put in place, and in a short amount of time, we are left with a new normal. Maybe it is easier to be in denial than to think of what is happening and what risk my loved ones are at of contracting COVID-19, and even worse, the possibility of death of a loved one. The second stage is known as Pain and Guilt. There are so many angles to look at. The first that comes to mind is the position healthcare workers are being put in. People are dying, and there are feelings of helplessness and chaos. We may feel guilty as nurses, if we just want to stay home to protect our loved ones. We are not the only ones suffering. People are dying alone. Maybe you were not able to say goodbye to a loved one. The anguish runs deep into our souls. Pain and suffering are not only expressed through tears, but can be masked by alcohol, drugs, or poor life decisions. Not processing our emotions can lead to poor lifestyle choices later in life. We start reflecting on what we should have done. With more time and less distractions, our thoughts may reveal past hurts and pain which were never processed. This can be a very difficult stage.

Anger and Bargaining is the next stage. Conferences have been cancelled, classes are being put online, the gym is closed, and big ceremonies like graduation and nursing pinning are being postponed. I have plans for the summer that I am holding onto, hoping that things will change. I wrote an email to my director the other day to ask if I could please go up to my office, just for 10 minutes. These are reflective of bargaining behaviors. I hear of others who have coworkers still going into the office. Maybe that's denial, or maybe they are bargaining for just one more day to get a project done. Emotions seem to be at a higher level and patience is running low the longer we are told to shelter at home. Even children are asking parents, “If I am good can I please...?”

Frustration can lash out looking like anger. How important it is to reflect on our reactions to what is going on! Depression, also known as the reflection or loneliness stage, is the next stage. When we start talking about the economy, job loss, businesses closing, etc., this weighs heavily on our thoughts and emotions. We still don't know what our “new normal” will be. People who live alone or have a predisposition to depression can suffer deeply during this time. At this stage, one starts to measure the magnitude of loss. There can be a big void in our life. Missing peers, feeling alone, feeling more emotional, or even crying more. Social isolation is very difficult for many!

Reconstruction and Work Through is the next stage. What is the new normal? When will the rhythm of our days be back to how it used to be, if ever? At some point, we have to start rebuilding a new normal. Maybe it’s a new job, a new process, or a new routine. It can be a time to “reinvent” yourself. It doesn’t even have to be that big. Maybe for you, it is just getting through each day and how that looks, balancing work, homeschooling, getting groceries, and addressing medical issues.

Acceptance and Hope is the final stage. When we look back and know what we’ve went through, maybe I’ll think, “Wow, I did it!” Maybe it is a time to “reinvent” yourself. It doesn’t even have to be that big. Maybe you can think of events that were traumatic, but you've overcome them. Maybe for you, it is just getting through each day and how that looks, balancing work, homeschooling, getting groceries, and addressing medical issues. When we look back, we can do it! Acceptance and Hope is the final stage.

### COMMON FEELINGS OF GRIEF

- Anger
- Depression
- Loneliness
- Hopelessness
- Disappointment
- Hurt
- Sadness
- Fear
- Frustration
- Out of Control
- Confusion
- Emptiness
- Guilt
- Helplessness
- Panic

Prior to meeting my students, I asked for them to write a summary describing what they are feeling during this pandemic. As I read through their responses, the list seemed very familiar to me, so I looked in my ELNEC book and found a list of common descriptions of grief which mirrored what my students expressed.  

### SEVEN STAGES OF GRIEF

1. Shock and Denial
2. Pain and Guilt
3. Anger and Bargaining
4. Depression (reflection/loneliness)
5. The Upward Turn
6. Reconstruction and Work Through
7. Acceptance and Hope

Coping through the Pandemic

By Susan Meskis, MSN, RN

The anguish runs deep into our souls. Pain and suffering are not only expressed through tears, but can be masked by alcohol, drugs, or poor life decisions. Not processing our emotions can lead to poor lifestyle choices later in life. We start reflecting on what we should have done. With more time and less distractions, our thoughts may reveal past hurts and pain which were never processed. This can be a very difficult stage.

Anger and Bargaining is the next stage. Conferences have been cancelled, classes are being put online, the gym is closed, and big ceremonies like graduation and nursing pinning are being postponed. I have plans for the summer that I am holding onto, hoping that things will change. I wrote an email to my director the other day to ask if I could please go up to my office, just for 10 minutes. These are reflective of bargaining behaviors. I hear of others who have coworkers still going into the office. Maybe that's denial, or maybe they are bargaining for just one more day to get a project done. Emotions seem to be at a higher level and patience is running low the longer we are told to shelter at home. Even children are asking parents, “If I am good can I please...?”

Frustration can lash out looking like anger. How important it is to reflect on our reactions to what is going on! Depression, also known as the reflection or loneliness stage, is the next stage. When we start talking about the economy, job loss, businesses closing, etc., this weighs heavily on our thoughts and emotions. We still don't know what our “new normal” will be. People who live alone or have a predisposition to depression can suffer deeply during this time. At this stage, one starts to measure the magnitude of loss. There can be a big void in our life. Missing peers, feeling alone, feeling more emotional, or even crying more. Social isolation is very difficult for many!

Reconstruction and Work Through is the next stage. What is the new normal? When will the rhythm of our days be back to how it used to be, if ever? At some point, we have to start rebuilding a new normal. Maybe it’s a new job, a new process, or a new routine. It can be a time to “reinvent” yourself. It doesn’t even have to be that big. Maybe for you, it is just getting through each day and how that looks, balancing work, homeschooling, getting groceries, and addressing medical issues.

Acceptance and Hope is the final stage. When we look back and know what we’ve went through, maybe I’ll think, “Wow, I did it!” Maybe it is a time to “reinvent” yourself. It doesn’t even have to be that big. Maybe you can think of events that were traumatic, but you've overcome them. Maybe for you, it is just getting through each day and how that looks, balancing work, homeschooling, getting groceries, and addressing medical issues.

When we look back, we can do it! Acceptance and Hope is the final stage.

I encourage you to do a self-assessment and cont...
recognize where you are in body, mind and spirit during this pandemic. Reach out if you need support. If you have the strength to give, reach out just to check on someone. We are all adapting to a new normal, and perhaps what we learn and grow from will enrich our lives. Just like grief, we will be forever changed by living through this pandemic. Be well.

HERE ARE SOME IDEAS TO TAKE CARE OF YOURSELF:

<table>
<thead>
<tr>
<th>Body</th>
<th>Mind</th>
<th>Spirit</th>
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<tr>
<td>Eat regular, healthy meals</td>
<td>Journal</td>
<td>Routine prayer, meditation and/or reflection</td>
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<tr>
<td>Exercise daily, stretch</td>
<td>Self-reflect</td>
<td>Be open to inspiration</td>
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<td>Sleep 7-9 hours</td>
<td>Spend time outdoors</td>
<td>Listen to music</td>
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<tr>
<td>Hobby that promotes movement, such as gardening</td>
<td>Board games, puzzles, art</td>
<td>Be grateful</td>
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<td></td>
<td>Allow both tears and laughs</td>
<td>Connect to online services</td>
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<td></td>
<td>Connect with friends and family (virtually or phone)</td>
<td>Random acts of kindness</td>
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<td></td>
<td>Reach out if you are sad or depressed</td>
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About the Author
Susan Meskis has chased her passion for mission work, teaching, and being in the role of a nurse around the world. She is an Assistant Professor at the UAA School of Nursing and works per diem at Alaska Native Medical Center on the labor and delivery unit. Susan is currently pursuing her doctoral degree and teaches ELNEC curriculum both nationally and internationally, which is her passion and her nursing heart song.

A HARD DAY’S NIGHT:
Training Provides Nurses with Strategies for Shift Work and Long Work Hours

By Claire Caruso, PhD, RN, FAAN
Research Health Scientist, NIOSH Division of Applied Research and Technology

This program is supported by the State of Alaska Department of Health and Social Services

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People get sick and injured at all hours of the day. These injuries and illnesses are not restricted to a typical 9-5 work shift. In the U.S., healthcare services are available 24 hours a day 7 days a week. To meet this demand, nurses work in shifts—often 8-12 hours at a time—which may require them to work at night during traditional sleeping hours. Research has shown that shift work and long work hours are associated with: declines in functioning of the brain (thinking, remembering, etc.); reduced job performance, accidents, and errors; negative impact on health behaviors (obesity, smoking, etc.); increased short-term and long-term health risks; and negative impacts to patients, families, employers, and the community.

The symptoms of sleep deprivation are similar to alcohol intoxication. Research show that performance after being awake for 17 hours is similar to having a blood alcohol concentration (BAC) of 0.05% and being awake for 24 hours is similar to having a BAC of 0.10%. Note that the United States defines legal intoxication for purposes of driving as a BAC of 0.08% or greater. However, driving impairments are seen at a BAC of 0.05%, and some countries use a cutoff of 0.05% or lower for driving purposes.

The National Institute for Occupational Safety and Health (NIOSH) offers a free online course to train nurses and their managers on the risks of shift work and long work hours, and strategies to reduce these risks. The training course was developed in collaboration with healthcare stakeholders, including nursing organizations and academic groups and will provide continuing education certificates for registered nurses who complete the course.

The NIOSH Training for Nurses on Shift Work and Long Work Hours is designed to increase knowledge and promote better personal behaviors and workplace systems to reduce the risks linked to working shift work, long work hours, and exposure to related issues from insufficient sleep. Content is derived from scientific literature on shift work, long work hours, sleep, and circadian rhythms.

The training will inform nurses and their managers about the following:

- How shift work and long hours are linked to a wide range of health and safety risks by reducing time for sleep, disturbing circadian rhythms, and disrupting family and non-work responsibilities
- What vital functions occur during sleep and the relevant physiologic processes that determine the timing of sleep and the development of fatigue
- Good sleep practices and other coping strategies nurses working shift work and long work hours can adopt in their personal lives to reduce risks
- Work organization strategies for employers to reduce risks associated with shift work and long work hours

The NIOSH training is a multimedia course that incorporates lesson text, lesson quizzes, and video testimonials from several nurses. The course is divided into two parts to make it easier for nurses to schedule time and receive contact hours for at least part of the training: Part 1) Health and safety risks to shift work and long work hours and why these occur; Part 2) Strategies to reduce risks from shift work and long work hours. Part 1 takes about 1.5 hours to complete and Part 2 takes about 1.7 hours. It can be taken at any time that is convenient and over a series of 15- or 20-minute time periods if desired.

The course is available for desktop and mobile devices here: www.cdc.gov/niOSH/docs/2015-115/
The COVID-19 pandemic has turned the world upside down, and nurses are on the frontlines across Alaska. The Alaska Nurses Association has received many, many questions from members about COVID-19— from PPE and staffing, to personal health conditions and lost income. We’re committed to providing you with the most accurate, up-to-date information and advocating at every level to ensure you have what you need to safely care for patients during this pandemic. We developed a COVID-19 FAQ section on our website as a valuable resource for you and we’ll be updating it regularly with additional answers and resources. You can access the online versions of the answers below (and many more!) at www.aknurse.org/index.cfm/COVID-19. Here, we publish a few popular questions and answers about COVID-19:

**Does Alaska’s ‘No Mandatory Overtime for Nurses’ law still apply during this pandemic? Can my employer require mandatory overtime?**

Nurses can be required to work overtime during an unforeseen emergency situation such as a disease outbreak. Governor Dunleavy issued a public health disaster emergency declaration for COVID-19 on March 11, 2020. Therefore, the statutory prohibition on mandatory overtime for nurses is suspended for the duration of the emergency.

While the mandatory overtime statute is suspended by the declared state of emergency, any overtime restrictions, rest between shifts provisions, and on-call provisions contained in your collective bargaining agreement may still remain in effect, depending on the specific language of your contract. You should reach out to a union leader about the specific situation at your workplace.

**Who do I report a health & safety issue to?**

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**Who do I report a health & safety issue to?**

First, you should communicate your health and safety concern directly to your supervisor or manager, as this can be the quickest and most effective way to correct workplace hazards. You should also complete an incident report at your facility for any event or issue outside the usual operations of your workplace. Make sure you keep a copy of any reports you submit. We also recommend that AaNA members fill out AaNA’s Assignment Despite Restriction form (found at www.aknurse.org) and contact a union representative at your facility.

You also have the option of submitting an official complaint to OSHA. Submitting a complaint directly to our local OSHA office, AKOSH, is most efficient. You have the right to do this on your own or in consultation with your union. Employers may not retaliate against you for expressing a concern or filing a complaint or a grievance over COVID-19 exposure or interfere with your protected union activity. AaNA union members: if you see violations of this, please document them and notify an AaNA representative immediately. AaNA is committed to providing you with the most accurate, up-to-date information and advocating at every level to ensure you have what you need to safely care for patients during this pandemic.

If you are awaiting test results for COVID-19, you can file a workers’ compensation claim. Only once you have tested positive are you then able to file. Workers’ compensation is a system which requires an employer to pay an injured worker’s work-related medical and disability benefits. If you are a healthcare worker who contracts COVID-19, it is presumed that you were infected while at work and are thus eligible for workers’ compensation benefits.

This presumption of compensability created by the passage of SB 241 will streamline the process for healthcare workers to receive workers’ compensation benefits for COVID-19. You must receive a COVID-19 diagnosis by a physician, a presumptive positive COVID-19 test result, or a laboratory-confirmed COVID-19 diagnosis to be eligible for workers’ compensation. AaNA leaders are also happy to assist with questions you have in navigating this process. I have been laid off or my work hours have been reduced due to COVID-19. What unemployment benefits am I eligible to receive?

The COVID-19 pandemic has turned the world upside down, and nurses are on the frontlines across Alaska. The Alaska Nurses Association has received many, many questions from members about COVID-19—from PPE and staffing, to personal health conditions and lost income. We’re committed to providing you with the most accurate, up-to-date information and advocating at every level to ensure you have what you need to safely care for patients during this pandemic. We developed a COVID-19 FAQ section on our website as a valuable resource for you and we’ll be updating it regularly with additional answers and resources. You can access the online versions of the answers below (and many more!) at www.aknurse.org/index.cfm/COVID-19. Here, we publish a few popular questions and answers about COVID-19:

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If you’ve been laid off from your job, you should generally be eligible for unemployment insurance benefits. Unemployment benefits are intended to assist workers who are out of work due to not fault of their own, by partially replacing the income you would earn if you were still working. Working part-time or on-call does not automatically disqualify you from receiving unemployment benefits. If your work hours have been reduced due to COVID-19, you should file an unemployment claim with the State of Alaska. Eligibility is determined on a case-by-case basis, and you’ll need to report any hours worked and your earnings each week that you file for benefits.

The State of Alaska has a COVID-19 unemployment information page that includes FAQs, an online help guide, and video tutorials.

The fastest way to apply for unemployment benefits is online at my.alaska.gov. You should file for unemployment benefits as soon as you become unemployed. Governor Dunleavy recently signed legislation waiving the one-week waiting period to receive these benefits.

In addition to state unemployment compensation, there is a new, additional type of federal unemployment compensation available. Federal Pandemic Unemployment Compensation, which was established by the CARES Act, provides an additional $600 per week for each week you are eligible to receive state unemployment benefits. Both types of unemployment compensation (state and federal) are issued by the Alaska Department of Labor and Workforce Development. The federal unemployment compensation does not require a separate application.

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nursing evidence in the context of a country’s health system, health workforce, and health priorities.” The COVID-19 pandemic underscores the urgent need to strengthen the nursing workforce. “Nurses are the backbone of any health system. Today, many nurses find themselves on the frontline in the battle against COVID-19,” said Dr Tedros Adhanom Ghebreyesus, WHO Director General. “This report is a stark reminder of the unique role they play and a wakeup call to ensure they get the support they need to keep the world healthy.” Historically, as well as today, nurses are at the forefront of fighting epidemics and pandemics that threaten health across the globe. Around the world they are demonstrating their compassion, bravery and courage as they respond to the COVID-19 pandemic: never before has their value been more clearly demonstrated.

To equip the world with the nursing workforce it needs, WHO and its partners recommend that all countries:

- Increase funding to educate and employ more nurses
- Strengthen capacity to collect, analyze and act on data about the health workforce
- Monitor nurse mobility and migration and manage it responsibly and ethically
- Educate and train nurses in the scientific, technological and sociological skills they need to drive progress in primary healthcare
- Establish leadership positions including a government chief nurse and support leadership development among young nurses
- Ensure that nurses in primary healthcare teams work to their full potential, for example in preventing and managing noncommunicable diseases
- Improve working conditions including through safe staffing levels, fair salaries, and respecting rights to occupational health and safety
- Implement gender-sensitive nursing workforce policies
- Modernize professional nursing regulation by harmonizing education and practice standards and using systems that can recognize and process nurses’ credentials globally
- Strengthen the role of nurses in care teams by bringing different sectors (health, education, immigration, finance, and labor) together with nursing stakeholders for policy dialogue and workforce planning

The report’s message is clear: governments need to invest in a massive acceleration of nursing education, creation of nursing jobs, and leadership. Without nurses, midwives, and other health workers, countries cannot win the battle against outbreaks, or achieve universal health coverage and WHO’s Sustainable Development Goals.

Resources
Read the full report: www.who.int/publications-detail/nursing-report-2020
Learn more about the campaign: https://www.who.int/news-room/campaigns/year-of-the-nurse-and-the-midwife-2020

By Cynthia Booher, PhD, RN, CNE, ELNEC, CNRN
Director at Large, AaNA Board of Directors

As a school nurse, I am often asked, “What do you do all day?” As an elementary school nurse, I am also often asked how much fun it is to play with the students all day. The answer to the second question is a lot easier than the answer to the first. Yes, I love working with my students all day long and my job allows me to help many little people in one day. The answer to the first question is harder.

My day typically starts by assisting my diabetic students to take insulin before breakfast. That is generally followed by office visits of the many students who just need a hug and a check-in to ask, “Are you okay?” Once the day gets going, I am available for office visits, which may include something as simple as a headache or as complex as appendicitis or broken bones. In between those office visits, I check to see if each student is current with the immunizations, assess students for growth or developmental delays, assess for vision or hearing problems and finally, I am available to sit in on the numerous individualized educational plan meetings to help decide the best course of action to assist a student to become successful.

The job is not predictable and it changes from minute to minute, from working in a mini emergency room to providing mental health support. This is what makes the job both interesting and nerve-wracking. I want you to imagine what was going through the minds of every Anchorage School District nurse when we came back from the 2019 winter break and there was a small rumbling about a respiratory virus of unknown origins that was impacting people in China.

The nurses were reading reports from the Center for Disease Control (CDC) and the World Health Organization (WHO). We were waiting to hear what we needed to do to prevent the spread of this new virus in our schools. We had many conversations within healthcare services about what we could do to help. We developed lesson plans to present in classrooms to teach about protection (handwashing, etc.). We spoke to many nervous staff members who had immunocompromised loved ones and needed

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SCHOOL NURSING during the Pandemic

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assurance that they would be safe. We spoke to many parents to assure them that their child was safe in our schools. All while taking care of our daily duties.

The first week of March our students went on spring break, we were resting up for the last quarter of school, making sure that our yearly assessments had been completed and that we were ready to gear up for annual registration of students. During the week we were told that students would be out for two more weeks, to assure that those that traveled were not sick. We went back to empty schools, made sure that our offices were cleaned, got our paperwork caught up, and worked with staff members to assure that they felt safe and ready for students to return. We talked with concerned families and educated on the proper use of masks and handwashing. As we were ready to see the students again, we received the devastating news that we would be out through May 1st and that people would be working from home.

This is when school nurses began to shine. There are 104 nurses in the Anchorage School District who learned that they would not be returning to their offices. Our first concern was the students that we interact with every day. Would they have enough medication to get through? Did we need to get supplies to their families? Would they be able to get breakfast and lunch every day? How can we make sure that their medical needs are covered daily? How can we make this challenge a little bit easier on our students? The teachers had their direction, they had to prepare to teach online, but what would we as nurses do?

We went to work doing what nurses do. We volunteered. Out of the 104 nurses that work in the district, 68 nurses are volunteering for the Anchorage Health Department, Alaska 211, food banks, the Municipality’s emergency operations center, or doing home nursing visits. Some volunteered to ride the school buses that were delivering meals to students and lunch to families in need. Some volunteered to ride the Alaska School District said, “The support that our school nurses have provided during this pandemic is a benefit to the Anchorage School District. She has vast experiences as a nurse that include medical ICU, neurological ICU, pediatricians, and hospice nursing. Dr. Booher is currently serving on the board of directors for the Alaska Nurses Association and is past president of Sigma Theta Tau.

While volunteering, school nurses have also been working from their homes on school-based requirements. We have kept in touch with our special needs students and have made sure that students have the necessary medications at home to be successful and safe. We have been invited to speak in many of the Zoom meetings held for the entire school as the medical experts on COVID-19. Many of us have been going into teacher meetings to teach students ways to stay safe, limit screen time, and make healthy choices. We often are the sounding boards for parents who may have a concern about health issues going on in their homes, as the medical experts that families are comfortable talking to. We have cleaned out our offices of the necessary personal protective equipment and donated to the medical agencies in need.

School nursing is often thought of as a specialty that is not difficult and that school nurses have a limited skill and knowledge set. Due to the pandemic, the Anchorage school nurses proved that once a nurse you are always a nurse and when times get difficult the nurse does not back down but instead stands up and says, “How can I help?” The nurses of the Anchorage School District stepped up and said, “How can I help?” proving that school nurses are an important part of the healthcare system.

About the Author
Cynthia Booher recently retired from nursing education at UAA and is currently working as a school nurse in the Anchorage School District. She has vast experiences as a nurse that include medical ICU, neurological ICU, pediatricians, and hospice nursing. Dr. Booher is currently serving on the board of directors for the Alaska Nurses Association and is past president of Sigma Theta Tau.