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North Dakota Emergency Nurses Association • ndena.org

North Dakota's Response to COVID-19: Continuation of Preventative Measures and a Call to Action

Description

The COVID-19 pandemic has impacted North Dakota's healthcare systems, patients, and healthcare workers since March 2020, when the first case was identified within the state.¹ Along with the rest of the world, North Dakota's healthcare administrators, public health officials, elected leaders, healthcare providers, and residents have been challenged by constantly-evolving evidence, recommendations, guidelines, and requirements.

Emergency nurses are at the front lines of this fight, not only witnessing the impact of the pandemic on patients, the healthcare system, and the community, but experiencing the consequences themselves.² In addition to nurses who have contracted COVID-19 and those whose loved ones have been impacted by the virus, nurses report concerns for personal and family safety, fear, vulnerability, loneliness, stress, anxiety, sleep disturbances, and other psychological ramifications.²

As the prevalence of COVID-19 increases and the number of patients requiring emergency care and hospitalization rises in North Dakota, hospitals are in imminent danger of exceeding both physical capacity and staffing capacity to provide care to all who need it.³ This statement of the North Dakota Emergency Nurses Association intends to (i.) support the positive measures already taken to slow the spread of the virus, and (ii.) call for action to implement additional interventions to further protect our state's residents, our healthcare system, and our healthcare workers.

North Dakota ENA Statement

It is the position of the North Dakota Emergency Nurses Association (ND ENA) that:

1. Universal masking, social distancing, and frequent and proper hand hygiene are currently the best evidence-based interventions to slow the spread of COVID-19, and must continue to be promoted to the public.
2. Adherence to ND Department of Health Recommendations in addition to CDC Guidelines is vital to slowing the spread of COVID-19.
3. Maintaining the health and safety of healthcare workers is a key priority as hospitalization rates continue to climb, worsening the pre-existing shortage of healthcare workers.

On behalf of emergency nurses in North Dakota and their patients, ND ENA urges the following actions:

1. The implementation of a state-wide public mask mandate. Evidence shows that the daily COVID-19 growth rate declined following mask mandates implemented in other states.⁴⁻⁶
2. The initiation of all CDC-recommended strategies to mitigate healthcare personnel staffing shortages and strategies to slow the spread of COVID-19 prior to allowing healthcare workers with active COVID-19 infection to return to work on COVID cohort units.

Excluding COVID-positive healthcare workers from quarantine and isolation requirements increases the risk of other healthcare workers being exposed to COVID-19, and is identified as a crisis strategy by the CDC that is only to be implemented when other strategies (several of which have not yet been implemented in North Dakota) fail to provide enough staff for safe patient care.⁷



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Background Information

Statewide mask mandates are currently in place in 34 states and the District of Columbia, requiring face coverings while in public.⁸ Some details of these mask mandates vary (for example, the age cutoff of exemptions for children), but in general, masks are required in indoor public spaces, on public transit and ride-hailing services, and outdoors when unable to maintain six feet of social distance.⁸ While local mask mandates have received support from elected state leaders, North Dakota remains one of 16 states without such a statewide requirement.⁹

Mask mandates have received support from healthcare experts and medical organizations nationwide including the following:¹⁰

American Academy of Allergy, Asthma & Immunology, American Academy of Dermatology, American Academy of Family Physicians, American Academy of Hospice and Palliative Medicine, American Academy of Neurology, American Academy of Ophthalmology, American Academy of Orthopaedic Surgeons, American Academy of Pediatrics, American Academy of Physical Medicine and Rehabilitation, American Association of Clinical Endocrinology, American College of Cardiology, American College of Emergency Physicians, American College of Medical Genetics and Genomics, American College of Obstetricians and Gynecologists, American College of Occupational and Environmental Medicine, American College of Physicians, American College of Preventive Medicine, American College of Radiology, American College of Rheumatology, American College of Surgeons, American Epilepsy Society, American Gastroenterological Association, American Geriatrics Society, American Medical Informatics Association, American Psychiatric Association, American Society of Anesthesiologists, American Society of Clinical Oncology, American Society for Clinical Pathology, American Society of Colon and Rectal Surgeons, American Society of Hematology, American Society of Nephrology, American Society of Plastic Surgeons, American Society for Radiation Oncology, American Society for Reproductive Medicine, American Thoracic Society, American Urological Association, Infectious Diseases Society of America, North American Spine Society, Society of Critical Care Medicine, Society of Gynecologic Oncology, Society of Hospital Medicine, Society of Interventional Radiology, Society of Nuclear Medicine and Molecular Imaging, Society of Thoracic Surgeons, Society for Vascular Surgery, and the Council of Medical Specialty Societies.¹⁰

On November 9th, the interim State Health Officer for the North Dakota Department of Health, Dirk Wilke, signed Order # 2020-05.2, which will allow health care workers with asymptomatic cases of COVID-19 to continue working in hospitals' COVID-19 units.¹¹⁻¹² The change is in alignment with CDC Crisis Capacity Strategies to Mitigate Staffing Shortages which apply when "there are no longer enough staff to provide safe patient care."⁷ However, according to the CDC Guidelines, the strategy of allowing COVID-positive staff to work on COVID cohort units should only be considered after the following steps:⁷

- Adjusting staff schedules, hiring additional HCP, and rotating HCP to positions that support patient care activities.
- Cancel all non-essential procedures and visits. Shift HCP who work in these areas to support other patient care activities in the facility. Facilities will need to ensure these HCP have received appropriate orientation and training to work in these areas that are new to them.
- Attempt to address social factors that might prevent HCP from reporting to work such as need for



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transportation or housing that allows for social distancing, particularly if HCP live with individuals with underlying medical conditions or older adults.

- Consider that these social factors disproportionately affect persons from racial and ethnic groups also disproportionately affected by COVID-19 (e.g., African Americans, Hispanics and Latinos, and American Indians and Alaska Natives).
- Identify additional HCP to work in the facility. Be aware of state-specific emergency waivers or changes to licensure requirements or renewals for select categories of HCP.
- As appropriate, request that HCP postpone elective time off from work. However, there should be consideration for the mental health benefits of time off and that the burden of the disease and care-taking responsibilities may differ substantially among certain racial and ethnic groups.
- Developing regional plans to identify designated healthcare facilities or alternate care sites with adequate staffing to care for patients with COVID-19.
- Implement regional plans to transfer patients with COVID-19 to designated healthcare facilities, or alternate care sites with adequate staffing
- If not already done, implement plans (see contingency capacity strategies above) to allow asymptomatic HCP who have had an unprotected exposure to SARS-CoV-2 but are not known to be infected to continue to work.
- Allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP), such as in telemedicine services.

While several of these recommendations have been implemented by facilities and the ND Department of Health, they have not all been implemented. The CDC warns that “If HCP are permitted to return to work before meeting all Return to Work Criteria, they should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.”⁷

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Approval

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