OCNA Annual Meeting info on back cover.

OCNAnews

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The OLD CATONSVILLE Neighborhood Association, INC.

WHAT'S INSIDE THIS ISSUE -

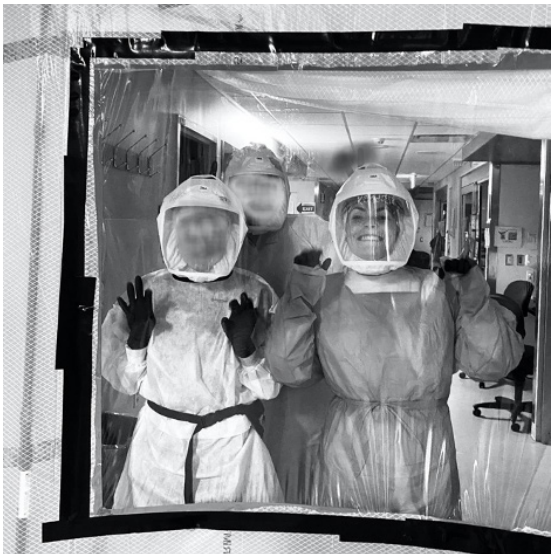
Caring for Critical COVID-19 Patients 1-5
Do's and Don'ts of Wallpapering an Old House 6
Make a Difference at Hillcrest 7
Scavenger Hunt 8-9
Butterfly Emerges on Wyndcresst 10
OCNA General Annual Meeting ..... Back Cover

Caring for Very Critical COVID-19 Patients:

"Experience Gives You a Little More Grace Toward Others"

It's after 6 in the evening, I wave to a neighbor as she is leaving for work – she flashes that smile of hers, calls a greeting and drives off. She pulls back up after 8 the next morning, lunch bag and keys in hand, leaves her shoes outside the door and disappears inside. This is our neighbor, Kendall Law, a Critical Care Registered Nurse. She is working 12-hour shifts, often 4 days a week, on the 6th floor of the Trauma building at the Baltimore campus of the University of Maryland Medical Center (UMMC). For 6 months this year, from March to September, she practiced team nursing in Shock Trauma Biocontainment COVID + ICU. Kendall agreed to be interviewed about her experiences to help our readers begin to understand the myriad issues involved in responding to a pandemic's critically ill victims, concurrent with ever-evolving treatment and prevention protocols, disbelief among sectors of the public, and the grueling toll on health workers, patients and families. We sat 6 feet apart across a front porch table for some few hours over a couple days. She was candid, insightful and thoughtful. What follows is what I learned; her recorded words are in quotations throughout.

A fellow nurse insinuated to Kendall how much less rigorous it must be to team-nurse on the unit and share the responsibilities. Hardly. And not comparable. In a non-pandemic ICU, the nurse to patient ratio is 1:1 and at most 1:2. In the COVID + ICU the ratio is 1:8; that's 1 nurse to 8 very critically ill patients. A team consists of 2 critical care and 2 acute care nurses; so if she needs a break, her partner can take over; or if she has to accompany a patient to get a CAT scan, say, then her partner stays in the airlock; or if they are extremely busy, then they are both in the unit. In actuality, there are many days with long hours between far-too-few breaks.



Training: Kendall Law attended Catonsville High School, graduated from the University of Delaware School of Nursing and has been a Registered Nurse since 2017. Most recently she has worked at the University of Maryland Medical Center (UMMC) in the Cardiac Surgery Intensive Care Unit, gaining her Critical Care Registered Nurse (CCRN) and Cardiac Surgery Certification (CSC).

In March 2020, Kendall was chosen to staff the UMMC Shock Trauma Biocontainment COVID + ICU where she worked the night shift (7 p.m. to 7 a.m.) for six months, only being authorized to transfer out in early of September. Within days she began work as a Registered Nurse in R Adams Cowley Shock Trauma's Critical Care Resuscitation Unit (CCRU) and earlier that day began a 4-year duel-degree doctoral program for Adult Acute Care Nurse Practitioner/ Clinical Nurse Specialist.

Kendall turned 25 years old in July.

The COVID + ICU Airlock

The unit is 16 rooms around a central horseshoe station. Every 4 rooms are designated with a color name (green, pink, blue, orange); there is no difference in level of care between them. Each room, despite being designed for 1 bed, can accommodate 2 – or be "double-bunked" – so the maximum capacity of the unit is 32 patients. There are no curtains to separate Beds a and b in each room. There are no visitors and most patients are heavily sedated; the patients are cared for and bathed openly.

Each unit in a hospital may have 2 airlock working rooms for prevention of airborne disease transmission,

Continued on the next page.

Entering the Starship: "You walk into an anteroom that's basically like walking onto a Star Trek ship where the door behind you has to close for you to open the next one. It's all made of non-flammable metal and plastic and doors with windows. There are no bathrooms in the airlocked unit. No drinking, no eating ... Our limit was supposed to be 3 hours at a time. In the beginning, when things were bad the longest I got stuck in there was 7½ hours."

such as for tuberculosis. However, with eight patients (per team) to care for and with the threat of airborne transmission, the entire COVID + ICU was converted to an airlocked unit allowing treatment and care of multiple patients at a time. "Picture walking onto a Star Trek ship … this is the vision; this is what it looks like."

Starting a shift

Kendall walks onto the 6th floor wearing her personal mask, hits the timeclock at 6:52 p.m. (before 7:00 because they round up the hour), sees she's assigned to the Pink team today, and heads for the huddle to get report from the Charge Nurse. The group of at least 30 staff members stand, spaced apart as well as they can be. "We were so busy that our report would consist of 'Bed 5a is still alive, 5b is teetering and needs a lot of help, keeps having problems on his ventilator; Bed 6a is probably your most stable patient, 6b just came in from hospital X we don't know a lot about him, …. Bed 7…. And Bed 8 ...' So, you'd go in not knowing a lot about these patients. Reports are verbal. You can also view the chart on the computer to find their admission note. The report continues for the other side of the horseshoe, "this is who we may withdraw on tonight, this is who has a family meeting tonight [on the iPad] … This person, once she dies, we have a patient waiting to come in from St. Agnes; as soon as she dies and we can get her to the morgue and the room cleaned, then we'll alert St. Agnes for them to come in."

Supply chain woes: Kendall mentioned a number of times how well UMMC managed the hospital supplies especially as the supply chains were so greatly challenged. There were, of course, a few trial and error episodes: the gowns that ripped down the sides when the arms were raised; those that were not as impermeable as labelled; and yes, the gloves that ripped when wet.

Dressing for Work

After report, staff enter the Donning Room to don their PPE (personal protective equipment). Already masked and wearing a surgical cap, Kendall dons her PAPR (Powered Air Purifying Respirator) which consists of a waist-level battery pack with an accordion hose connecting up to her PAPR hood that "puffs up around your head." PAPR hoods are intended as one-time-use PPE; Kendall has been using the same hood since March – it is tested on her before she enters the airlock and she wipes it clean after each use. The PAPR filters air in from the negative pressure environment (airlocked unit) into her positive pressure ventilation hood. "It's like white noise almost, you can't hear people too well. It feels like when you're driving with your windows down…"

Users are informed of a 6-hour battery life although they are made to last for 10 hours to allow the user to exit safely. "If there's any malfunction, you're a sitting duck; some people hold their breath until they can get out" because they would be breathing in potentially COVID-contaminated air.

Next to don is the yellow hospital-grade isolation gown, tested for splash permeability, tied in the back. Then shoe covers (if you wear your own, they must be left in-house) or multi-person use slip-on shoes provided by UMMC. She dons expensive chemo-grade gloves that are tighter, longer and more protective than others. She walks her shoes into a bleach solution and enters the anteroom closing the door behind her before opening the door to the airlocked ICU unit.

In a contaminated environment, the protection Kendall wore at this point was akin to her own skin – not removable. To enter a patient room, she put on an additional gown and a second pair of gloves as a protection from other communicable diseases that could be spread. When she leaves that patient, she removes the outer gown and gloves, and thoroughly washes her still-gloved hands.

Ideally, every 3 hours Kendall would switch out of the airlock with the other critical care nurse. She exits through the anteroom, steps into the bleach solution and heads for the Doffing Room. Nurses, student nurses or technicians assist her to methodically doff her gloves, gown and PAPR hood system. She is first off to the bathroom, then grabs a snack and drink before assuming the vital support roles of those outside the airlock: getting meds and supplies, charting, running specimens to the labs, escorting patients to procedures.

Patient Care

During these 6 months the COVID + ICU had 32 patients when at double-bunk capacity. The virus decimates patients' lungs necessitating the use of ECMO (Extracorporeal membrane oxygenation) machines to bypass the lungs thereby sustaining life while healing can occur.

Shift hours: "The shift is 12 hours. No shorter. Everybody was working overtime. And if people weren't working voluntary OT then they were going to put us into mandatory OT. So, people were working 5 days a week. And people were burning out. You go in and it felt like a 12-hour sprint."

The unit was limited to 16 ECMO machines although the need was greater. "We were cannulat-

ing people because they were young [with greater chances of survival than the elderly] (one in the groin and one in the neck) … Their lungs have no gas exchange capabilities and so this machine pulls out your blood, oxygenates it, pulls off the carbon dioxide through a vent and puts the blood back in your system." UMMC extended airlock systems into other units "so we could transfer patients to a trauma ICU, and they would move, say, cardiac surgery nurses to manage the ECMO there. And with more airlocks in units we could transfer a patient no longer on ECMO to, say, Medical ICU and other units for stepdown patients."

Saying good goodbyes: Patients died, were withdrawn from life-support or transferred to other units to recover. "We did have our few patients we got to see walk out. And we actually named plants after all of them. We kept these little succulents outside of the airlock and gave them first names (because of HIPAA privacy) … like, this is [Bob], this is [Marco], this is [Coco] … there were so few of them. A day-nurse started this because our morale was so low; to remember all these patients who we got to see walk out of here; or who later sent us pictures … or whose wives or husbands or whomever would either call the unit or email pictures and say 'this is what we're doing today because of you.' So that was kind of our hold on hope. So yes, they knew that we were there."

"We sedated all of them pretty much, except those who didn't have to be, but there weren't many of them. We had a lot on benzo drips [benzodiazepines] and on propofol drips just to keep them calm. But to also lung-rest them; rest them on the ventilator because the settings were very harsh if they were awake. A lot of them were there for so long they weren't in touch with reality anymore. Most were there for over 30 days; average hospital stay for critical patients was, I think, over 60 days."

There were 2 Medical Directors assigned to the unit and doctors who assessed patients. "They had to decide who do we accept and who do we turn away. Because we're a larger advanced medical center sometimes we can say [to other medical facilities] we can talk you through this, but we can't help you because we're at capacity, or we need to save this spot for somebody else."

Salad fingers: How do you work with double gloves? It's hard. "I'd tell people I had salad fingers because everything is so thick … working with fine motor skills on patients, trying to give little shots, trying to screw on IV drips … everything seemed to take a little bit longer working like that. But it was for our protection and their protection … there wasn't another way around it.

Out for a Scan

Before a scheduled procedure, such as a CAT scan, the nurses will bathe the patient. If the patient is intubated with a breathing tube, he is on a completely closed circuit; technically, if COVID is airborne, then it is in that circuit. All equipment and then the patient are off-loaded onto the stretcher which is easier to maneuver through the hallways than a full-size bed. Every care is taken not to contaminate anything – walls, equipment, doors – during transit. A white sheet completely covers the patient in case there is a breach of the patient's air system. Kendall leaves the airlock and is then joined by a "clean" staff person who is in PPE and PAPR; this person will open doors, press elevator buttons, carry patient charts (such as paper consents and HIPAA privacy documents) and has the elevator

key allowing access to the largest elevators possible. But the "clean" staff cannot enter the elevator; once Kendall and her patient are inside, the clean person uses the stairs to beat the elevator down. If any surface is touched by Kendall or the stretcher, it is wiped down. The CT staff also need to be in PAPRs. The patient and his equipment are off-loaded to the table; after the scan they journey back to the airlock unit. The CT staff bleach down the entire room and wait 30 minutes before receiving another patient to "let the dust settle."

Getting a Break

At times the unit was so busy Kendall could only take a short break to change her PAPR battery. The odds were very high that she would have to focus solely on one of her 8 patients and so her counterpart would care for the other 7 patients. "That's how we got into those pickles. All of a sudden, you've both been in gear for 3 hours and who's going to get relief? … one of you will leave for 30-45 minutes to just pee, eat something, drink some water, take a breath. And by the time you doff your gear and go to the bathroom, you've already eaten up 20 minutes."

EVS and Cleaning

"It took an army" for the unit to function. Nurses, doctors, social workers, specialists, technicians, students and Environmental Services. "EVS – they have been totally unseen in this entire effort and they have done a ton. And they have to gear up, too. They have to come in and clean every surface perfectly, they double clean it."

Continued on the next page.

The nurse teams provided direct patient care: giving meds, bathing, monitoring, the drips, the lines, the shots. And the clearing of trash. Normally EVS clears all trash however in the airlock, this is another task for the double-gowned, double-gloved, PA-PR-hooded nurses. Everything in the airlock was biohazard material so there were detailed procedures for double-bagging, labelling "COVID-19 contaminated" and dumping into a hazard bucket in the hand-off to staff through the anteroom.

Measuring success: "In a 4-month timeframe we bagged at least 40 people. So, 40 people for a 16 to 32-bed unit …". After a pause, Kendall added "UMMC told us we took in very critical patients and were on par with national ECMO survival with COVID; that we operated in very dim conditions, taking many more patients than we were supposed to and saved as many people as we did who wouldn't otherwise have had another chance. That this was a success."

For terminal cleans – when a patient leaves, it is EVS that meticulously cleans the room for the next patient. "EVS is very underappreciated, for sure. In a usual ICU, EVS is there every couple of hours, working 8- to 12-hour shifts."

Final Goodbyes

Two Social Workers were designated to the COVID + ICU to manage communication with families during the in-person restrictions. They would arrange Zoom calls with the patients' families who would be able to determine who would attend the call. If a patient was being withdrawn from care, the family would schedule the call before withdrawal, and at times during the process. Families "could see the patient, could see all the tubes and wires, the ventilator. We could show all of that to them. Problem was, with some of the Zoom calls you only got 15 minutes because we had so many patients. And so, you got 15 minutes to say goodbye."

Understanding the fear: A patient's family member related this experience to the staff: "I was in the grocery store pondering all of this and knowing I have this decision to make when someone in line said to me 'I can't wait to go on my vacation and I don't know why America is so scared.' I turned around to him and said, "my brother is dying. My brother is dying right now, of COVID." This patient appeared to have no risk factors that gave him a worse chance to survive. "He just happened to be one of those people who were dying. I think people aren't seeing how great a detriment this can be until it's happening to them. Whether you're on the family end or the patient end."

Kendall would withdraw life-support and hold the patient's hand until the end. There was little time to mourn the loss of a life and give dignity to their passing before being called to another patient. Or the need to clear the room to try to save another life. There was the 22-year-old man, an immigrant, who died while the team tried in vain to reach family abroad. And the brilliant young man who barely survived a robbery, who likely contracted COVID (elsewhere in the region) when being treated for his multiple trauma wounds. He died after all attempts to save him; he was months in their unit; his parents never got to be with him.

"What goes in the airlock can't come out. Unless you're the actual patient." At death, no personal items are returned to the family. Normally families are given a clay hand impression or ink handprint. The work-around was to make a handprint on good white stationary paper with the patient's name. A copy was emailed to families and the originals, which could not leave the airlock, were arranged on a board remembering all the lives that were touched in that unit and those who could not be saved.

What Do You Want People to Know and Understand?

"In the hospital there's a general feeling that we can't control the unknowable so control what we can control." There are many challenges: critical time management, lack and use of resources, and the mental health challenge "to let go of the fact you can't save everybody. That's what a pandemic is … And giving yourself grace; giving families grace; telling yourself it's okay, it's okay." UMMC staff can request counseling, some speak of facing PTSD. "Many, like me, speak with a therapist."

Furloughed health workers "People are wondering why hospital workers were getting furloughed if they need bodies to cope with COVID. Here's your answer: They furloughed the people, say, in the surgical units because they couldn't afford to keep them. With no elective procedures, hospitals aren't making any money so they can't afford to pay more staff to work with these COVID patients. So, they took some of us and furloughed others saying we can't have you right now. Everyone thinks that healthcare is a money maker, but Maryland is a public hospital. Their money comes from the state."

"To the public, I would say wear your mask, wash your hands, and be kind. I think that's all anybody can do right now; we don't have control of a lot and I'm speaking not as a nurse. A lot of people think their life has spun out of control right now, myself included; I think we all feel a little bit like that. Keep your routines as best you can, go for walks, there's lots to do outside. And don't judge yourself off what other people are doing … there's a big continuum of what's right, what's wrong, the extreme of this, the extreme of that. Everyone's going to take it differently, there's a whole grey area of what you are comfortable with. Give yourself kindness and a judgement-free zone on that, too …

"And I think that's what got us through a lot, in the hospital. Some people sent their kids to their parents for 11 weeks … and some people chose not to … and some people chose not to see their parents. I chose to see my mom, but we had to be careful: I left my shoes outside, I would strip down before I would go upstairs; and everything got washed in Clorox detergent.

"I think there are ways to be safe and smart; we have to keep that in mind while giving ourselves some grace and some leeway. It's a mantra for life and maybe it's going to wake some people up in general. We can't control what happens to us, but we can control how we react; I try to keep that in mind. Bedside-nursing experience is pretty enriching. Experience gives you a little more grace toward others." ▮

by Tami Ito

Dos and Don'ts of Wallpapering in an Old House

One advantage to staying at home has been getting home improvement tasks completed. So, we decided to get the 12 rolls of wallpaper languishing in the basement since October 2019 and put them on the dining room walls where they belonged. Also had an uninstalled gorgeous antique replica of a Victorian chandelier from House of Antique Hardware sitting with the paper.

Photo by Josephine Baran on Unsplash

So, Here's the Dos & Don'ts We Learned:

1. **DON'T** brag that you can do the job in two days by yourself. Although I have miles of wallpapering under my belt, I forgot that this never included 10' ceilings and serious ladder work. Very quickly "my job" turned into "our job". Successful papering absolutely requires two people, which leads to the next **Do**.

2. **DO** consider marriage counseling beforehand if that "other person" is your spouse.

   Although Andy and I have done remarkably well during the lockdown, this task was way beyond our skill set. Surviving this ordeal has inspired renewed confidence in our marriage.

3. **DON'T** wallpaper over wallpaper. Sounds obvious but I've successfully done this before in this 1880 house because what lies beneath could be sandy, messy plaster opening up another HUGE project. Our attempt to paper over paper was a *disaster!!* The bottom paper started bubbling away from the wall and also prevented any movement of the top paper for placement. What a mess!! So, I decided to "seal" the previous paper with paint. Oh no, that did not help!

   Now, we felt like the kids in The Cat and the Hat, *"And this mess is so big and so deep and so tall, We cannot [do this]. There is no way at all !"* But just as Thing 1 and Thing 2 arrived, so I began pulling off the old paper like magic! Underneath were perfectly smooth painted walls. Hallelujah! Off we went on our task only to discover another Don't.

4. **DON'T** assume matching up the seams - as in a "normal" job - will give you a straight application. We had six-foot pieces to place between a picture rail and a chair rail both of which we were off. A major problem in old homes besides unlevel ceilings and walls is that the walls bulge in and out from the 120 year old plastering. *Nothing* is level!

   When we proudly stood back on Day 3 to admire our beautiful work over the mantel, our hearts sank along with the pattern that was slowly drifting south. Four hours of work went to the trash. Which leads to a **Do**.

5. **DO** use a laser level (gifts we "surprised" each other with our first Christmas here) to establish a line to follow all around the room for the PATTERN. Forget seam match ups and ceiling and wall lines. We sacrificed many seam matchups to stay level. DO be very, very careful going over doorways and windows. You'll need your best math skills to make sure the paper will be in the correct place on the other side.

6. **DO** wet the paper and "block" it as well as roll wallpaper paste on the wall. The paste keeps it wet long enough to move the paper around and provides more time to argue about which way to turn the paper (see No. 2).

7. **DO** plan to at least quadruple the time expected. My two-day job evolved into a *two-week* task.

8. **DO** pat yourselves on the back and admire your work

I now understand what Rehab Addict's Nicole Curtis means when she says a house will thank you for restoring it. This paper and light fixture are *perfect* for this house. We love it which helps fade the very painful memories of installation.

Next time I'll discuss our AC installation and Tax Credit application.

Please send along any restoration stories to me at shopping1926@gmail.com. ▮

by Jane Bowie

Making a Difference at Hillcrest

Last February, a book club was formed at Hillcrest to learn about equity and inclusion. Rather quickly, participants realized that they wanted to do more than just talk about inequity, and the Equity, Diversity & Inclusion Committee was formed. The group hosted three trainings this summer, for teachers, parents, and community members. Their goal is to enable Student Diversity Councils for students at every grade level in Catonsville, so that kids can learn how to express themselves and learn to be leaders in inclusion.

I encourage you to look at https://www.hillcrestelementarypta.com to learn about upcoming and past events, including the book club, which community members are welcome to join. You will find a lovely post about the committee's origins and successes at https://teambcps.exposure.co/until-everyone-values-everyone

There you will also find a link to purchase a really cute Black Lives Matter t-shirt, part of a fund-raiser for the committee. ▮

by Ann Quinn

Order a t-shirt (or other gear) with this graphic at https://hesblm.threadless.com/designs/blm-hes Sales support equity training through the Hillcrest Elementary PTA.

Scavenger Hunt

Here is a challenge for anyone who wants to test their powers of observation while walking the OCNA neighborhood. Each image below is of an object that can be seen from the streets of OCNA. (Don't be walking into people's yards or houses, please!) The challenge is to find all of the objects shown.

Rules: You must see the objects yourself. Or, a group could work as a team to find the objects. When you have found all of them, send an email to larry.wilt@gmail.com to testify that you found them. This is on the honor system. But Santa will know…. We will list the names of all individuals, families and groups who have completed the hunt in the next OCNA Newsletter. The objects are divided into "large" and "small" groups. You may complete one or both groups to claim your grand prize of being listed. The "small" group is harder to find, maybe. When you claim your grand prize, tell us if the hunt was easy or hard.

Anthropological note: Societies reveal their nature in part through displays of their possessions. OCNA front yards reveal common themes among us, showing who we are as a neighborhood. Some objects placed within OCNA tie us to larger entities which also shape our identities, even if we do not will it to be so.

Architectural features

Permitting, Helping, and Restricting: 1. Formal – wrought iron 2. Informal – rail 3. Through an oval gate 4. Up or down 5. Protecting

Signs and Symbols: 6. Directional or sign of the times? Sign has wires above it. 7. Peace, succor and safety (of the 2 similar statues, find this one)

Enjoyment: 8. Sitting 9. Swinging 10. Thinking of listening

Strategic placements (these might be hard to spot)

Whimsical: 11. Sunbonnet baby inspired by Bertha Corbett Melcher (19th century children's book illustrator)? 12. Birdhouse or quarter moon? 13. Whirligig? 14. No shipwrecks here! 15. Gone fishing.

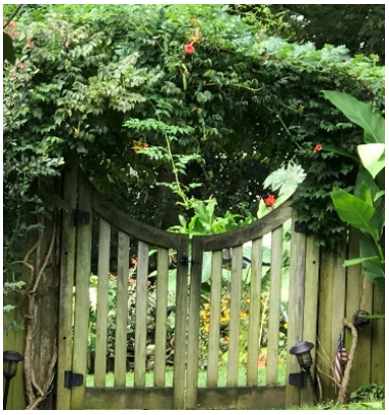
Practical: 16. Magic dog fence 17. Private but no dog fence. 18. Ecozone in the hood. 19. Beware of the natives.

True Baltimore Icon: 20. Every neighborhood must have at least one. (The flamingo must be pink to count!)

Will there be another scavenger hunt? Who knows? If there is an overwhelming response to this one (a positive response, that is), then it will be more likely. Also, if you send in images to include in the next hunt, that might make another hunt more likely, because we don't have many more photos left to use. If you photograph someone's house in a submission, be sure it is your own house; we don't want to be invading privacy. ∎

by Larry Wilt


NO OUTLET




Native
Wildflower
Planting


PRIVATE
PROPERTY
BEWARE OF
DOGS


Dog contained by
Invisible
Fence
Brand

Butterfly Emerges on Wyndcrest

The Crockett-Elliott family on Wyndcrest planted swamp milkweed in a little rain garden in their yard 3½ years ago. This year they were treated to a collection of monarch caterpillars and got to observe the chrysalis's turn to butterflies. Try it yourself! ∎

by Ann Quinn