Summer 2020

Clinical Center news

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• NIH research studies in the Clinical Center seek knowledge, therapies for COVID-19
• NIH offers flu shots this Fall

www.cc.nih.gov/about/news/newsletter.html

YEAR OF THE NURSE

Since 1953 the NIH Clinical Center has been through a lot of change – building size, clinical trial designs, therapeutic approaches – but one aspect of clinical research that has remained constant and vital to patient care is the nurses at the bedside of every patient. This year, the NIH and healthcare institutions around the globe are celebrating "The Year of the Nurse and Midwife" – a designation set for 2020 by The World Health Organization (WHO). Announced in 2019, long before the pandemic, the WHO wanted to memorialize the 200th birthday of Florence Nightingale, one of the founders of modern nursing and pioneers who identified the importance of hand washing and infection control.

Dr. Gwenyth Wallen, Chief Nursing Officer at the NIH Clinical Center, said "I can't help thinking that Florence would be proud of how far we have come as a discipline and how much the fight against COVID-19 often mirrors the need for what she exemplified as she cared for soldiers in the Crimean War so many years ago: leadership, compassion, love, discipline and courage."

Wallen leads a team of roughly 540 nurses whose work also intersects with an additional 425 nurses across the NIH Institutes.

The WHO designation was very exciting and a great honor, Wallen said.

"It just makes nurses feel the pride of having selected a discipline like ours. It's not always easy. We're the 24/7 folks," she said. "We're a really important part of a bigger interdisciplinary team. We offer strength to the enterprise of clinical research nursing through our own discipline of nursing. We approach things and have unique insight and unique ways of understanding our patients and their families that augment the clinical research teams that we work with."

In May 2020, Dr. Francis Collins, director of the NIH, sent an email honoring nurses.

"We see nurses in countless roles here at NIH: caring directly for our patient partners in medical research; serving in leadership positions; coordinating research studies; educating patients, families, and staff; providing clinical services for NIH staff; and leading and conducting cutting-edge scientific research," Collins said. "Since the pandemic reached our shores, our nursing colleagues have not hesitated in their efforts to screen and test NIH patients and staff to ensure our safety. To all of the nurses serving at NIH: I am profoundly grateful for your dedication to our institution, and to your profession and its guiding principles. I know I speak for the entire NIH family when I say thank you, today and every day, for everything you do."

YEAR OF THE NURSE, *page 6*

2020

NIH researchers in Building 10 search for knowledge, therapies for COVID-19

Researchers at the NIH have joined those across the nation and the world in the search for a better understanding of COVID-19 and the therapies that may be used to care for those diagnosed and prevent others from infection. On the intramural campus, around 20 clinical trials are currently open and enrolling participants, nearly all of which will see patients and healthy volunteers in the Clinical Center. Some are digging deep by studying the DNA of people who have tested positive for COVID-19. Others are thinking long term to try to determine the extent to which natural immunity is protective against re-infection. And others still have one goal in mind – a vaccine. View a few of the promising studies, below and page 4 and 5.

Study aims to understand how COVID-19 causes disease

Two previously healthy patients, the same age, arrive at a hospital with COVID-19: one with fever and a cough that causes only mild discomfort while the other ends up in the ICU with respiratory failure and severe medical distress. Currently, there's no clear reason why these patients have different outcomes. NIH researchers are working to find out why people can react so differently to the same virus and determine treatment strategies to avoid the serious complications.

The NIH Clinical Center has unparalleled capacity to have a multidisciplinary team of infectious disease, pulmonary, cardiology and neurology experts use the most advanced techniques to understand disease processes. NIH launched a study, Cardiopulmonary Inflammation and Multi-System Imaging During the Clinical Course of COVID-19 Infection in Asymptomatic and Symptomatic Persons, in May 2020 which is using the full range of this advanced expertise to better understand COVID-19 and focus on advancing our ability to improve treatment and avoid short-term and long-term complications.

Multiple institutes are involved in this study: the National Institute of Allergy and Infectious Diseases, the National Heart, Lung, and Blood Institute (NHLBI), the National Institute of Diabetes and Digestive and Kidney Diseases, the National Institute of Neurological Disorders and Stroke, the National Institute of Arthritis and Musculoskeletal and Skin Diseases and the Critical Care Medicine Department of the Clinical Center. Critical Care Medicine focuses on life support and other intensive medical interventions, including running the hospital's intensive care unit.

"I am proud of the fact that we have been able to take advantage of experts in the intramural program who really want to do more, to understand more about this unique problem," said Dr. Anthony Suffredini, the principal investigator of the study and senior investigator at the Critical Care Medicine Department. "Ultimately, you have to have the patients here. Ultimately, you have to have the experience of looking at the patients, seeing what the trajectory of their disease is and seeing what the complications are also. That's what our hope is with this. And it can run in parallel and complement some of the other studies here. We have a lot of opportunities that we need to take advantage of."

COVID-19 is dramatically different from influenza and other viral diseases because it is highly transmissible and it affects multiple organs in different ways. There are few tools to predict which patients will develop severe disease and long-term consequences and which patients will have uneventful illnesses with few symptoms.

This research study will focus on inflammation in the body – with particular focus on the heart, lungs, kidneys and brain. Researchers are investigating how the viral load of COVID-19 stimulates the body's response and its impact on patient health outcomes. Researchers will use advanced radiology tools, like magnetic resonance imaging and computed tomography, to scan the body's organs and map the impact and recovery from the virus.

The study will recruit patients to be seen at the hospital who initially test positive for COVID-19 with no symptoms, patients with mild disease, patients with severe disease, and patients treated elsewhere who have recovered. Suffredini says they hope to enroll 75 patients treated at regional hospitals for their acute illness who can then enter the study in the recovery phase. In addition, his team has established a reliance agreement with the Washington Hospital Center to enroll their patients acutely (blood draws only, with less research imaging) and then have their follow up at the Clinical Center for recovery and convalescence.

Patients seen at the Clinical Center will receive state-of-the-art COVID-19 related care as outpatients or, if necessary for clinical care or research, as inpatients. NIH never charges for care or study medications. Learn about the study: https://go.usa.gov/xG8g3

- Donovan Kuehn

VIEW MORE ARTICLES ONLINE:
www.cc.nih.gov/about/news/newsletter.html

• The annual Federal Employee Viewpoint Survey (FEVS) will run Sept. 21 - Nov. 2, 2020. All responses are anonymous. Give feedback on work experiences, organizations, and leaders. Read more online.

Download an app on a smartphone or tablet and scan the Quick Response (QR) barcode to be directed to CC News online.

Clinical Center News

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NIH Clinical Center

Virtual appointments provide safe platform for telemedicine

Let's talk telehealth. Throughout the COVID-19 pandemic, the NIH Clinical Center Health Information Management Department and Department of Clinical Research Informatics have provided a way for care providers to administer telemedicine to patients participating in clinical trials. Using the Microsoft® Teams platform, researchers in the Clinical Center have facilitated more than 2,200 telehealth visits since April 2020 – enabling patients to see their care teams and allowing the research to continue.

"This has opened up opportunities for us to communicate more effectively with patients at home."
— Dr. James Gulley, NCI

Dr. James Gulley, Chief of the Genitourinary Malignancies Branch and Director of the Medical Oncology Service at the National Cancer Institute, and his team were among the first clinical groups in the NIH Clinical Center to pilot the use of Microsoft® Teams as an approved platform for telehealth.

"We had extensive experience using WebEx. ...In early April we had the opportunity to switch over to Teams and use that platform for telehealth. This allowed us to not only keep staff at home and interview patients in the Clinical Center via Teams, but also let us keep patients at home in some cases and interview them via Teams," Gulley said. "We quickly got used to the platform, and it became our preferred means of communication between team members, other collaborators and patients. This has opened up opportunities for us to communicate more effectively with patients at home. Phone conversation can get some of the information however much of communication is nonverbal. This also provides improved efficiency for patients and healthcare providers and decreases costs in both money, time and potential exposure to SARS-CoV2."

Gulley also added, "telehealth/telemedicine is an important area to expand into at the NIH Clinical Center. We are uniquely positioned and not having to bill patients and therefore have none of those constraints. Furthermore, our patients often travel hundreds of miles or more for clinic visits. Select safety checks and follow-up visits could safely and easily be done by telemedicine."

As outlined in the 2019 Strategic Report (www.cc.nih.gov/strategic), the hospital has just begun its journey with telehealth — "if the CC is to be a national resource, it must become a more robust virtual resource." Telehealth will continue to expand at the NIH and offer new opportunities with improved technology. Learn more at www.cc.nih.gov/participate/telehealth or call 301-496-2292.

What has been discovered since Discovery's First in Human TV series?

In honor of the third anniversary of Discovery's First in Human documentary series (August 2020), CC News contacted the research teams who were featured on the program to ask "What has been discovered since Discovery?" The three-part television show, which began pre-production filming in September 2015, captured the real-life experiences of doctors, researchers, staff, patients and their caregivers, at the Clinical Center and captured the challenges faced in diagnosing and treating disease.

Since filming began, some researchers have hit incremental scientific milestones, and for others, there have been major breakthroughs.

View the online edition for details on the sickle cell, leukemia, melanoma, and Job's Syndrome research. https://go.usa.gov/xGCDc

Mindfulness may lower stress for healthcare staff

A brief mindfulness intervention appeared to reduce stress among health care professionals, according to results of a randomized clinical trial published in JAMA Network Open in August (https://tinyurl.com/yxrwwupm).

The study was led by Dr. Rezvan Ameli, a NIH National Institute of Mental Health representative to the Clinical Center Pain and Palliative Care Service. Ameli recruited 82 participants from the Clinical Center: 45 attended a mindfulness-based self-care (MBSC) program and 37 participants were allocated to a "life-as-usual" control group.

The study assessed the efficacy and feasibility of a brief MBSC program during work hours to reduce stress among health care providers, who were recruited through group emails and flyers posted at the hospital.

Typically, effective mindfulness-based programs last a combined total of 30 hours and are difficult to implement during work hours. In shorter programs of less than 4 hours, the benefits have been inconclusive.

After the program, the MBSC participants reported reduced levels of stress and anxiety, improved positive affect, and mindful self-care. Meanwhile, the control group showed no changes in these outcomes.

The clinical trial found that a 7.5 hour program in mindfulness training during work hours was feasible and effective in reducing stress among a group of health care professionals.

"Engaging both individual and organizational involvement toward reducing stress and enhancing mindfulness may have far-reaching effects on employee health, patient outcomes, and organizational success," the authors concluded. "The effect of employee gains on patient outcomes remains an important subject for future inquiries."

- Debbie Accame

Each Thursday at 2:00pm, Ameli leads a 30-minute online session in mindfulness. Participants are guided through a meditation experience and then have an opportunity for questions. Staff, register with your NIH email address: https://tinyurl.com/yy6aznew. Questions? Email: CCMindfulness@cc.nih.gov

In June, Ameli recorded an introduction to mindfulness meditation during stressful times — which includes tips for coping during the pandemic: https://videocast.nih.gov/watch=37971

Healthy volunteer Tanvee Singh, donates plasma at the NIH Clinical Center as part of Dr. Kamille Wests trial. Singh said "participating in the clinical trial was the silver lining to my CO VID-19 experience. My family also got sick and seeing them so sick and not being able to do anything about it made me feel very helpless. I saw this as an opportunity to maybe offer a glimmer of hope to somebody else's family member or loved ones who are in a similar po sition. As a medical student, I feel very proud to be able to contribute to scientific research and help those in need." Read more of her story on the Georgetown University Medical Center website: https://tinyurl.com/y57gqy9g

COVID-19: What's blood got to do with it?

Researchers are seeking to cure COVID-19 by collecting plasma from the blood of convalescent donors – patients who have recovered from the physical toll the virus can take.

At the protocol's root, the principle is simple: collect plasma from those who have recovered from the virus because that plasma contains antibodies that can attack the disease. The process is very similar to the work that was done roughly five years ago when fighting Ebola. However this treatment methodology has a higher chance for success when used with respiratory infections such as COVID-19.

The Clinical Center is uniquely well equipped for this kind of study. The hospital acquires detailed information about the donated plasma, such as antibody count, which is typically hard for blood banks to obtain. According to Dr. Kamille West, the principal investigator of the clinical trial, the Clinical Center has been able to set up partnerships to assist other hospitals who are often inundated with patients, by donating some high-quality samples to benefit their patients in need.

The study began enrollment in April, and there have been 155 donors to date. Most of the plasma is being saved specifically for COVID-19 patients at the NIH Clinical Center, but some is being shared with nearby hospitals that don't have adequate access to convalescent plasma in this global health crises. The plasma is frozen after collection and can last up to one year.

West explains how the process works: "When a person has a viral infection, the body's immune system may respond by making antibodies to fight against the virus. Antibodies are proteins that your immune system makes that can recognize and may kill the virus to help you to recover. If you recover from the infection, your blood is likely to have antibodies against the virus. Blood is made of liquid plasma and blood cells; the antibodies are found in the plasma.

"If you give that plasma to patients who are very ill with the disease, the antibodies in the donor's plasma may help fight the virus in those patients," West added.

"Although promising, this plasma treatment has not yet been proven to always help patients with COVID-19. We think it might help, because in early studies, some patients have improved with this treatment," said West. "If we can get more information by studying the treatment, we can get a better idea of whether it is helpful for patients."

Many COVID-19 survivors who have signed up for the trial have come back to donate more than once, as the process is typically a good experience for the donors, and they can donate every 28 days. When a donor has blood drawn, the plasma is separated, and the red cells are returned to the patient's body. As a result, donors do not get very tired because of the limited blood loss.

"We call our participants 'liquid gold donors' because of the color of the plasma (and because they are amazing)," West said. "Each donation will usually yield over 600mL of plasma. A treatment does is 200mL, so one donation can often treat as many as three patients."

One of the largest challenges is finding high-quality candidates for the research, West added. Contributors have to fit the profile, be appropriate for the study and be able to participate safely. The study is ongoing. If you or someone you know has recovered from COVID-19, consider applying to contribute to this study: https://go.usa.gov/xGkrD

- Daniel Silber

A time to ACTT: the Adaptive COVID-19 Treatment Trial

NIH's Dr. Richard Davey is leading an effort to find an effective treatment for the COVID-19. Davey is the medical director of the Special Clinical Studies Unit at the NIH Clinical Center and the deputy clinical director in the National Institute of Allergy and Infectious Diseases (NIAID). He's a seasoned research veteran and has been at the forefront of emerging infectious diseases in the early years of the human immunodeficiency virus, the 2009 H1N1 pandemic and the 2014-2016 Ebola virus disease outbreak. Together with colleagues in the Clinical Center Critical Care Medicine Department, he is leading the hospital's participation in the Adaptive COVID-19 Treatment Trial (ACTT) - three global clinical studies sponsored by NIAID's Division of Microbiology and Infectious Disease:

• ACTT-1 began on Feb. 21, 2020 and ended on April 19, 2020. A total of 60 trial sites worldwide including the NIH Clinical Center enrolled 1,063 patients with respiratory compromise and showed that patients treated with remdesivir had a 31% faster time to recovery than those who received placebo. The preliminary results were recently published in the May issue of the New England Journal of Medicine. Remdesivir is a broad-spectrum antiviral that is not FDA approved to treat any diseases but that received emergency use authorization in the US for COVID-19 patients hospitalized with severe disease.

• ACTT-2 began on May 26, 2020 and ended on July 30, 2020. The trial enrolled more than 1,030 COVID-19 patients also with evidence of lung infection, as indicated by a need for supplemental oxygen, abnormal chest X-rays, or illness requiring mechanical ventilation. Patients were treated with the combination of baricitinib and remdesivir or remdesivir and placebo. Baricitinib is an FDA-approved treatment for rheumatoid arthritis that works by suppressing the overreaction of the immune system. ACTT-2 is now in the data analysis phase.

• ACTT-3 just recently started enrolling patients and will be comparing the clinical outcomes of a similar group of patients treated with remdesivir plus the immune system suppresser interferon beta-1a versus those treated with remdesivir and placebo.

Since the Clinical Center does not have an emergency room, the majority of the patients enrolled in the ACTT protocols at the Clinical Center were transferred from local hospitals to Building 10.

"In terms of infection control, I was quite comfortable that, by working closely with the Hospital Epidemiology Service under Dr. Tara Palmore, we were able to implement very safe methods of caring for patients here at the Clinical Center," Davey said.

Andrew Martin is one of the patients that was transferred to Building 10 and enrolled in the ACTT-1 study. In March 2020, Martin was rushed to the emergency room at Suburban Hospital with a fever, uncontrolled coughing, and shortness of breath. He was diagnosed with COVID-19, placed on low-dose supplemental oxygen and admitted. Two days later, his oxygen levels had a critical drop and he was moved to the intensive care unit. When his condition stabilized, he was presented with the option to join a clinical study of hydroxychloroquine and receive the treatment at home, or join the ACTT-1 study and receive treatment at the Clinical Center.

Martin explained, "I felt safer and more confident to be observed and treated for 10 days at the NIH Clinical Center than to be sent home to take hydroxychloroquine. Also, unlike the other study, the NIH covered all treatment costs for ACTT-1."

After being home for several months and feeling better, Martin's memory of his time in the hospital is still very foggy. "It all felt very surreal. Like I was watching everything from an out-of-body perspective," he added.

Despite their research and clinical care experience, Davey and colleagues in the Critical Care Medicine Department were surprised by how quickly their very stable-appearing COVID-19 patients, who were receiving low-level nasal oxygen, could deteriorate — often within 12-24 hours — to the point where they needed mechanical ventilation.

Davey emphasized, "That's a degree of rapidity that none of us truly had ever seen before."

This alarming observation in COVID-19 patients is also shared by many clinicians in hospitals around the world. Davey's team has treated the full spectrum of COVID-19 patients, from those whose disease was confined to their lungs to those who had multi-organ involvement including their kidneys and liver.

This is the first time that a medical treatment is being developed at this rapid pace, Davey emphasized. However, his planning and actions are guided by his primary concern for patient safety and to not push a treatment through with a substandard potential for therapeutic efficacy.

Despite his decades of leading clinical research studies, Davey said, "I've never been in a clinical trial network that was able to enroll so many patients so quickly. This speaks to both the leadership of NIAID in this regard and to the scope and urgency worldwide created by the COVID-19 pandemic."

- Lester Davis

YEAR OF THE NURSE From *page 1*

In celebration of The Year of the Nurse and the Midwife, CC News interviewed three Clinical Center nurses with varying backgrounds and positions – but what they share in common, according to Wallen, is that they are able to "put leadership with love and compassion with discipline and courage. In nursing, that's what I think you're called to do is combine these together."

The New Hire

The first moment Alex Castillo, a clinical research nurse resident on the Clinical Center's 1NW Pediatric Unit, witnessed the healing power of nursing was when her childhood friend was diagnosed with leukemia, the most common type of cancer in children. Her friend received chemotherapy treatments and went into remission, but later passed at 20 years old from complications.

"It was the nurses who cared for my friend and came to her funeral and comforted the family that made a lasting impression on me," Castillo stated.

The second eye-opening instance that piqued her interest in nursing came while she was working at Sibley Memorial Hospital in 2016.

"I always wanted to help other people," she said. "The positive nurse-patient relationships I observed as an Audiologist Assistant on the postpartum unit during newborn hearing screening at Sibley ultimately paved the way for me to pursue my nursing degree."

With the steadfast support of her husband, Castillo graduated in May 2019 from the University of Maryland's School of Nursing Clinical Nurse Leader Program. Castillo was the only Latino in her graduating class. According to the Bureau of Labor statistics, there are about 2.9 million registered nurses in the country, and only 3% are Latinos.

She came to the Clinical Center Pediatric Unit in October 2019 as one of ten new graduate nurses in the NIH Clinical Research Nursing Residency Program. As a Latino, Castillo says she wondered how well she would fit in but the staff diversity on the unit was a welcoming sight. Castillo spends her days focused on critical thinking and competency in the clinical research setting while taking patient vitals, physical assessments and administering chemotherapy.

One challenge Castillo had to overcome during her nurse training on the Pediatric Unit was her fear of emotional attachment with her severely or terminally ill pediatric patients in her care and how to find the right balance of compassion.

NIH Clinical Research Nursing Residency Program Coordinator Melanie Mudd says many of her first-year nurses go through the same thing.

"Most nurses will never forget their first year as a licensed nurse – it is one full of excitement and anxiety, as he/she learns to apply the theories and knowledge gained from their nursing coursework on a real person. Being a newly licensed nurse at the Clinical Center, it is especially challenging to navigate the complexities that comes with providing care to research participants on active research protocols," said Mudd.

"While the residency curriculum is built to enhance the nurse residents' clinical skillset, while fostering leadership development and a spirit of inquiry, one of the most critical elements of the program is transition support," Mudd added. "This transition support was especially crucial for Alex and her peers, who have begun their careers during a time of great challenge. It's truly been an honor to witness their compassion and resiliency in action as they care not only for their patients and caregivers at the bedside, but for each other."

As the first anniversary of working as a nurse at the Clinical Center quickly approaches, Castillo aspires to continue to provide the best care and support to her patients and families while working with the nursing care team to implement the clinical research protocols. Castillo summarizes her experience thus far by saying, "Nursing is a calling in addition to a profession, and it is our responsibility to protect and care for our patients while they are at the hospital."

- Mickey Hanlon

The Seasoned CRN

Herman Joseph Fantom, a senior clinical research nurse, has worked at the NIH Clinical Center on 7SWN Neuroscience Unit as a bedside nurse for the past 30 years.

Nursing was not the first career choice for Herman Fantom, who goes by "Joe." His degree was in Psychology, and nursing was not even on his radar. But his mom knew his personality, and advised him that nursing would be a great career. About only 3% of nurses were male at the time, but he went for it, and now says it was the best career decision of his life.

Fantom worked as a nursing assistant for a few years, but discovered that if he wanted a career in health care, it was essential to be licensed. He realized that registered nurses were the ultimate standard for health care, promotion and job security.

In 1985, he obtained his nursing degree at Georgetown University Nursing School. Other than a short stint as an assistant head nurse in the mid-nineties, he has worked as a registered nurse involved in direct patient care ever since. In 1990, Fantom became certified as a Clinical Neuroscience Research Nurse, allowing him to perform a higher level of clinical nursing.

His duties include monitoring patients, administering medications, taking vitals, bathing patients and changing linens, as well as assisting with surgical protocols. Fantom sees his job as not only caring for physical needs, but providing emotional support to aid in the recovery process. He also enjoys his involvement with the preceptor/mentoring program for new nurses, and believes that the highest calling for a nurse is to heal and to teach.

Fantom's wife works as a speech language pathologist at Holy Cross Hospital, the largest, busiest hospital in Montgomery County. Since his wife has had to care for patients with COVID-19, his family has had to deal with the pandemic on a personal level.

"COVID has changed everything about health care," he says. "Those on the frontline who have witnessed this horror have been strongly tested and the medical and ethical trauma will be with them for a long time. This will affect how they care for themselves as well as others."

He notes that the trying and challenging times have led to innovation that has required health care professionals to "think outside the box" and has increased their resiliency. His hope is that healthcare will come out stronger, better organized and more flexible in the future.

Fantom says he feels very blessed and has enjoyed his 35 years as a bedside nurse. He has seen a lot of changes in his years in the field, but feels that healthcare is headed in the right direction.

"I consider it an extreme privilege, honor and responsibility to witness the human condition in all its hope, grief and glory" he said. "Regarding my nursing journey, I wouldn't change a thing."

- Debbie Accame

The Frontline Nurse

Susan Roy knew she wanted to be a nurse early in life after experiencing the impact nurses had on her whole family when her mother underwent cancer treatment.

"I was impressed by how much her nurses – with their life-saving compassionate care – made a difference in her treatment and recovery," said Roy, a senior clinical research nurse on the NIH Clinical Center's Special Clinical Studies Unit (SCSU).

The nurses' ability to intervene for her mother, understand her needs and make her family feel comfortable inspired Roy.

"Right then I knew I wanted to be a nurse to make a difference in patient's lives," Roy said.

Roy worked in post-cardiac catheterization unit at MedStar Washington Hospital Center in Washington, D.C. for 13 years before joining the Clinical Center family in July 2015.

Working at a research hospital like the Clinical Center creates a synergistic and dynamic environment, and the nursing role is fascinating to say the least, Roy said.

As a clinical research nurse, she has an integral role in the clinical trials here: providing and coordinating clinical care, assuring participant safety and ongoing informed consent, maintaining the integrity of protocol implementation, accuracy of data collection and much more.

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"Accurate and complete data is extremely important to determine a study outcome."

It's important to pay extra attention to detail when it comes to accurate data collection, data protection, encouraging compliance to protocols, on-going sharing of information regarding the study and helping participants understand their responsibilities," she said.

"I feel I am promoting care, health and wellness not just for Clinical Center patients but for populations across the globe," she added.

The SCSU where Roy works is an inpatient unit designed with state-of-the-art infrastructure that allows for isolation capabilities and infection control while caring for patients with infectious diseases. The SCSU is isolated from the rest of the Clinical Center and the surrounding community via numerous redundant systems and precautions including special air handling systems, cardkey restricted access, separate entrance and exit pathways for staff, including a shower prior to exit, and protocols for handling waste.

The SCSU is equipped to care for patients affected with Bio-Safety Level 4 pathogens. The unit saw to the care of several individuals who were exposed to or diagnosed with Ebola in late 2014-early 2015.

Currently, Roy is involved with COVID-19 inpatient and outpatient care that includes testing for the SARS-CoV-2 virus, transporting persons under investigation, coordinating with epidemiology and other departments, training staff for use of personal protective equipment (PPE), shipping lab samples and bedside care to patients.

"It gives me immense joy to be one of the thousands of nurses across the nation on the frontlines of the pandemic," Roy said.

Being a frontline nurse working with COVID-19 can be intense, but Roy said she is confident in the Clinical Center's epidemic prevention and control strategies.

"The Clinical Center was on the frontlines of Ebola care, and all the staff and patients were safe. That is evidence that speaks for itself," she said.

"In the early stages, I had some anxiety regarding how we would be doing as a unit, if the nationwide PPE shortage would hit us, a possible surge of patients and how staff would handle it," Roy said. "But those emotions faded as I saw our unit doing well, patients getting discharged, no shortage of PPE and staff getting accustomed to the environment."

Being a nurse can be challenging and fraught with emotional tension as patients and their families struggle with sickness sometimes terminally. Nevertheless, her profession is also immensely rewarding, Roy said.

"The rewarding part is the satisfaction I derive from understanding what patients and their loved ones are undergoing and helping them through their most uncertain and difficult times," she said.

For others considering nursing as a career, she has some advice.

"Believe in yourself. Work hard. Be 100 percent dedicated and be prepared to spend weekends with your assignments," she said. "When you feel overwhelmed with the quantity and complexity of school work, tell yourself it will all be worth it in the end because you have chosen the most noble and rewarding profession on the earth for you career."

- Cindy Fisher

NIH offers flu shots this Fall

Foil the Flu, the annual seasonal influenza immunization program for NIH employees and contractors, will begin Sept. 28. Unlike past years, with the ongoing COVID-19 pandemic, no walk-ins will be allowed. The entire immunization campaign will be by appointment only. Staff, schedule an appointment at https://foiltheflu.nih.gov (VPN or Citrix required).

Clinics will be available both on and off the main campus (and at satellite locations), recognizing that some employees currently in a maximum telework situation may prefer to come to an off-campus site.

For the safety of staff, patients and visitors, Building 10 immunizations will be provided at a new location – the B1 Cafeteria. Staff must enter the cafeteria via the exterior glass doors at the South side of the building. Face coverings are required.

All federal employees and contractors with a valid NIH identification badge are eligible and encouraged to receive a flu vaccine for free and are encouraged to be immunized against the flu. All staff who have patient contact, including employees and contractors, are required to get immunized each year.

Staff ages 65 and older are eligible to receive a high-dose vaccine that stimulates a stronger immune response.

Foil the Flu is sponsored by the NIH Office of Research Services Division of Occupational Health and Safety, Occupational Medical Service and the CC Hospital Epidemiology Service.

- Maria Maslennikov