NEW SOUTH WALES NURSES AND MIDWIVES' ASSOCIATION
AUSTRALIAN NURSING AND MIDWIFERY FEDERATION NEW SOUTH WALES BRANCH

POSITION STATEMENT ON **SAFE CARE OF COVID-19 PATIENTS**

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NSW Nurses and Midwives' Association
50 O'Dea Avenue Waterloo NSW 2017
P 02 8595 1234 (metro) • 1300 367 962 (regional)

Position Statement on Safe Care of COVID-19 Patients

Preamble

The NSW Nurses and Midwives' Association provides guidance to support the health and safety of nurses and midwives providing care to patients with confirmed/suspected COVID-19.

Given the additional requirements when caring for patients with confirmed/suspected COVID-19 the following issues must be considered when evaluating whether the staffing levels are sufficient to meet both the patient care requirements, and the work health and safety requirements of patients and staff. For staff these requirements include:

- Capacity to take additional breaks to assist to mitigate against the adverse effects of prolonged PPE use.
- Capacity for donning and doffing spotters to ensure safe processes are not compromised by fatigue
- The psychological support required across the team, and to the patients

The Association acknowledges the effect that the pandemic is having on the mental health and wellbeing of nurses and midwives as well as the impact of the pandemic on an already over-stretched health system.

To ensure the wellbeing and psychological safety of nurses and midwives, the PCBU[1] has a duty to eliminate risks arising from COVID-19. These risks are broader than the physical risks associated with transmission of the virus, and also include psychosocial risks. Psychosocial risks arising from COVID-19 may include, but are not limited to, fatigue, role overload, exposure to emotionally distressing situations, poor workplace support, inconsistent messages, workplace conflict and unsafe physical environments.

To meet the obligation to ensure the safety of nurses and midwives, the PCBU must consult with nurses and midwives to identify psychosocial hazards and determine suitable controls to eliminate or minimise these hazards as far as reasonably practicable[2] .

1 PCBU = Person Conducting a Business or Undertaking (i.e.: your employer)
2 Code of Practice Managing Psychosocial Hazards at Work SafeWork NSW May 2021

1. SAFE STAFFING LEVELS FOR NURSING CARE OF CONFIRMED/SUSPECTED COVID-19 PATIENTS

This section is intended to apply to COVID wards/units (however named) as well as to any other wards/units where patients with confirmed/suspected COVID-19 are provided care. Comments relating to staffing of COVID wards/units are not intended to apply to emergency departments or ICUs.

Wards will be staffed with nurses and midwives who have the relevant skills and knowledge. The PCBU must have capacity to provide support if they require nurses and midwives to change their context of practice to provide care to patients with confirmed/suspected COVID-19. This includes ensuring appropriate skill mix, models of care and ability to provide education and appropriate supervision where required. (NMBA Fact sheet: Nurses and/or midwives changing their clinical context of practice in response to COVID-19).

Additional hours above the minimum safe staffing levels must be provided.

This includes capacity:

- To roster in charge of shift nurses, on all shifts without an allocated patient load. To be clear, they must be above the minimum nursing hours per patient day (NHPPD) typically applied to a medical/surgical ward.
- Where appropriate a Clinical Nurse Consultant (CNC) and Nurse practitioner (NP) will be available in addition to the minimum safe staffing levels. This may be an infection control or respiratory specialist, or a specialist related to a patients primary or other diagnosis (i.e.: a COVID-19 positive orthopaedic patient).
- A minimum of one COVID "Trained Spotter" (however titled) for every eight patients should be allocated on all shifts, these positions should be additional and without an allocated patient load. The spotter will have completed competency and be confident in donning and doffing techniques and be aware of Clinical Excellence Commission (CEC) guidelines pertaining to appropriate application of personal protective equipment (PPE). This role is responsible to ensure the following is undertaken:
  - Sufficient PPE is available on the ward;
  - Employees are wearing the correct PPE;
  - Ensuring employees are donning and doffing PPE safely (observing the process each time);
  - Conducting spot audits to ensure that the PPE remains correctly applied.

An effective Trained Spotter[3]:

- Is vigilant in spotting defects in equipment;
- Is proactive in identifying upcoming risks;
- Is informative, supportive and well-paced in issuing instructions or advice on PPE to all attending staff;
- Always practices hand hygiene immediately after providing assistance;
- Have organisational authority and empowerment to 'speak up' and call out unsafe PPE practices that are not in accordance with WHS infection prevention best practice and guidelines.

Where Assistants in Nursing/Midwifery (AiN/M) are rostered they can only be used to assist a Registered Nurse or Midwife to perform specific duties, such as patient transfers and activities of daily living, and will be in addition to the minimum staffing levels as set out in this document. The AiN/M must be provided appropriate infection control training prior to working with confirmed/suspected COVID-19 patients. It is not appropriate for an AiN/M to be designated as a spotter.

Where nursing specials are required, these will be provided in addition to the minimum safe staffing levels as set out in this document.

Where patients are clinically assessed as requiring critical nursing care, even if they are not situated in a designated ICU or HDU (however named), refer to the *Australian College of Critical Care Nurses (ACCCN) Workforce Standards for Intensive Care Nursing*.

For safety reasons on COVID-19 Wards/Units (however named) outside of the IC/HDU environment (however titled) where patients with confirmed/suspected COVID-19 are provided care, the NSWNMA's position is that minimum required safe staffing levels are as follows:

For adult patients

1 Registered Nurse: 3 confirmed/suspected COVID-19 Patients
+ supernumerary in-charge of shift (additional to NUM)
+ at least one spotter nurse at 1:8 patients
+ AiNs (supernumerary)
+ CNC / NP where indicated

For Paediatric patients on mixed wards

A minimum 2 Paediatric Nurses at all times and
1 Paediatric Registered Nurse: 1 confirmed/suspected COVID-19 Patient

[3] https://coronavirus.wh.org.au/wp-content/uploads/2020/10/PPE-Spotter-Role-Description_21.10.20.pdf

Where there are known/suspected COVID-19 patients in an otherwise green ward/unit, other than ICU/HDU there must be additional resources allocated above the usual staffing arrangements to ensure capacity for a spotter and additional breaks for those required to wear the higher level of PPE.

In mental health units, or where mental health consumers are co-located on a general ward/unit, additional resources must be provided and appropriate code black response procedures in place.

2. PERSONAL PROTECTIVE EQUIPMENT (PPE)

All health care workers working with patients who are confirmed/suspected of having COVID-19, or who are close contacts of a person with COVID-19, must be supplied with and wear the following PPE (at a minimum):

- Gloves
- Gown (fluid resistant)
- Eye protection/face shield
- A fit tested and fit checked P2/N95 mask (or elastomeric respirator or powered air purifying respirator where a suitably fitting P2/N95 was unable to be identified during fit testing)

PPE must be provided free of charge, be readily accessible, fit properly and be reasonably comfortable for the wearer.

If the appropriate PPE is not available (including **fit tested** masks) workers must not be required to undertake work that requires the use of that PPE. Workers must be redeployed to other tasks and/or areas until appropriate PPE is provided.

3. FIT TESTING

All staff required to wear P2/N95 masks must be fit tested, at least annually[4], to identify the specific makes, models and sizes of respirator that can achieve an adequate seal against the face of the individual wearer. Health care workers should be fit tested to two brands of masks to ensure access to a fit tested P2/N95 is not restricted by stock supply levels.

Fit testing must occur **before** nurses, midwives or AiN/Ms commence work in areas with confirmed/ suspected COVID-19 patients, and prior to undertaking other tasks requiring the use of airborne precautions.

[4] More frequently if facial features change (i.e. weight loss, weight gain or other changes)

Nurses, midwives and AiN/Ms who have not been fit tested must not be required to undertake work requiring the use of airborne precautions and must be redeployed to other tasks/areas not requiring airborne precautions until such time as fit testing has been undertaken, and appropriate PPE provided.

4. DONNING AND DOFFING

Nurses, midwives and AiN/Ms caring for patients with confirmed/suspected COVID-19 should be trained in the correct use of Personal Protective Equipment (PPE) including donning and doffing. Training should include frequency and procedures for hand hygiene and glove changes, both for a single patient with multiple different procedures, and for different patients. Where extended use of PPE is in place, this should also be covered in the training.

Training should include a practical component and clinical competency assessment should be undertaken prior to working with suspected or confirmed COVID-19 positive patients.

Donning and doffing of PPE must be performed during work time, (cover for the time taken for donning and doffing of PPE must be considered when determining relief for breaks).

NSWNMA strongly recommends that PPE spotters are in place to ensure that donning and doffing of PPE is performed correctly.

5. ADDITIONAL BREAKS

Prolonged use of P2/N95 and surgical masks by healthcare workers during COVID-19 has caused adverse effects such as headaches, rash, acne, skin breakdown, and impaired cognition[5]. It is imperative to identify solutions to mitigate these adverse effects.

Research has identified frequent breaks, improved hydration and rest, and skin care as ways to address adverse effects related to prolonged mask use. To this end, the NSWNMA advocates for staffing models that enable a 15-minute break from wearing PPE every 2 hours to mitigate the risks of adverse effects arising from extended use of PPE.[6] [7]

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5 Rosner E (2020) Adverse Effects of Prolonged Mask Use among Healthcare Professionals during COVID-19. J Infect Dis Epidemiol 6:130. doi.org/10.23937/2474-3658/1510130 https://www.safework.nsw.gov.au/__data/assets/pdf_file/0004/983353/Code-of-Practice_Managing-psychosocial-hazards.pdf

6 Black, J., (2020), Ten Top Tips: Preventing Pressure Ulcers Under Face Masks; Wounds International 2020, Vol 11 Issue 2

7 Factsheet: Extended P2/N95 respirator and eye protection use -preventing facial injury during COVID-19, Victorian government, Aug 2021, accessed online https://www.dhhs.vic.gov.au/infection-prevention-control-resources-covid-19