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

POSITION STATEMENT ON **SAFE STAFFING IN CARE OF RESIDENTS WITH CONFIRMED/SUSPECTED COVID-19 IN RESIDENTIAL AGED CARE**

November 2021

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

SAFE STAFFING IN CARE OF RESIDENTS WITH CONFIRMED/SUSPECTED COVID-19 IN RESIDENTIAL AGED CARE

The NSW Nurses and Midwives' Association provides guidance to support the health and safety of nurses (registered nurses and enrolled nurses) and assistants in nursing (AINs) providing care to residents with confirmed/suspected COVID-19.

Given the additional requirements when caring for residents with confirmed/suspected COVID-19 the following issues must be considered when evaluating whether the staffing levels are sufficient to meet both the resident care requirements, and the WH&S requirements of residents 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
- Psychological support required across the team, to ensure staff wellbeing and for the residents and their families.

The Association acknowledges the effect the pandemic is having on the mental health and wellbeing of nurses as well as the impact of the pandemic on an already over-stretched aged care system. Also, it is important to acknowledge there has been many changes in the sector in recent times as well as several changes currently underway following the recommendations from the Royal Commission into Aged Care Quality and Safety.

To ensure the wellbeing and psychological safety of staff, the PCBU[1] has a responsibility to eliminate risks arising from COVID-19 in the workplace, and if they are not able to eliminate the risks, then they are to minimise those risks so far as reasonably practicable. These risks are broader than the physical risks associated with transmission of the virus and 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.

[1] PCBU = Person Conducting a Business or Undertaking (i.e. your employer)
https://legislation.nsw.gov.au/view/html/inforce/current/act-2011-010#sec.5

As part of meeting their WHS obligations to staff, the PCBU must consult with nurses and AINs to identify psychosocial hazards and determine suitable controls to eliminate or minimise these hazards as far as reasonably practicable[2].

1. Safe Staffing

This section is intended to apply to any area of the residential aged care facility where residents with confirmed/suspected COVID-19 are receiving care.

Areas should be staffed with nurses and AINs who have the relevant skills and knowledge to care for the residents. The PCBU must have capacity to provide support if they require nurses and AINs to change their context of practice to provide care to residents with confirmed/suspected COVID-19[3]. This includes ensuring appropriate skill mix, models of care, and the ability to provide education and appropriate supervision where required.

Where AINs are rostered, they can only be used to assist a nurse to perform specific duties, such as resident transfers and activities of daily living, and will be in addition to the minimum staffing levels as set out in this document. They must be provided with appropriate infection control training prior to working with residents with confirmed/suspected COVID-19.

Additional staffing hours above minimum staffing levels must be provided.

This includes capacity:

- to roster in charge of shift nurses, on all shifts without an allocated resident load in addition to a Director of Nursing/Care Manager and IPC lead.
- where nursing specials are required, these will be provided in addition to the minimum safe staffing levels as set out in this document.
- to allocate a minimum of one suitably trained and competent COVID-19 donning and doffing Spotter for each area where residents with confirmed/suspected COVID-19 are accommodated, on all shifts.

[2] Code of Practice Managing Psychosocial Hazards at Work SafeWork NSW May 2021 https://www.safework.nsw.gov.au/__data/assets/pdf_file/0004/983353/Code-of-Practice_Managing-psychosocial-hazards.pdf
[3] NMBA (2021) https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/COVID19-guidance.aspx

2. PPE Spotters

PPE Spotters should be additional and without an allocated resident load. The Spotter must have experience and training in donning and doffing techniques and work under the direction of the Infection Prevention and Control (IPC) lead.

This role is responsible to ensure the following is undertaken:

- Sufficient PPE is available
- Employees are wearing the correct PPE
- Monitoring employees to ensure they are donning and doffing PPE safely (observing the process each time)
- To know what steps to take if they notice a staff member inadvertently contaminates themselves through the doffing process
- Conducting spot audits to ensure that the PPE remains correctly applied

An effective Trained Spotter[4]:

- 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
- Diligent in ensuring others practice hand hygiene as per the '5 moments'

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.

Preference should be given to allocating the Spotter role to a registered nurse. Where an AIN is the allocated Spotter, they must work under the direction of the IPC lead and supervision of a registered nurse.

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

3. PPE

Nurses and AINs working with residents 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), which meet the requirements for airborne precautions :

- Gloves
- Gown (fluid resistant)
- Eye protection/face shield
- 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 well-fitting PPE is not available (including **fit tested** masks) nurses and AINs must not be required to undertake work that requires the use of PPE. They must be redeployed to other tasks and/or areas until appropriate PPE is provided.

4. Fit Testing

All nurses and AINs required to wear P2/N95 masks must be fit tested to identify the specific makes, models and sizes of respirator that can achieve an adequate seal against the face of the individual wearer.

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

Nurses and AINs 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.

5. Donning and Doffing

Nurses and AINs caring for residents with confirmed/suspected COVID-19 shall be trained in the correct use of PPE including donning and doffing. Training should include frequency and procedures for hand hygiene and glove changes, both for a single resident with multiple different procedures, and for different residents. Where extended use of PPE is in place, this shall also be covered in the training.

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

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 recommends PPE Spotters are in place to ensure that donning and doffing of PPE is performed correctly and to assist to minimise workplace exposure to COVID-19.

6. Additional Breaks

Prolonged use of P2/N95 and surgical masks by healthcare professionals during COVID-19 has caused adverse effects such as headaches, rash, acne, skin breakdown, and impaired cognition[5]. It is important that any adverse skin or other adverse effects are reported and strategies to mitigate those effects are implemented.

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 supports staffing models that enable a 15-minute break from wearing PPE every two hours to mitigate the risks of adverse effects arising from extended use of PPE.[6,7]

[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
[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