New Zealand Nurses Organisation

Submission

to the

Ministry of Health

on

Guidance on the treatment and care of New Zealanders in a pandemic – Community based Assessment Centres, version 2 - Draft 17/01/06. December 2005

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INTRODUCTION

1.1 The New Zealand Nurses Organisation (NZNO) represents 39,000 health workers on a range of professional and employment issues across the public, private and community sectors. The majority of our members are registered, enrolled and student nurses, and midwives. The New Zealand Nurses Organisation welcomes the opportunity from the Ministry of Health (MOH) to provide feedback on: Guidance on the treatment and care of New Zealanders in a pandemic: community based assessment centres, version 2, draft 17/01/06, December 2005. Expert nurse groups within NZNO have contributed to this submission: the College of Practice Nurses (NZNO), the College of Emergency Nurses (NZNO), the Public Health Nurses' Section (NZNO) and the Infection Control Nurses' Section (NZNO).

1.2 The overall concept of the community based assessment centres (CBAC) is supported by New Zealand Nurses Organisation. This submission raised particular concerns regarding the MOH proposal. These concerns relate to workforce, services and access to care, health and safety and communities.

2.0 Workforce

2.1 Sustainability of the health workforce will be a critical factor in a pandemic influenza outbreak. One of our main concerns is the safety and welfare of nurses, caregivers and midwives in the treatment and care of New Zealanders who are infected with pandemic influenza. Rice (2005) noted that more nurses died than any other professional group in the 1918 pandemic due to their close proximity to infected patients and the increased exposure to the virus. [1] If health professionals are prevented by their own ill health from caring for infected members of the public, the risk of fatalities increases.

[1] G. W. Rice. *Black November. The 1918 Influenza Pandemic in New Zealand.* University of Canterbury. Rev 2nd ed, 2005.

2.2 New Zealand Nurses Organisation members have three major concerns regarding the workforce:

2.2.1 The CBAC will require staffing by registered nurses. The MOH does not make clear how the CBAC will be staffed. Currently, there is a severe shortage of nurses. The MOH needs to understand that in the current situation it will be very difficult to find staff from other areas that can be seconded to CBAC's. Planning to overcome this difficulty needs to begin now.

2.2.2 Staff will require assurance that the facilities will include the means for personal protective equipment and that full infection control measures will be taken. The risk of staff being infected needs to be addressed in the MOH proposal.

2.2.3 The proposal needs to signal the necessity for terms of the secondment from other areas of work to be developed including protection of employment terms and conditions in nurses' permanent workplaces.

2.3 MOH and DHBs will need to work closely with the workforce, professional organisations and education providers on education around a CBAC, its function, role and leadership responsilbities.

2.4 Health surveillance of CBAC staff is essential. The close contact between health workers and members of the public with pandemic influenza will increase the risk of exposure to the virus. Sick leave and income protection provisions for CBAC staff will need to be established.

2.5 The Ministry should not assume that health workers who have recovered from pandemic influenza will be able to return to the workforce in any capacity (pg8). If they were to become available, it may only be in a limited role. The recovery phase and people's reaction to a pandemic situation cannot be pre-determined.

3.0 Services and Access to care

3.1 Triaging of the public will need to be carried out by registered nurses to an agreed national algorithm.

3.2 "Hours of operation" as noted on page 4, is to be dependent upon workforce availability for a CBAC. If the centres are not going to be operating for 24 hours a day where are people going to go after hours? Emergency Departments should not be an alternative. Emergency Departments will be overwhelmed by unusually high numbers in a pandemic situation. The simple solution is for CBACs to remain open day and night. Infectious disease does not keep to a Monday to Friday schedule.

3.3 Record keeping of individual cases should be standardised nationally and access to National Health Index numbers is a basic requirement. Records should be incorporated into DHB records and/or with a patient's local GP. Documentation of cases, treatment, and advice given will need to be able to be transferred to other providers if the patient is required to be transferred.

3.4 Internet access is essential to CBAC communications. Adequate provisions of web based communication will need to be considered alongside other essential communication equipment.

3.5 The Ministry should consider the use of CBAC for related activities e.g. pandemic vaccination. A one-stop shop concept will make the most efficient use of limited resources.

3.5 The document does not address the need for checklists, a manual for CBAC procedures and reporting back to the MOH by DHBs on their preparedness for implementing a CBAC. A MOH project group in 2004 has compiled checklists, posters, clinical protocols, training for staff, infection control guidelines and procedures. Reference to this work needs to be included as appendices in the final document so that DHBs can pick-up this document and implement these guidelines without referring to other documents.

4.0 Health and Safety

4.1 The Health and Safety in Employment Act 1992 and the Amendments of 2001 need to fully implemented in a CBAC. Provision of infection control measures is essential, alongside the education of staff to protect themselves from harm. Section 28A and Section 8 allow for the identification of a hazard and the refusal to do dangerous work if all practicable steps are not taken to ensure the safety of staff whilst at work.

4.2 Acknowledgment is made of the requirement for the provision of 24 hour security for CBAC. This will need to be fully implemented. Safety of employees is paramount and security of these premises must be a priority.

5.0 Communities

5.1 Ongoing dialogue with communities is essential. For example, The New Zealand Red Cross will play a major role in the success of CBACs. Their knowledge of disaster preparedness will make a significant contribution.

5.2 Creating community awareness and providing access to a CBAC is required. Signage to CBAC and radio broadcasts in local areas needs to be considered by the MOH.

5.3 Rural communities will have difficulties with supplies, logistics and workforce capabilities. These areas will have populations residing in isolated areas.

5.4 Consultation with Maori by MOH to ensure cultural needs are met. Local Iwi should determine an appropriate venue for a CBAC in their area that encompasses the functions and roles outlined in the document. Resourcing and appropriate infrastructure will determine this.

5.5 Provision of this health care must be free and of no charge to the community. Barriers should not be imposed by the Ministry during this significant public health, social and economic crisis.

Further discussions and implementation of a CBAC will need input from College of Practice Nurses (NZNO), College of Emergency Nurses (NZNO), Public Health Nurses Section (NZNO) and Infection Control Nurses Section (NZNO), nationally and locally. At the DHB level discussions and decisions on CABCs will need to be inclusive of the nursing staff that will be required to work in them. Each DHB will need to ensure New Zealand Nurses Organisation members and all staff are informed, involved and had the appropriate education and preparation regarding their role in a CBAC.

New Zealand Nurses Organisation is committed to working in a collaborative manner with the MOH about this significant public health issue. Thank you for the opportunity to make this submission.

Reference (see attached to hard copy)

L. O. Gostin. Pandemic influenza: Public health preparedness for the next global health emergency. *Journal of Law, Medicine and Ethics*, Winter 2004.

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