

Response ID ANON-WD5R-9F3D-R

Submitted to Proposed Vaccinating Health Worker Role - Survey
Submitted on 2022-02-18 11:58:23

Introduction

1 What is your name?

Name:
Lucia Bercinkas

2 What is your email address?

Email:
lucia.bercinkas@nzno.org.nz

3 What is your organisation's name?

Organisation:
New Zealand Nurses Organisation (NZNO)

4 Which ethnicities do you identify with?

Other

If other, please describe:
All as members of NZNO identify with all of the above

5 Who are you responding on behalf of?

Organisation feedback

If other, please describe:

6 What best describes your area of expertise or practice in the health sector? (select all that apply)

Nursing, Union

If other, please describe:

7 Which type of provider are you with?

Other

If other, please describe:
NZNO - Is a Nurses Union and a Professional organisation

Proposal Questions

8 Please indicate your overall support level for Vaccinating Health Workers administering vaccines to people aged 12 and up

Limited support – see benefits but significant questions or concerns, Do not support - please explain further below

9 Please indicate your overall support level for Vaccinating Health Workers administering vaccines to people aged 5 and up

Do not support - please explain further below

10 Please provide any comments IN SUPPORT of the proposed changes to the Medicines Regulations 1984 to introduce 'Vaccinating Health Workers'

Comments in support:

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) welcomes the opportunity to participate in the Proposed Vaccinating Health Worker Role - Survey.

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand, representing 55,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment matters. NZNO embraces te Tiriti o Waitangi and contributes to the improvements of the health status and outcomes for all Aotearoa New Zealanders through influencing health, employment, and social policy development.

Furthermore, we share the intent of the Ministry of Health's (the Ministry) definition of equity which equally applies to NZNO work across professional, industrial and member activities.

Overall, NZNO does not agree with or support this proposal, whereby the Ministry of Health is looking to make this workforce permanent, while expanding the list of vaccines they can administer and reducing the age range to children 5 years and above and modifying their role in the process (e.g. preparing the vaccines, gaining informed consent).

Several Colleges and Sections within NZNO such as the of Critical Care Nurses New Zealand and Nurses Research Section have acknowledged its value in delivering an opportunity to expand the capabilities of the New Zealand vaccination health worker role. Understanding that like the surge training for critical care nurses in response to the threat of COVID-19, this workforce is to support the regulated vaccinators roles already in place with the appropriate training, guidance, qualifications, accountability and monitoring.

NZNO acknowledges the opportunity this presents to discuss recruitment into the health workforce of individuals who are already involved in non-clinical roles and the opportunity to increase the diversity of the workforce. In order for this workforce diversification strategy to have an enduring benefit, this situation needs to be further explored and in a timely manner with the current vaccinating professions, professional organisations, responsible authorities, potential employers across District Health Boards, Māori /Iwi providers, Pacific Providers, Primary Care and the communities they serve.

NZNO recognises and commends the Ministry of Health's support and leadership in building a diverse and inclusive workforce. We also appreciate your stance to fully utilize the unregulated workforce and acknowledge that this is also a strategy to encourage and recruit more individuals into the health professions, especially nursing.

11 Please indicate your level of support for introducing a capability matrix in this context

Limited support – see benefits but significant concerns or changes required, Do not support - please explain further below

12 What do you like about the draft capability matrix?

What do you like about the draft capability matrix?:

NZNO notes the staged approach, with consideration being given to the skill level and subsequent education and training required for the designated roles within the capability matrix.

13 What do you feel is missing from the draft capability matrix?

What do you feel is missing from the draft capability matrix?:

NZNO recommends that only regulated health professionals (such as Registered Nurses and Pharmacists) work at level 3. The rationale being vaccination of young children (5 years and up), requires an understanding of their developmental age, the science behind the vaccines etc. Childhood vaccination is complex especially if catchup vaccinations are required, as they often are in Maori, Pasifika, and underserved communities.

14 What do you feel needs to be changed about the draft capability matrix?

What do you feel needs to be changed about the draft capability matrix?:

Under the Capability Matrix level 1, workers MUST complete specific vaccinator training (currently states or willing to complete), this is not acceptable. Furthermore, NZNO does not support level 2 vaccinators being permitted to be undertaking pre-screening particularly if it is a live vaccine, for example: MMR vaccine.

With the MMR vaccine there are risks if the student is pregnant and the health professional needs the skill set to ask questions about recent sexual activity in a sensitive and private way, and also have resources to enable timely pregnancy testing if there is a risk of pregnancy. Would a teenage girl feel safe to disclose this to someone she knows in the community?

The proposed ratio of 1:10 for supervision is too high, and we would recommend 1:5 for supervision. In the event something goes wrong for example: an individual faints, the Registered Nurse would not be able to provide effective supervision to multiple Vaccination Health Workers while dealing with that event.

It is unclear what is meant by provide other health services and functions as per the requirement of your employer and / or community. This empowers employers to require Vaccination Health Worker undertake tasks that are out of their scope; for example: vaccinate when NOT in a school-based programme or mass vaccination clinic or manage the cold chain. What about travel vaccinations?

NZNO also notes that the Vaccination Health Worker would be covered under ACC treatment injury provisions for injuries sustained to consumers during treatment. Furthermore, it is the Ministry's expectation that employers or unions would provide indemnity cover for Vaccination Health Worker in the same way they would provide it to other personnel. This need to be confirmed with the Unions involved and subsequent outcomes communicated to Vaccination Health Workers and employers.

There may be additional information required that addresses the accuracy of the final sentence in that section, with respect to accountability of Supervisors for Vaccinating Health Workers actions? If procedures and precautions are followed and the appropriate safeguards are in place, a Supervisor should not be held accountable for the actions of the Vaccinating Health Workers. Who will decide what a safe workload looks like? What assurances will clinical supervisors have if an unregulated vaccinator makes a decision that harms a patient?

15 Do you have any other comments regarding the draft capability matrix concept?

Do you have any other comments regarding the draft capability matrix concept?:

NZNO members and staff who previously worked as school nurses in primary and secondary schools have seen the benefits of increasing the workforce and cultural alignment of vaccinators when a large scale vaccination programme is needed, as school based nurses are already busy with current work and do not have the resources to do this.

Obtaining consent for vaccination from the parents to enable vaccination to occur is a major hurdle. Consideration should be given to how this workforce could contribute to engaging with whanau to obtain consent. Often it is just an oversight where students have:

- Not given the consent form to family
- The family is too busy to sign it
- They do not understand the content, or
- The student loses the signed form.

So, helping overcome this barrier would be hugely helpful.

16 Please indicate if you have any SIGNIFICANT CONCERNS about the proposed changes in relation to the following areas

Accountability, Clinical Supervision, Employment matters, Recruitment, Training

If other, please describe:

17 Please describe any significant concern(s) you have about the proposed changes

Please describe any significant concern(s) you have about the proposed changes:

NZNO have major concerns regarding the transitioning of non-registered health care workers into the health vaccinator role. We need to point out that the impetus of this proposal comes from the fact that there are not enough Nurses available in New Zealand to do the job that they are educated and skilled in doing.

Furthermore, this flies in the face of the underpinning rationale for the Health Practitioners Assurance Act (HPAA) which was developed to ensure public safety. Healthcare professionals spend many years becoming educated, skilled, and experienced to ensure that health care delivery is safe. Healthcare is not a series of tasks that can be assigned to anyone but a developed understanding and respect for the complexities of being able to properly assess, identify any issues and act on those issues appropriately.

We have already seen the dilution of standards of healthcare delivery in Aged Care, Primary Care and Tertiary Care due to the lack of appropriately educated, skilled and experienced health care workers which has led to increasing patient and community harm. We believe that in the haste of delivering COVID vaccinations to our younger population we will be putting individuals at risk of harm. Non-regulated vaccinators with very basic training, will not be able to identify patient risks, nor will they have the ability to respond appropriately.

New Zealand needs more regulated health care workers. NZNO supports the move to enable Enrolled Nurses to become vaccinators under the supervision of Registered Nurses as they can fulfill the need to identify and respond to risks.

Once again Nurses are being asked to do more with little resource and being put at risk in doing so. Furthermore, the idea that we need to vaccinate our population to reduce risk of having COVID does not mediate the risk to patients who are being vaccinated by using unregulated vaccinators.

The safety of our communities needs to be protected and maintained under the HPAA. Changing legislation to enable expediency is not the right way forward.

The issue regarding regulated health practitioners supervising unregulated Vaccinating Health Workers is a fraught, and there needs to be appropriate policies and safeguards in place. The Health and Disability Commissioner (HDC) has multiple examples of cases where Clinical Managers in aged care facilities have been held accountable for the practice of both regulated staff and unregulated workers. In each of these cases one could say that appropriate safeguards and procedures were not in place.

In addition, inadequate resourcing often leaves Clinical Managers in aged care facilities unable to effectively carry out their role and therefore be accountable. Therefore, if one supervisor is supervising too many Vaccinating Health Workers, they will be unable to work in accordance with usual guidance around direction and delegation.

What does supervision actually mean? Confirmation is also required whether the clinical supervisor is expected document all the policies and procedures, train and supervise the staff? There is a suggestion they will be offered support but, this requires clarification as to what it means, how much support will be provided?

There often is not much of a difference between a regulated health practitioner being held accountable and having to defend themselves when something goes wrong. Clinical supervisors who are NZNO members would receive indemnity insurance and NZNO would defend them if something went wrong. Whatever the outcome though, the toll on a professional who undergoes such an inquiry is significant and should not be underestimated.

A coordinated leadership role and support for those running vaccination centers is required.

Accountability (Page 4) ACC treatment injury provisions and indemnity insurance are only one kind of accountability and do not cover performance

accountability. We understand that nurses may be concerned if a mistake was made under their supervision even though the document states on page 4 that that a Vaccinating Health Worker outside of scope without being directed would not be the responsibility of the clinical supervisor. Performance and / or competence does need to be managed by a clinical supervisor or employer – this needs to be clarified in the document. Nurses must comply with the Nursing Council of New Zealand Direction and Delegation principles, so they would need refreshers courses and reassurance that this is a clear framework to follow.

Benefits (Page 4) are outlined but what are the risks? These should be clarified.

There is priority to address the past failure to increase the Maori nursing workforce. Establishing another workforce creates a further inequity with a second-tier health care worker with longstanding implications for Maori nursing, Maori Health Care Workers and their communities. A multipronged approach may include exploring those without current Annual Practising Certificates (APC's) those with APC's but not in practice, those willing to assist when equitable remuneration will be offered across all sectors including Māori / Iwi providers, those currently working for multiple employers or roles in order to provide sufficient financial care to their whanau because of inequitable remuneration across employers.

There are concerns that the existing vaccinator workforce is not being utilised to its capacity. An example is the Enrolled Nurses (EN's) workforce who are already covered to vaccinate but in several DHBs which employ healthcare assistants instead of EN's. There seems to be a reluctance to access the capacity that EN's have as regulated workers which includes vaccination. The Ministry has not supported EN's in ensuring that DHB's remove barriers to all EN's being enabled to vaccinate. We also have nurses who have signed up to the surge workforce, including already authorised vaccinators, who contacted DHB's months ago but still not been invited to vaccinate.

Recruitment. due to differing remuneration. New Zealanders expect a professional and equitable standard of care creating a value of vaccinators. Similarly, NZNO expects that all registered nurse vaccinators receive the same, or no less, remuneration as other nurses who have provided mass vaccination programmes. To have public health nurses providing vaccinations alongside recruited nurses on another pay scale undervalues nursing, creates inequity, and severely impacts recruitment. An example has been the ability to recruit and retain nurses in the MIQF's alongside other nurses on differing pay and across differing DHB's. This undermines a plan for an efficient rollout of the programme.

Accountability. There has been no discussion with the profession about additional care for which they unregulated vaccinator is not held to account to a regulatory authority. Whilst a Vaccinating Health Worker may be held to account to the Health and Disability Commissioner there is no professional accountability and no avenue to explore required improvements of competence or conduct. Should an unregulated Vaccinating Health Worker be found to be in breach of providing appropriate care (Right 4 of the Consumers Code of rights), there is no avenue preventing them from working in the same role, for another provider, without these competence or conduct concerns being addressed. Regulatory Authorities are established in NZ for public safety and professional practice standards, including vaccinating must be afforded the best protection that we currently have in New Zealand, with a regulated profession.

The Ministry and Immunisation Advisory Centre: Covid-19 Vaccinator Guidelines advises it is best practice for vaccinators to prepare their own vaccine for administration. The Medicines Care Guide for Residential Care by the Ministry advises intramuscular injections to be done by enrolled nurses and registered nurses.

These changes are being rolled out as a new health system is being developed. How might the health system changes influence the Vaccinating Health Worker and their role in the health sector ?

18 What other related work is in progress, or would ideally be initiated, to support this role?

What other related work is in progress, or would ideally be initiated, to support this role? :

Further information is required about:

- Enrolled Nurses and Allied Health Professionals as full vaccinators
- The removal of age restrictions for Pharmacist vaccinators
- Vaccine classifications
- Vaccinator education including a training pathway and milestones
- What additional competencies are required to interpret pediatric vaccination guidelines and respond to adverse events in the 5 years plus age group
- The Therapeutic Products Bill
- Disability and what training will be given around this.

Before we can comment further on this proposal

19 Do you have a suggested alternative name for the role other than 'Vaccinating Health Worker'?

Do you have a suggested alternative name for the role other than 'Vaccinating Health Worker' :

Non-Regulated Vaccinating Health Worker