



New Zealand Nurses Organisation

Submission to the Ministry of Health

on the

New Zealand Influenza Pandemic Action Plan (V15 – Draft for Discussion)

14 July 2006 (extension approved)

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EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation is working internally and with its members to prepare for, and support health professionals during a, pandemic. This document comments on Version 15 of the Ministry of Health's NZ Influenza Pandemic Action Plan.
2. It is focused on ways of implementing recent legislative changes and where appropriate provides specific suggestions for supporting the health workforce in relation to health and safety, ethical, workforce, role of nurses, quarantine, aged care and Maori issues.
3. NZNO is prepared if requested to meet with Ministry of Health officials, including the National Maori Advisory Group to discuss the content of this paper.

RECOMMENDATIONS

4. The New Zealand Nurses Organisation recommends that you:
 - **note** that NZNO is the professional body of nurses and the leading nursing union in Aotearoa New Zealand and that given that our members include nurses, midwives, students, health care workers, caregivers and other health professionals, we have access to knowledge, experience and information that may be useful to the Ministry of Health during all stages of a pandemic,
 - **note** that in the event of a pandemic, NZNO is mindful that health professionals, particularly registered nurses, enrolled nurses, nurse assistants and caregivers are more likely than any other profession to come into contact with, and die from, pandemic influenza, and given this, the health and safety and wellbeing of a critical workforce, that will save lives during a pandemic, **MUST BE PROTECTED**,
 - **note** that NZNO considers that the provisions of the Health and Safety in Employment Act presents important protections for health workers and

establishes clear ethical, legal and workforce issues, and that this Act should be used as a framework for considering the needs of the health workforce during a pandemic,

- **note** that the NZ Influenza Pandemic Action Plan is a very complex document attempting to target several audiences and provide several dimensions of information, historical and current,
- **agree** that given that the Action Plan is complex, that it needs to be summarized and simplified in terms of the guidance provided to the health sector,
- **agree** that given that all others are also developing pandemic planning guidance for their sectors, the role of the Ministry of Health is to provide leadership to the health sector and those most at risk during a pandemic, that is specific guidance and support to the health sector (the wider health sector),
- **agree** that more specific guidance is required on ethical issues in pandemic planning, based on scenarios and specific ethical dilemmas for health professionals,
- **note** that the New Zealand Nurses Organisation Code of Ethics provides useful additional principles and guidance to health professionals, and that NZNO would be happy to work with Ministry officials and/or the National Ethics Advisory Committee on such guidelines (if given adequate consultation time and notice),
- **note** that NZNO considers that surveillance is the backbone of public health, providing essential data to understand a pandemic and inform the public. Surveillance strategies include rapid diagnosis, screening, reporting case contact investigations and monitoring trends. It is critical that health professionals are included in surveillance.

- **agree** to undertake a stocktake of whether NZ has adequate resources, laboratories, personnel and resources to test for “contagious diseases” including influenza A (H5N1),
- **agree** to ensure that the range of health care and emergency response services are coordinated to ensure that specific data is collected,
- **note** that the health workforce is already in a crisis and that this is not due to skills shortages but to recruitment and retention issues and that NZNO is aware that DHB’s are struggling to cope with seasonal illnesses at present,
- **agree** to consider and respond to the following “what measures has the Ministry of Health put in place to ensure that New Zealand has sufficient workforce responses to respond during a pandemic?”,
- **note** that lack of adequate resources and measures will affect health care workers and their ability to remain safe in performing their duties as health professionals,
- **agree** to undertake an audit of the infection control policies, procedures and equipment of the range of delivery mechanisms, hospitals, community based facilities, GPs, residential care, community health clinics and Iwi/Maori providers,
- **agree** to develop guidelines and funded education and training for Registered Nurses empowered to sign death certificates during a pandemic,
- **note** that NZNO would be happy to work with the Ministry of Health in developing the above guidelines and education and training programmes,
- **note** that the NZNO considers that the Ministry of Health must define quarantine because current regulations only focus on who should be quarantined. The definition and process should include clear guidance on where quarantine will occur and how the “carriers’ and “contacts” will be

kept separate, monitored and treated. It should also be developed for individuals, groups and communities particularly given the complex, legal and ethically controversial public health powers of Medical Officers,

- **agree** that quarantine guidelines should also due process where individuals who are subjected to quarantine have a hearing (with or without their presence) to clarify the terms of the quarantine and whether they will be able to work remotely, make provisions for children, have access to food, shelter, clothing and if required medical attention,
- **agree** that these guidelines also consider the needs of health professionals to deal with these social, economic and Whanau consequences of quarantine (and for that matter, treatment),
- **agree** that given that aged care caregivers are vulnerable, low paid workers and that that older people are generally at risk of influenza epidemics and suffer from other illnesses and complications, that the Ministry of Health and government pay particular attention to the aged care sector (e.g. specific plans are required for aged-care facilities),
- **note** that NZNO is pleased to hear that Te Kete Hauora has established a Maori Expert Panel to discuss the implications of a pandemic on Maori/Iwi community and health services,
- note that NZNO considers that the following issues should be considered by this expert panel: non-prejudice views on why so many Maori died in the 1918 pandemic that is based on areas for learning, rather than blame, ensuring that surveillance data is collected by ethnicity so that the impact of a pandemic is accurately monitored and responded to, consideration of the mixed access of Maori to quality, affordable and timely health care (Maori/Iwi services and mainstream services), focusing on providing information, education and knowledge to Maori and Iwi communities to make their own decisions, plans and responses, and including Maori now

- in the plans of Medical Officers, particularly in order to discuss, debate and agree on now, the use of Marae facilities during a pandemic, and
- note that NZNO is involved in a range of activities to prepare for a pandemic, including:
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ABOUT THE NEW ZEALAND NURSES ORGANISATION

5. The New Zealand Nurses Organisation (NZNO) is a Te Tiriti o Waitangi based organisation which represents 39,000 health workers. NZNO is the professional body of nurses and the leading nursing union in Aotearoa New Zealand. Our members include nurses, midwives, students, health care workers and other health professionals.
6. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.
7. NZNO has consulted its members in the preparation of this commentary in particular NZNO staff (Management, Professional Nursing Advisors, Policy Analysts, and Industrial Advisors) and NZNO members (Colleges and Sections, Board Members and health care workers).
8. These comments include information from the submission of NZNO to the Government Administration Select Committee on the Law Reform (Epidemic Preparedness) Bill.
9. In the event of a pandemic, NZNO is mindful that health professionals, particularly registered nurses, enrolled nurses, nurse assistants and caregivers are more likely than any other profession to come into contact with diseases, and as was the case during the 1918 influenza epidemic, die as a result. During the 1918 epidemic 21 doctors and nurses per 1000 died (Patterson, 2005).

10. The health, safety and wellbeing of a critical workforce, that will save lives during a pandemic, must be protected. NZNO is aware of the hygiene information, availability of personal protective equipment, and pandemic planning occurring throughout New Zealand and in the health sector.

11. However, we suggested to the Select Committee in relation to the Law Reform (Epidemic Preparedness) Bill, that to ensure the safety of health professionals and all core workers during a pandemic, that a new clause be added to the bill that:

“nothing in this act will override the provisions in the Health and Safety in Employment Act”.

12. In our view, the Health and Safety in Employment Act presents important protections for health workers and establishes clear boundaries for considering ethical, legal and workforce issues. For example staff should not be expected to expose themselves to the risk of infection, by working with people with influenza during a pandemic, without personal protective equipment.

NZNO POLICY AND POSITION ON THE ISSUE

13. The Law Reform (Epidemic Preparedness) Bill gives government agencies the legal power to: prevent the outbreak of epidemics in New Zealand; respond to epidemics in New Zealand; and respond to certain possible consequences of epidemics in NZ and overseas. Within this context, the NZ Influenza Pandemic Action Plan supports all those involved in planning for or responding to an influenza pandemic.

14. The Action Plan is a very complex document attempting to target several audiences and provide several dimensions of information, historical and current. While it is pleasing to see the material evolve throughout the various versions of the document, its complexity is confusing and NZNO recommends that the document be summarized and simplified.

15. NZNO considers that the consequences of targeting such a wide audience and broadening the focus (to include other government agencies), is that leadership is not given to the sector most at risk during a pandemic. For example the focus on ethical principles provides no practical guidance to managers of a health clinic, or health professionals about what they should do in particular scenarios. A blanket one size fits all approach may be too broad for example to be of relevance or useful to the health sector. This approach is unacceptable in terms of the Ministry's role in providing leadership to the health sector.

ETHICAL ISSUES IN PANDEMIC PLANNING

16. As noted above, NZNO believes that the Ministry should provide leadership and more specific guidance. In particular, the dilemma of health professionals during a code red, will include for example, lawful quarantine of patients who are "contact" or "carriers", on the order of the Prime Minister/Medical Officer.

17. Principles required (see NZNO Code of Ethics) include:

- **Autonomy (self-determination)** – the right of individuals to self determination, which assumes the individual/group/client/agent of the person has the wisdom to make the best choice for that person. Consideration also needs to be given to cultural safety, spiritual needs, and respecting the rights of the individual and collective (Whanau, hapu, iwi). This will come into conflict at varying stages of a pandemic notice and clear guidance needs to be articulated to health managers and health workers.
- **Fidelity** – the obligation to remain faithful to one's commitments. Depending on the relationship this also refers to conflicts that may arise as a result of withdrawal of services. What for example guidance is provided to managers and health workers who are faced with the dilemma of wishing to stay home with sick Whanau and/or go to work. Conflicting

demands may require the nurse to balance client needs with specific loyalties. NZNO considers that the Ministry must provide leadership and guidance around ethical issues during a pandemic.

18. The principles presented in Appendix D are useful however do not establish clear guidance to health professionals working during a pandemic and facing a range of conflicts. More work is required on the Ethical Issues part of the document.
19. NZNO would be happy to work with Ministry officials and/or the National Ethics Advisory Committee on such guidelines, as we will be preparing our own “duty of care” statements and positions during a pandemic, in order to provide advice, information, guidance and support to our members.

SURVEILLANCE

20. NZNO considers that surveillance is the backbone of public health, providing essential data to understand a pandemic and inform the public. Surveillance strategies include rapid diagnosis, screening, reporting, case contact investigations, and monitoring trends (Gostin, 2006). It is also important that health care workers are also part of surveillance, in particular, those that have “contact” with “carriers”.
21. The New Zealand public health infrastructure (as with many across the world) is deficient in laboratories, workforce and data systems. What measures have been put in place to adequately resource and personnel laboratories to test for “contagious diseases” including influenza A (H5N1)?
22. Given that there will be a range of health care and emergency response services during a pandemic: community based treatment centers, quarantine centers, hospitals, people’s homes, NZNO considers that the Ministry, and District Health Boards will need to coordinate carefully the pandemic plans of contracted providers and community based services, including iwi. Similarly, as with the MenzB campaign, DHB’s and providers may need to have specific

data collection and reporting responsibilities, if public health surveillance is to be accurate and efficient.

ADEQUATE HEALTH WORKFORCE

23. The health workforce is already in a crisis. There are significant shortages of Registered Nurses due to recruitment and retention issues. In November 2005, the Department of Labour report *Registered Nurse: Occupational Skill Shortage Assessment*, noted that results from the 2004 Survey of Employers who have recently advertised indicate that employers have difficulty filling vacancies for registered nurses in New Zealand. Only 63% of vacancies filled within eight to ten weeks of advertising and there was an average of only 1.1 suitable applicants for each vacancy. However, there does not appear to be a shortfall in the number of trained nurses in New Zealand. Rather, the Department of Labour believes there is a shortage in the number of registered nurses who are prepared to take up work under current pay and employment conditions. This occupation is described as having recruitment and retention difficulties rather than having a genuine skill shortage.
24. Even though the NZNO achieved an historic settlement for nurses employed by the District Health Boards, this accounts for 58% of all active registered nurses and midwives. Pay parity for primary health, and private sector nurses has not been achieved. Acerbated by an ageing population (the percentage of nurses aged 40 years or more rose from 46% to 61% between 1999 and 2001) and competition for New Zealand nurses in other countries (such as the United States, Canada, the United Kingdom and Australia), supply issues are likely to continue in New Zealand (Department of Labour, 2005).
25. Feedback from NZNO members suggests that recently there has been a surge of seasonal illnesses and that DHBs have not been able to cope. The length of waiting to see clinicians and seek specialized treatment has increased (and the trend is that it increases every winter). We have evidence that DHBs do not have the workforce capacity to manage seasonal illness surges. NZNO suggests that DHBs develop a winter plan.

26. What measures has the Ministry of Health put in place to ensure that New Zealand has sufficient workforce resources to respond during a pandemic?

ADEQUATE RESOURCING TO PROTECT HEALTH PROFESSIONALS

27. Given the workforce shortage, the consequences of health workers getting infected will affect mortality rates during a pandemic. Within this context, strict infection control, adequate personal protective equipment for staff and patient care equipment is also critical. The SARS-associated coronavirus spread efficiently in hospitals that did not adopt strict infection control. Disinfection, hand hygiene, personal protective equipment and aerosol-generating procedures should be standard hospital practices (Gostin, 2006). It is vital that the Ministry of Health ensure that hospital infection control is consistent, that health care workers are trained and that critical shortages in infection control and patient care equipment are addressed.

28. Lack of adequate resources and measures will affect health care workers, and their ability to remain safe in performing their duties as health professionals.

29. It is recommended that the Ministry of Health audit the infection control policies, procedures and equipment (stockpiles) of the range of delivery mechanisms, hospitals, community based assessment centres, GP and community health clinics, and iwi/Maori providers.

GUIDELINES FOR REGISTERED NURSES TO SIGN DEATH CERTIFICATES

30. The recent Law Reform (Epidemic Preparedness) Bill may enable operational changes during a code red to authorise Registered Nurses to give death certificates.

31. NZNO recognises that Registered Nurses will be the main professional workforce during a pandemic in New Zealand. It is also important however to be mindful of the differing models of care likely to occur during a pandemic.

These may include diagnosis and treatment in a hospital, general practice clinic, community based assessment centre, Iwi/Maori provider health clinic or most likely in people's homes. Given these varying situations and locations, nurses need the flexibility to act professionally, according to the circumstances and availability of a doctor.

32. In our view the proposed amendment, Clause 6, and Part 2, clauses 10-15 may not adequately cover the varying models of care. Regardless, the proposal is significant in terms of the role of nurses while under a notice of an epidemic in New Zealand, and the situations in which they can issue a death certificate. NZNO therefore proposes that all Registered Nurses be given adequate and full training and education. Guidelines will need to be developed to enable nurses to adequately meet their legislative requirements.
33. It is recommended that the Ministry of Health develop guidelines for Registered Nurses given the responsibility of providing death certificates in particular circumstances during a pandemic. NZNO would be happy to assist with the drafting of such guidelines. This training and education should be included in all Pandemic Plans (District Health Boards, Private Sector, NGOs, Primary Health Care) and the Ministry of Health should take a leadership approach and fund the nationwide training.

DEFINITION OF QUARANTINE

34. NZNO believes that the Ministry of Health and in particular this document should include a definition of quarantine. Quarantine in today's context should not be based on the previous examples and must protect fundamental human rights. In the past sick and exposed persons were often placed together in large facilities and given limited medical care. In the previous century this was often applied in an arbitrary and discriminatory way, targeting lower socioeconomic classes and racial minorities.
35. In today's context, quarantine should involve separating exposed people (contacts) who are not sick from symptomatic patients (carriers). The

exposed patients would be monitored for a minimum time (incubation period) and provided medical care at the first sign of illness. This may be applied to individuals, families and whole communities.

36. NZNO notes that quarantine is referred to in the Ministry of Health Action Plan and in the Law Reform legislation. More detail is provided in the Health Act 1956, Part 6 Regulations. Current reference to quarantine is focused on when it is appropriate to quarantine. A definition is required to make it clear to health professionals and the general public, where quarantine will occur and how the carriers and contacts will be kept separate, monitored and treated. Isolation of infected persons, quarantine of exposed persons, and quarantine of a geographic area (cordon sanitaire) are complex and legally/ethically controversial public health powers. NZNO therefore believes that legal authority is given without clear and acceptable criteria to safeguard the rights of individuals who are to be quarantined.
37. How will the action plan and operational processes adequately provide for due process, where individuals who are subjected to quarantine have a hearing (with or without their presence) to clarify the terms of the quarantine and whether they will be able to work remotely, make provisions for children, have access to food, shelter, clothing and if required medical attention.
38. How will the Ministry of Health and District Health Boards support health professionals to deal with these social, economic, Whanau consequences of quarantine?
39. Isolation and quarantine must be based on fair assessment of risk, effectiveness of the quarantine measure and access by individuals and communities to medical and nursing care. NZNO believes that these parameters need to be addressed and included in this bill and associated legislation. Guidance is required so that “any action by a Medical Officer or health professional to instigate a quarantine, whether at the boarder, or of an individual or community within New Zealand, must follow due process and be based on a medical assessment of risk, agreed location and process of

quarantine, include adequate access to the necessities of life and medical and nursing treatment and care”.

AGED CARE

40. NZNO is particularly concerned about its members in the aged care sector. NZNO Aged Care sector members are vulnerable workers with poor pay and conditions. There are also a number of Registered Nurses in the sector. However, the majority of the aged care workforce is unregulated. Careful planning and adequate access to resources will be paramount during a pandemic. For example if the centres are not adequately resourced and supported, this sector has the potential to create pressure on the community based assessment centres and hospitals.

41. Given that the elderly are generally at risk of influenza epidemics and are likely to also suffer from other illnesses and complications, NZNO considers it important and necessary that the government pay particular attention to this sector.

IWI AND MAORI

42. NZNO is pleased to hear that Te Kete Hauora has established a Maori Expert Panel to discuss the implications of a pandemic on Maori/Iwi community and health services. NZNO would be happy to meet with this group if requested, to discuss the views and concerns of our members who are Maori and/or who work with and for Maori/Iwi health providers and communities.

43. NZNO considers that the panel should consider the following matters in their advice to the Ministry:

- Page 14 – **impact of 1918 Pandemic on Maori** – NZNO is concerned that Te Kete Hauora allowed such a prejudice viewpoint into this publication. There were many reasons why such significant numbers of Maori died, including lack of information, communication and education, that health professionals were not willing to go into Maori communities to provide care, information and education and that fact that “carriers” and

“contacts” were not separated during quarantines. NZNO would expect to see a more balanced discussion about the impact of the 1918 Pandemic on New Zealand. We suggest that you ask Megan Tunks to write this section.

- **Surveillance** – ensuring that public health surveillance data is collected by ethnicity, to ensure that impact of pandemic influenza on NZ’s population is accurately monitored so that the right response can be made to assess, treat and support recovery from a pandemic in specific communities, particularly in Maori communities.
- **Reducing Inequalities** – Page 35 notes that it is important to ensure that particularly groups are not unduly disadvantaged during a pandemic. The reality is that groups with poorer health outcomes have inadequate access to quality, affordable and timely health care in normal circumstances. NZNO considers that assumptions need to be made about access to and the use of Maori/Iwi health service providers, and access to and the use of mainstream health services by Maori. In particular, Te Kete Hauora is already aware through its Maori Provider Development Fund scheme that Iwi and Maori Providers need capacity and capability funding to deliver its current range of services. A pandemic will present additional pressure. Similarly mainstream agencies that cater for the health needs of Maori are constantly attempting to upskill their policies, practices and staff in delivering culturally appropriate services to Maori. This training will be important during a pandemic to ensure that fair and equitable services are provided to Maori. Within this context the mix and range of services need to be considered to ensure that particularly groups, particularly Maori are not unduly disadvantaged.
- **social gatherings and social distancing** – NZNO considers that it is important to not make assumptions about Maori cultural practices during a pandemic. In our view and based on the advice of our members, Maori are no more likely than any other group of the population to place

themselves or their communities at risk during a pandemic. What is required is information, education and access to adequate resources, so that Maori and Iwi communities have plans in place to prepare for a pandemic and are supported to respond. NZNO considers that Maori and Iwi communities need to be given the information to make decisions about cultural practices for themselves. Therefore continued participation at all levels of planning and delivery of services is required.

- **Medical Officers decisions** – NZNO considers that Maori and Iwi communities need to be involved in any national, regional and local plans developed by Medical Officers. Given that the Law Reform Bill gives Medical Officers the authority (during a code red phase) to identify any buildings, properties or vehicles for the use of quarantine or treatment during a pandemic, it is important that Maori and Iwi are involved in decisions relating to Maori community centers and Marae. If Marae are to be used as quarantine, morgue or recovery facilities, these arrangements should be planned in advance with Maori and Iwi.

NZNO ACTIVITIES

44. NZNO has been involved in a range of activities in relation to pandemic planning including:

- Ministry of Health Pandemic Influenza Reference Committee, - meeting regularly with MOH officials and other stakeholders.
- Department of Labour Personal Protective Equipment discussion which culminated in the PPE and Practices and Influenza Pandemic Preparedness document,
- Council of Trade Unions – pandemic committee and making links to union health and safety committees,
- Ministry of Health – community based assessment centres which culminated in an NZNO submission

- Ministry of Health – Primary care infection control and guidelines in a pandemic. Representatives from the College of Practice Nurses – NZNO.
- District Health Board – briefings to health and safety committee representatives
- Health and Disability Commissioner – response to letter including the development of a “duty of care” statement by our legal advisors (ongoing work),
- NZNO internal business continuity and Pandemic Preparedness Planning
- NZNO external business continuity and pandemic preparedness planning – including questions and answers to continue to provide professional and industrial advice to NZNO members
- Department of Labour, Employers Association, Police, ACC, WIPA – discussions on the DOL guidelines, HSE Act and PPE requirements
- Submission to the Government Administration Select Committee on the Law Reform (Epidemic Preparedness) Bill.

45. NZNO is more than willing to meet with Ministry of Health officials to discuss any part of this document and share our views, experience and networks to ensure that health professionals are well prepared for a pandemic and have adequate resources, support, information and training to respond during a pandemic.

Angela Wallace
NZ Nurses Organisation

REFERENCES

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Department of Labour (2005), *Registered Nurse: Occupational Skill Shortage Assessment*, Wellington