

INTERNATIONAL COUNCIL OF NURSES

**Protecting nurses from
COVID-19 a top priority:
A survey of ICN's
national nursing associations**

FINAL: 14 September 2020

THE INTERNATIONAL COUNCIL OF NURSES

BACKGROUND

On 12 April 2020, the International Council of Nurses (ICN) first reported that more than 100 nurses had died from COVID-19. An ICN update on 6 May showed that 90,000 healthcare workers (HCWs) had been infected and more than 260 nurses had died. On 3 June, the number of nurse deaths had climbed to more than 600. ICN has been working closely with our National Nursing Association (NNA) members since the beginning of the outbreak of the virus in China. Nurses and other HCWs are on the front line of healthcare and they are disproportionately impacted in this unprecedented time. ICN has been calling for safe work environments, protection of the healthcare workforce and a standardized data collection on HCW infections and deaths since the pandemic started. However, there is still no global systematic record of the number of nurses and other HCWs who have contracted or died from the disease. At the time ICN collected responses of this survey (14 August 2020), more than 20.7 million people had been infection with COVID-19, resulting in 750,000 deaths worldwide.

METHODOLOGY

Since March 2020, ICN has been in close contact with our NNAs in the hardest hit countries and collected data on HCW infections and deaths. Data triangulation was applied with other sources to inform the overview of numbers. To supplement this work, ICN undertook an online survey of 52 associations in 50 countries with high numbers of

COVID-19 caseloads.

The 20-question survey covered different issues related to nurses and other HCWs during the COVID-19 pandemic, including the number of infections and deaths, personal protective equipment (PPE) supply, infection prevention and control (IPC) training, violence against health workforce and psychological support provided to nurses. The survey was open from 30 July to 14 August 2020. Thirty-three complete responses from 32 countries were received with a response rate of 63.4%. One response was received from each of the 33 NNAs, including 11 in the Americas (2 NNAs in Mexico), 9 in Europe, 4 in the Western Pacific region, 4 in Africa, 4 in South East Asia and 1 in the Eastern Mediterranean region. Not all respondents answered all the questions.

In this report, ICN also collated data related to HCW infections and deaths from government sources (i.e. national and regional situation reports and documents from national public health agencies and ministries of health), credible media reports, non-governmental websites and academic articles. The definition of “healthcare worker” varies and is not standardized across countries. In this report, “healthcare worker” refers to all staff who work in any healthcare facilities, encompassing but not limited to nurses, midwives, doctors, paramedical staff, healthcare assistant, hospital support staff and community health workers. The definition includes HCWs working in both public and private sectors.

KEY FINDINGS

- 1. On average, 10% of all confirmed cases of COVID-19 infections are among HCWs, with a range of 1% to 32%.**

As of 14 August 2020, 572,478 HCWs have been reported infected with COVID-19

in ICN's dataset from 32 countries, with an average of 10% of all COVID-19 infections. If the proportion were repeated globally, the 20.7 million confirmed cases of COVID-19 worldwide would yield a figure for the number of infected HCWs of in excess of two million¹. The data on HCW infection and death are not recorded systematically in many countries. The published data and reports very often did not include the details on the age group of the cases, ethnicity, nor the underlying clinical conditions and settings (community or hospital settings) where HCWs have contracted the virus. It is also challenging to obtain the data on HCW infections and deaths with a breakdown by occupation. In countries with adequate reporting mechanisms, the data show that nurses were the biggest health worker group with COVID-19 infection. In Mexico, nurses correspond to 42% of confirmed HCW infections: the highest percentage of nurse infection among HCWs in our dataset.

2. More than 1,000 nurses have died from COVID-19 in 44 countries².

As of 14 August, the cumulative number of reported COVID-19 deaths in nurses in 44 countries is 1097. As our dataset only covers 44 countries with recorded nurse deaths, ICN believes the number significantly underestimates the situation. According to the Conselho Federal de Enfermagem (COFEN Brazil), as of 11 August 2020, there had been 351 COVID-19 related deaths among nursing

1 Close to 30 million COVID-19 cases have been reported globally when this report is published. The number of HCW infections could be close to three million. 2 Besides the information provided by the NNAs in this survey, ICN collated data related to nurses' deaths in other countries from different sources.

personnel in Brazil, which contributes to the highest number of nurse deaths in the ICN dataset. The most recent report from the Ministry of Health of Mexico stated that 212 HCW deaths correspond to nurses, accounting for 16.8% of all HCW deaths due to COVID-19. At the time of writing this report, new analysis was released by Amnesty International³ stating that at least 7,000 HCWs have died of COVID-19 infection globally.

3. Only 48% (16 out of 33) of the NNAs report that COVID-19 is recognised as an occupational disease for HCWs.

Some governments have recognised COVID-19 to be an occupational disease since the beginning of the pandemic. The access of HCWs to entitlements and compensations due to COVID-19 is highly linked to whether the virus is classified

as an occupational disease. 77% of the countries which recognise COVID-19 as an occupational disease provide compensation to health staff who have contracted the disease at work.

4. Approximately 45% (14 out of 31) of the NNAs report that compensation is available from the government for HCWs infected with COVID-19 following exposure in the workplace.

Among those countries providing the right to compensation, the eligibility of claiming the compensation varies highly across countries. A few NNAs state that compensation only honours nurses who have died from COVID-19. Some indicate that HCWs can be compensated according to the severity of the health consequences after the acute phase of COVID-19 infection. For instance, in Taiwan, any person who is injured, ill, physically or mentally disabled or who dies due to performing control measures against COVID-19 is eligible for compensation, with a maximum of NT\$ 10 million (US\$ 333,333). The compensation is often a one-time payment. On the other hand, some countries offer regular remuneration for HCWs who care for persons infected with COVID-19. The additional occupational risks and the mounting demand and pressure in work have led to a wide debate of wage levels and remuneration in some countries. In Zimbabwe, nurses went on strike over the work conditions and wages during the COVID-19 pandemic.

5. More than 70% (24 out of 33) of the NNAs have received reports of incidents of violence or discrimination against frontline health workers due to COVID-19.

3 Amnesty International. New Amnesty Analysis 7000 Health Workers Have Died from COVID-19. 3 Sept. 2020, www.amnesty.org/en/latest/news/2020/09/amnesty-analysis-7000-health-workers-have-died-from-covid19/. Accessed 3 Sept. 2020.

Incidents reported include discrimination, verbal aggression, physical assaults and psychological harm. Some NNAs report nurses have been refused housing rentals or have been turned out on the street. Retaliation within communities was reported based upon misinformation about the ability of HCWs to carry and spread the virus. Particularly, increased numbers of attacks have been reported against nurses in Mexico; for instance, a nurse was sprayed with bleach in the street, HCWs' houses and cars have been burned, and HCWs have been physically attacked. According to a recent survey carried out by the Irish Nurses

and Midwives Organisation (INMO)⁴, some respondents stated that they have encountered problems getting childcare due to their work as a nurse or midwife.

6. 60% (20 out of 33) of the NNAs have sometimes or regularly received reports of mental health distress from nurses in COVID-19 response.

Burnout, anxiety, depression and fear of stigma and discrimination are the common mental health issues reported to our NNAs from frontline nurses. Some reports of severe mental health impacts have been received by the Consociazione Nazionale delle Associazioni Infermiere-Infermieri (Italian Nurses Association) since the start of pandemic in Italy.

7. 76% (25 out of 33) of the NNAs report psychological support for nurses is available in their countries in COVID-19.

Psychological support to nurses at multiple levels was reported, such as access to counselling services and mechanisms to build resilience across teams. In some countries, governments take the lead in providing HCWs with mental health and counselling services, such as 24/7 support helplines and stress relief programmes; while in other countries, the mental health resources are mainly available at hospital level. 24% of NNAs report no psychological support (n=4) or were unsure (n=5) about the available psychological support for nurses.

8. 45% (15 out of 33) of the NNAs indicate moderate to severe shortages of personal protective equipment (PPE) in the long-term care facilities in their countries.

The results show that the supply of adequate PPE in acute hospital settings might have improved, but it is still a serious problem in long-term care facilities in some countries. Countries reporting concerns on the severe shortages of PPE in long-term care facilities include Canada, Chile, Italy, Brazil, the Philippines and the

⁴ Irish Nurses and Midwives Organisation. "Nurses Using up Annual Leave to Provide Childcare – INMO Survey." Inmo.ie, inmo.ie/Home/Index/217/13596. Accessed 14 Aug. 2020.

USA. About a third (33%) of the NNAs report moderate to severe shortages of PPE in primary and community settings.

9. 80% (24 out of 30) of the NNAs state that guidelines and recommendations for HCW testing for COVID-19 are available in their countries.

In general, COVID-19 testing is available for symptomatic HCWs, and those who have been exposed to or had close contact with COVID-19 cases. However, in most countries, routine testing of the health workforce is not implemented. In order to prevent nosocomial infection with COVID-19, ICN advocates for the prioritization of COVID-19 testing for all nurses and other HCWs, and testing guidelines should be in place in every country.

10. Only 56% (18 out of 32) of the NNAs state that formal infection prevention and control (IPC) training or refresher courses on PPE use for airborne transmitted infections were provided to nurses in the last six months.

All respondent NNAs (n=32) stated that nurses have received IPC training or refresher course on PPE use for airborne transmission, however, over half indicated that the training was provided more than six months before the start of pandemic. The results show that there is a pressing need to strengthen IPC training and refresher courses on PPE use for all nurses.

NNA SHARING LEADERSHIP AND GOOD PRACTICE

In Taiwan, measures are implemented to strengthen resilience in hospitals - nurses who have taken care of suspected or confirmed cases of COVID-19 may take an additional three-day and 14-day leave respectively. The Taiwan Nurses Association (TWNA) has published a book this August, entitled Proud nurses on the frontline of COVID: our experiences, our stories, the purpose of which is to give a place for nurses to cope with their emotional stress. The NNA has also worked with several hospitals to produce videos to share nurses' vital roles and contributions in combatting COVID-19. In the videos, nurses share their feelings, their difficulties, and their resilient ways of dealing with hardships.

In Germany, DBfK – Bundesverband has a cooperation with the Federal Chamber of Psychotherapists to provide telephone counselling services to nurses free of charge.

In Japan, the Japanese Nursing Association (JNA) has established consultation services to nurses who have experienced mental distress. They have also organised webinars and provided psychological support to frontline nurses on social media.

In Portugal, a free of charge service, the OE Mental Health Support Line, was created for frontline nurses. This line is available during the COVID-19 pandemic and operates on weekdays between 9:00 a.m. and 6:00 p.m. Nurse specialists in mental and psychiatric health nursing take the lead in the operation of the service, evaluating, planning and implementing interventions of psychotherapeutic, sociotherapeutic psychosocial and psychosocial levels.

In the USA, the American Nurses Association (ANA) held a COVID-19 PPE webinar providing education on transmission and appropriate PPE for personal protection. On the ANA COVID-19 resource webpage, resources are provided for education on appropriate donning and doffing of PPE along with lists of appropriate PPE needed for full protection.

The American Nurses Foundation, American Psychiatric Nurses Association (APNA), American Association of Critical-Care Nurses (AACN), and Emergency Nurses Association (ENA) have created a Wellness Initiative to provide short-term and long-term support for mental health, wellbeing and resilience resources. The ANF Wellness Initiative includes multiple virtual platforms for 24/7 support, including Happy App, MOODFit, writing narratives for therapeutic expression through a five-week guided writing programme, peer-to-peer virtual support groups, and counseling and therapy resource links.

In Ireland, the Irish Nurses and Midwives Organisation, have organised webinars to share best practice in the care of older person settings and to reflect on the effect of COVID-19 on nurses from the BAME (Black, Asian, and minority ethnic) community. They have also surveyed members to assess their psychological support needs, disseminated best practice guidance on PPE, provided guidance on safely going to and coming home from work from an infection prevention and control (IPC) perspective and provided a free telephone counselling services to all of our members as well online videos and learning

materials on mental health and wellbeing.

ICN RECOMMENDATIONS

ICN published its **COVID-19 Call to Action** in April 2020, based on the information and feedback received from NNAs and their nurses on the frontline fighting the coronavirus. The recommendations below are built on the call to action and the results of the survey, and should be read in conjunction with the COVID-19 Call to Action document.

1. Implement standardized data collection on HCW infections and deaths.

It is imperative to address the COVID-19 infection and mortality rates among HCWs in healthcare settings globally. Standardized data with the breakdown by occupation, age, sex, ethnicity, the underlying clinical conditions and outbreak settings is crucial. Identifying and registering infection in HCWs will allow governments to take action in decreasing transmission of COVID-19 during healthcare delivery and protect both patient and HCW safety.

2. Recognise COVID-19 exposure in the workplace as an occupational illness.

The International Labour Organization⁵ has stated infection by COVID-19 contracted at work should be considered as work-related injury. Formally recognising COVID-19 as an occupational disease can protect workers' rights and enable the data collection and the planning of disease preventive measures. Infected HCWs with COVID-19 following exposure in the workplace should be entitled to compensation, curative services and rehabilitation.

3. Ensure sufficient provision of appropriate PPE and evidence-based IPC training for HCWs in all healthcare settings.

The lack of PPE and access to IPC training contributes to a substantially increased risk of infection of COVID-19 and impacts psychological health of HCWs.

Governments should ensure the adequate supply of appropriate PPE for all health personnel to apply standard, contact, droplet and airborne precautions across healthcare settings. Training of occupational safety and health should be provided.

4. Commit to a zero-tolerance approach to violence and discrimination against nurses and other HCWs.

Governments should condemn attacks against HCWs, document and investigate the incidence, and address misinformation about COVID-19 to protect frontline healthcare providers.

5 International Labour Organization. ILO Standards and COVID-19 (Coronavirus). 29 May 2020. Accessed 14 Aug. 2020.

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5. Prioritize nurses and other HCWs for COVID-19 vaccines.

Frontline HCWs are at particular risk of occupational exposure to COVID-19 and are the first responders in this pandemic. They are essential to keep our health systems and emergency response running. Governments should commit to prioritizing COVID-19 vaccination for HCWs, once available.

6. Ensure HCWs have access to and are prioritized for COVID-19 testing.

Testing is crucial to detect both symptomatic and asymptomatic COVID-19 infection in HCWs. In order to minimize the transmission of COVID-19 in healthcare settings and reduce risk for the most vulnerable groups of patients, governments should be moving to routine, regular COVID-19 testing for all HCWs, including both symptomatic and asymptomatic cases.

7. Scale up measures to provide mental health support and counselling resources to nurses and other HCWs.

Nurses are at high risk of burnout and stress even prior to the COVID-19 pandemic. The pandemic has amplified the impacts of their psychological health. Protecting the physical and mental health of the nursing workforce is essential in the recruitment and retention of nurses. Governments, healthcare organisations and facilities should make evidence-based support and care options easily accessible and ensure mental health capacity building for all HCWs.

ICN fully supports and endorses the World Health Organization's Charter on *Health Worker Safety: A Priority for Patient Safety* which will be published on the World Patient Safety Day on 17 September 2020. ICN calls on governments to sign up to the Charter and commit to the protection of healthcare worker and patient safety.