Obligations in a pandemic or disaster, 2022

Introduction

Pandemics and/or disasters are challenging incidents for all health professionals. Nurses, midwives and other health-care workers may have to care for people experiencing the effects of a pandemic and/or disaster, while simultaneously experiencing the effects on themselves and/or their families, whānau, friends and colleagues[1]. Careful planning and preparation can help to minimise the impact of a pandemic and/or disaster, but nurses must still remain mindful of their rights and responsibilities during these situations. It is important we all participate in the conversations and planning in our areas of practice with regard to pandemic and disaster planning.

It is recommended this document is read in conjunction with the following;

> NZNO Understanding Duty of Care
> NZNO Professional Practice Standards
> NZNO Code of Ethics
> Nursing Council of New Zealand (NCNZ) Code of Conduct
> NCNZ Scope of Practice
> The Midwifery Council of New Zealand (MCNZ) Code of Conduct
> MCNZ Scope of Practice.

Current Covid-19 information can be found on the NZNO website, COVID-19
https://www.nzno.org.nz/support/covid-19

Health and Safety in the Workplace

New legislation, The Health and Safety at Work Act 2015 (HSWA) and its regulations, came into force in April 2016. This legislation provides a framework for nurses and midwives, in whatever capacity they work, to demonstrate a commitment to a safe and healthy workplace for all and to prevent injury. A person conducting a business or undertaking (PCBU) now has a primary duty of care, so far as is reasonably practicable, to ensure the health and safety of their workers, patients, contractors and visitors, and ensure they are not put at risk by the work undertaken. [2]

Nurses and midwives also have obligations under the HSWA to take reasonable care to ensure the health and safety of themselves and others by their actions or omissions, and to comply with the employer's/business's reasonable instructions and policies, i.e follow safe work practices, use equipment, wear protective equipment or clothing, participate in training, and report hazards, faulty equipment, an incident or injury. The employee is responsible for highlighting to their employer any conditions or circumstances that place the worker's health and safety at risk. PCBUs now have an obligation to engage with their workers in all health and safety matters.[2] Therefore, it is important to participate in these discussions within your workplace.

NZNO Policy, Regulation & Legal guidelines:
Obligations in a pandemic or disaster
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. www.**nzno**.org.nz
Page 1 of 9

NZNO recommends all health facilities have up to date disaster and pandemic (disease specific) guidelines for employee health and safety.

NZNO recommends members who are not satisfied they are sufficiently prepared to respond to an emergency, pandemic or disaster:
> notify their health and safety representative;
> notify their immediate manager in writing and keep a copy of the notification;
> notify their NZNO delegate.

NZNO recommends in the case of an emergency, pandemic or disaster, members:
> continuously monitor their own health and that of their colleagues, and immediately report any issues of concern to their employer; and;
> immediately report to their manager any breaches of policies, procedures or processes that are in place to prevent harm, e.g. incorrect use of personal protective equipment (PPE).

Under the HSWA, employees have the right to refuse to perform work likely to cause serious harm. There are specific steps in this legislation that must be carried out before refusing to perform work. For example, in consultation with the employer, steps must be taken to resolve the situation. Further information can be found here: http://www.legislation.govt.nz/act/public/2015/0070/latest/DLM5976660.html

NZNO recommends members contact NZNO immediately (Ph 0800 283 848), if they believe serious harm may result from continuing to work and the steps that must be taken to resolve the situation (see link above) have been completed.
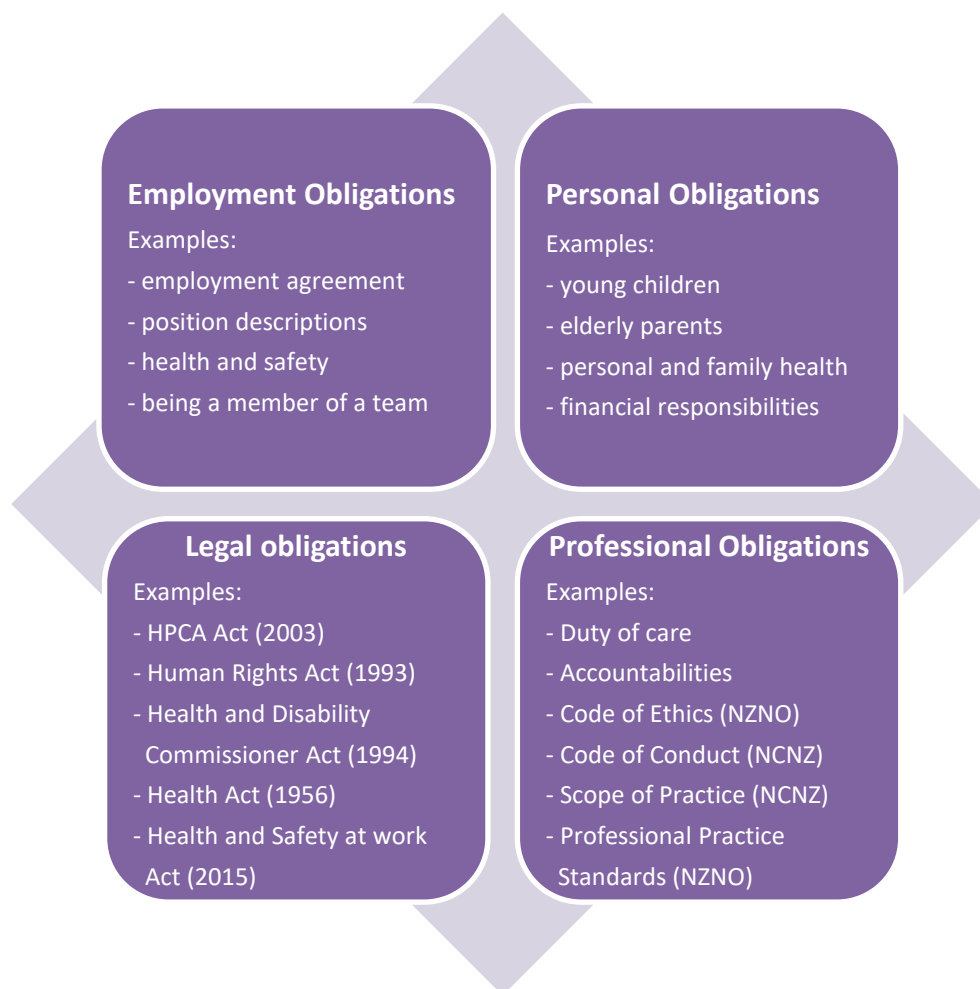
See http://www.business.govt.nz/worksafe/hswa (The Work Safe New Zealand (NZ) website) for further guidance and commentary on the Act.

Obligations under normal circumstances

To understand the obligations nurses, midwives and other health-care workers may have during a pandemic or disaster, it is important to understand what those obligations are under normal circumstances. These obligations are shaped by legal, professional and ethical frameworks.

NZNO Policy, Regulation & Legal guidelines:
Obligations in a pandemic or disaster
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. www.**nzno**.org.nz
Page 2 of 9

Figure 1 outlines the range of obligations nurses, midwives and other health care workers face under normal circumstances.

Figure 1 – The Range of Obligations

Employment Obligations

Examples:

- employment agreement

- position descriptions

- health and safety

- being a member of a team

Personal Obligations

Examples:

- young children

- elderly parents

- personal and family health

- financial responsibilities

Legal obligations

Examples:

- HPCA Act (2003)

- Human Rights Act (1993)

- Health and Disability
  Commissioner Act (1994)

- Health Act (1956)

- Health and Safety at work
  Act (2015)

Professional Obligations

Examples:

- Duty of care

- Accountabilities

- Code of Ethics (NZNO)

- Code of Conduct (NCNZ)

- Scope of Practice (NCNZ)

- Professional Practice
  Standards (NZNO)

Obligations under abnormal circumstances

The Ministry of Health (the ministry) has comprehensive plans in place in case of an emergency (including for pandemics and disasters). The National Health Emergency Plan[8] outlines a set of guiding principles designed to support health-care providers, personnel and the general public in case of an emergency. The four defining elements of the plan are:

> reduction of risk;

> readiness;

> response; and

> recovery.

While some health professionals may be involved in a reduction of activities/ services, all health professionals should to be involved in readiness activities, which are designed to

NZNO Policy, Regulation & Legal guidelines:
Obligations in a pandemic or disaster
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. www.**nzno**.org.nz
Page 3 of 9

ensure health providers and individuals are ready to respond in the case of an emergency. Your ability to react and respond during a pandemic or disaster, depends on the strength of your personal and professional relationships that exist before an event occurs. These support networks assist an individual to cope with a very stressful and 'abnormal' situation or event.[10]

NZNO recommends nurses, midwives and other health-care workers:
> play a primary role within organisations to ensure readiness for an emergency, pandemic or disaster;
> maintain personal readiness to respond, professionally and personally, to an emergency, pandemic or disaster. This may include:
  • maintaining up-to-date knowledge of organisational
  • requirements associated with emergency response;
  • remaining up to date with the appropriate use and safe disposal of PPE;
  • ensuring contact details held by your employer are up-to- date;
  • maintaining a personal emergency kit at home and/or at work or in the car.
Discuss preparations and strategies with your families, whānau and friends to ensure readiness and safety in the home, and how to remain in contact in the case of an emergency, disaster or pandemic.

In the immediate aftermath of an emergency event, or during a pandemic, health professionals including nurses, midwives and other healthcare workers are likely to be called on for assistance. This assistance may be limited to those already working, but may extend to those off duty or from outside the area, depending on the severity and type of response required. Some health professionals may volunteer to be deployed to areas requiring extra assistance, including internationally. Others may find themselves called on by family, whānau, friends and members of the public to assist, due to their knowledge and skill as a health professional. Tension may occur when the nurse, midwife or other health-care worker and/or their family or whānau is directly affected by an emergency, pandemic or disaster. There may be competing obligations in a health professional's duty of care (professional vs personal) and it's up to each individual to decide for themselves where that boundary lies.[11] For example, what plans are in place for collecting children from child care, if you cannot leave a facility that may be in lock down? Refer to figure one for examples of how conflict may occur.

The National Ethics Advisory Committee (NEAC) has published a set of ethical values for a pandemic.[12] These can assist nurses in their decision-making, if conflict exists. Often there are no right or wrong answers in an emergency but clear ethical guidelines can help make decision-making easier. It is important to remember that all situations are different, and individuals will respond differently to the same situation.

NZNO recommends members:
> familiarise themselves with the ethical values outlined by NEAC and available on its website: www.neac.health.govt;
> be aware of any employment obligations, if volunteering services in the case of an emergency, pandemic or disaster.

NZNO recommends members discuss their plans with their employer, family, whānau or significant others.

NZNO Policy, Regulation & Legal guidelines:
Obligations in a pandemic or disaster
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. www.**nzno**.org.nz
Page 4 of 9

Working with limited resources

Nurses, midwives and other health-care workers working in a pandemic or disaster may be faced with reduced resources and overwhelming demand. Experience with the Canterbury earthquakes and Influenza A (H1N1) (aka Swine flu) demonstrated that resources may quickly be used up, may be unavailable or inaccessible.[16]

Planning for these circumstances cannot be achieved in isolation. It is important to participate in planning at the family or whānau level, work level and community level.[1] NZNO believes an open and transparent conversation on what will be expected of health professionals in these situations is crucial for planning both personally and at the workplace.

NZNO role in a pandemic or disaster

NZNO is committed to supporting members in their professional and industrial endeavours. As such, NZNO's role in a pandemic or disaster is to:

> provide NZNO members with access to the latest information associated with a pandemic or disaster;
> support nurses, midwives and other health-care workers in preparing for a pandemic or disaster;
> work with agencies including the Ministry of Health to ensure systems and processes are in place to support and protect NZNO members and other health-care workers;
> support agencies including local district health boards in preparing for a pandemic or disaster;
> support nurses, midwives and agencies during the recovery phase, which may involve the transformation of a system, rather than returning to what it was.

Professional plans for a pandemic or disaster

How individuals and communities are affected by a pandemic or disaster and how they respond, will be different each time. Therefore, plans need to be informed by local knowledge, combined with expert knowledge.

As discussed previously, all NZNO members have obligations outside work. If nurses, midwives and other health-care workers are prepared at home, they will be better prepared at work, so having a personal and family or whānau plan is vital.

Plan for the employee

There are many variables that may influence a member's ability to manage in a disaster or pandemic. Consider the following when putting a plan together.

> General – time of day/season of year/weather on day of a disaster.
> Housing – is it intact, safe, or sanitary? (Consider the sewerage and/or water supplies).
> Food – supplies, storage (refrigeration, broken glass), access to clean drinking water, an alternative means to cook.
> Transport – are public services intact? What is the integrity of roads? Are the routes safe? What access to fuel is there in a disaster?
> Communications – Will there be power for internet, landlines/cell phone service availability.
> Family/ whānau – health status (before an event, and as a consequence of it). Where they are during the event, the ability to communicate with them, ability to get home, the need for assistance.

NZNO Policy, Regulation & Legal guidelines:
Obligations in a pandemic or disaster
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. www.**nzno**.org.nz
Page 5 of 9

NZNO recommends its members consider the following when developing a plan:

> update your personal knowledge on disaster preparedness as appropriate. Do you have a household survival kit as outlined on www.getthru.govt.nz? Do you have a grab bag in your car or at work?
> develop your personal plans and share with your family/whānau and friends so everyone all know what demands may be placed on you in an emergency situation and how you will manage communication, child care, elder care, pet care, mental health care, sleeping, food supplies, sanitation, and isolation from usual support networks;
> do you have a medication supply for three months? Check that you can get this supply dispensed by your local pharmacy.
> participate in regular pandemic and disaster training and education at work;
> participate in the planning and revision of organisational plans. Your voice is essential if these plans are to work in a disaster/pandemic. Address any general chit-chat or rumors about pandemic or disaster procedures to avoid misinterpretation of expectations.
> ask your employer what plans they have in place for supporting employees and families or whānau during a disaster or pandemic.

The decisions you make during a pandemic or disaster will be influenced by the plans you have put in place.

During a pandemic or disaster

NZNO recommends its members consider the following:

> keep diaries (e.g. a notation app on your cell phone) of your actions, as a record of your decisions, e.g. the decision not to report to work;
> patient records are vital during this time. Be familiar with your area's documentation procedures. These may be different during a pandemic or disaster to what is currently used during a pandemic or disaster. If you are caring for patients outside a formal health setting, e.g. in your home or in a local civil defence centre, try to document as much as you can about the care you provide;
> complete reportable event forms;
> monitor your personal health and well-being, and that of your colleagues (on an informal basis if able to), check in with each other often and report any concerns to your team leader;
> the recovery phase of a pandemic or disaster is recognised internationally as difficult and may be long (weeks-months-years).

NZNO recommends ongoing psychosocial support relevant to the needs and context of health professionals.[1, 10,12,13,14,15]

Plan for the employer

There are many variables which may influence an employer's disaster and pandemic plans including:

> health professionals' usual role/scope of practice;
> the nature of the disaster or pandemic – therefore the scale of the demand, and the requirement for specific types of skills;
> the employer's ability to deliver services as usual – and whether these are a priority in the specific situation;

NZNO Policy, Regulation & Legal guidelines:
Obligations in a pandemic or disaster
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. www.**nzno**.org.nz
Page 6 of 9

> the opportunity to contribute professional skills in other ways – e.g. field hospitals, welfare centres;
> the opportunity to deliver any variation on usual services in different ways, using other means eg social media, phone, email, triage and refer, direction and delegation of tasks to others etc.

NZNO recommends employer organisations should include the following in their disaster and pandemic plans:
> plans are in place for surveillance and detection of potential pandemics;
> a communication plan and an occupational health plan for managing unwell or injured staff members at work, and staff members who need to care for unwell or injured family members and cannot attend work;
> consideration of those staff members who for a variety of reasons cannot care for infectious patients. What role can they play in supporting the team?
> conversations about altering duties for at risk staff should be undertaken
> with a manager and designated person in the organization;
> adaptability to the changing needs on the day;
> education and training for disaster and emergency preparedness;[8]
> facilitating employees' ability to report to work during a pandemic or disaster, eg having plans in place to support their staff to provide *"child care, elder care, pet care, meals, sleeping arrangements, health services, mental health care, communications"*;[17]
> honesty with employees on expectations, resources and how ongoing support will be provided. Service continuity plans need to include support for staff;
> managing emotional and physical stress (staff well-being) of employees, not only during the pandemic or disaster but as part of the recovery phase. This may be needed for a considerable length of time after either a pandemic or disaster;
> recognition of a loss of security and vulnerability. Plans for ongoing mental health support and psychological recovery;
> development of recovery plans, which may need a long-term focus, depending upon the specific situation.

Conclusion

NZNO members will make a significant and positive contribution to the community response and recovery in a pandemic or disaster. In preparing for a pandemic or disaster, nurses, midwives and other health-care workers cannot make their professional plans in isolation from the organisational team they work within. Conversations need to take place at a personal, family and whānau level, as well as at professional and organisational levels as to how they will be able to contribute during a pandemic or disaster. Developing relationships and the strength of those relationships is pivotal to people's response, recovery and resilience.

NZNO Policy, Regulation & Legal guidelines:
Obligations in a pandemic or disaster
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. www.**nzno**.org.nz
Page 7 of 9

Further information and reading

Civil Defence: Get Thru website: http://getthru.govt.nz/

Keenan, R. (2016). *Health care and the law (5th ed.).* Wellington: Thompson Reuters.

Ministry of Health: Pandemic Planning and Response: http://www.health.govt.nz/our-work/emergency-management/pandemic-planning-and-response

Ministry of Health: Consumer guidelines for being prepared for a pandemic: http://www.health.govt.nz/your-health/healthy-living/emergency-management/being-prepared-pandemic

Ministry of Health: National health emergency plan- A framework for the health and disability sector. http://www.health.govt.nz/system/files/documents/publications/national-health-emergency-plan-oct15-v2.pdf

APIC (Association for Professionals in Infection Control and Epidemiology) www.apic.org/professional-practice/Emergency-Preparedness

People in Disasters Conference, Canterbury 2016 presentations, https://quakestudies.canterbury.ac.nz/store/collection/925#sub

References

1. Richardson, S., Ardagh, M., (2013). Innovations and lessons learned from the Canterbury earthquakes. Emergency department staff narratives. *Disaster Prevention and Management, Vol. 22* No. 5, pp. 405-414.
2. New Zealand Government. (2015) Health and Safety at Work Act. Wellington: Author.
3. New Zealand Government. (2003) Health Practitioners Competence Assurance Act. Wellington: Author.
4. Nursing Council of New Zealand. (2012) *Code of Conduct for Nurses.* Wellington: Author.
5. New Zealand Nurses Organisation. (2010) *Code of Ethics.* Wellington: Author.
6. New Zealand Nurses Organisation. (2012) *Standards of Professional Nursing Practice.* Wellington: Author.
7. New Zealand Government. (1994) The Health and Disability Commissioner Act. Wellington: Author.
8. Ministry of Health. (2015) *National Health Emergency Plan, A framework for the health and disability sector.* Wellington: Author.
9. Ministry of Health. (2017) New Zealand Influenza Pandemic Action Plan. Wellington: Author. https://www.health.govt.nz/publication/new-zealand-influenza-pandemic-plan-framework-action
10. Mooney, M., Paton, D., de Terte, I., Johal, S. et al. (2011). Psychological recovery from disaster: A framework informed by evidence. Journal of Psychology, Vol. 40, No. 4, pp 26-38.
11. Ruderman, C., Tracy, C, Bernstein, M., Hawryluck, L. et al. (2006). On pandemics and the duty to care: whose duty? Who cares? BMC Medical Ethics, accessed on 29/06/2016 at http://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-7-5
12. National Ethics Advisory Committee. (2007) *Getting though together: Ethical values for a pandemic.* Wellington: Ministry of Health. www.neac.health.govt.nz. Retrieved 15/07/16.
13. Eisenman, D. Taylor, S., Tanielian, T., Basurto-Davla, R. et al. (2001). Prioritizing "psychological" consequences for disaster preparedness and response. A framework

NZNO Policy, Regulation & Legal guidelines:
Obligations in a pandemic or disaster
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. www.**nzno**.org.nz
Page 8 of 9

for addressing the emotional, behavioural, and cognitive effects of patient surge in large-scale disasters. *Disaster Medicine and Public Health Preparedness* Vol. 5 No. 1, pp. :73-8

14. Ardagh, M., Richardson, S., Robinson, V., Than, M., Gee, P. et al. (2012). The initial health-system response to the earthquake in Christchurch, New Zealand, in February, 2011. *The Lancet*, Vol. 379, pp. 2109-2115.

15. Dolan, B., Esson, A., Grainger, P., Richardson, S., Ardagh, M., (2011). Earthquake disaster response in Christchurch, New Zealand. *Journal of Emergency Nursing,* Vol. 37, No. 5, pp. 506-509

16. Ardagh, M. (2006) Criteria for prioritising access to healthcare resources in New Zealand during an influenza pandemic or at other times of overwhelming demand. *The New Zealand Medical Journal*; 119: 1243. Retrieved 20/08/07 from http://www.nzma.org.nz/ journal/119-1243/2256

17. Chaffee, M. (2006) Making the decision to report to work in a disaster. *American Journal of Nursing*; 106: 9, 54-57.

Mission statement
NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

NZNO Policy, Regulation & Legal guidelines:
Obligations in a pandemic or disaster
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. www.**nzno**.org.nz
Page 9 of 9