



Registered Nurses Association of the Northwest Territories and Nunavut

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We are receiving questions about the professional responsibilities of nurses to provide care during the COVID-19 pandemic. Specifically, about the duty to care, being asked to work in unfamiliar areas, refusing to work, and responsibilities when equipment or resources are strained or not available.

We recognize that our members are providing extraordinary care in this unprecedented time. Working in health care adds compounding stressors; facing the prospect of more and longer shifts, challenges with providing family and childcare, fear of bringing the infection home, the fear of witnessing co-workers become ill, and facing tough decisions about resource allocation. However, in times of chaos and confusion, nurses step up, people step up, and there are examples of this very thing occurring all over the world, and in our own community, and in our nursing community.

We hope the following is helpful.

Nurses have a professional obligation, or a duty to provide safe, competent compassionate and ethical care. In this pandemic when the demands on the health care system are high, nurses have the right:

- To receive truthful and complete information so they can meet their obligations to care
- To have a clear understanding about their obligations and the expectations of their role
- Receive support in meeting their own care needs, including mental health supports

The CNA Code of Ethics states “Nurses carefully consider their professional role, their duty to provide care and other competing obligations to their own health, family and to friends.” (p.39). Nurses are not under the obligation to accept an unreasonable burden, nor to provide care when their own health care needs are at risk. An unreasonable burden affects your ability to meet your obligation to care when you are faced with unreasonable expectations, lack of resources or threats to your personal and family safety. (CNA, 2017).

Due to the COVID-19 pandemic, my employer has asked me to work in an unfamiliar area. Can I refuse to work in that area?

Nurses work in the best interests of their clients to set priorities, use critical thinking skills and apply professional judgement in these circumstances. Nurses seek out credible sources of information and follow best practice guidelines to provide nursing services and minimize the risk of disease transmission to themselves, their clients and others.

If you have concerns about your personal safety or your competence to work in a particular area, collaborate with your employer to ensure you're providing safe care and meeting all relevant standards of practice. You will need to assess your knowledge, skills and abilities to ensure; that you provide the care you are competent to give; consider whether providing a part of the care required is more appropriate than not providing care at all; and speak with your supervisor to make them aware of areas where you do not feel safe or competent to provide the care required. You may need to request a modified assignment, and a reasonable and appropriate orientation.

Is refusing an assignment or withdrawing care client abandonment?

The answer depends on whether you have accepted an assignment or established a relationship with the client. If you are working and accepted a workload assignment you have the professional obligation to work with your supervisor and employer to ensure the following occurs; arranging for another appropriate care provider to take over, giving your employer a reasonable opportunity to find a replacement, and providing care until the replacement is found.

You are accountable for your actions and inactions at all times. While you have the right to refuse to work in situations where you cannot manage or reasonably mitigate the risk, it is equally important to note that you are accountable to take every reasonable action to prevent withdrawal from care and abandoning clients.

What are my responsibilities to work if an unreasonable burden exists?

Nurses are not expected to unnecessarily expose themselves to risks resulting from a lack of appropriate resources, and equipment, and may refuse to provide or withdraw from care in very specific circumstances, and you are obligated to work with your employer to obtain the appropriate PPE and isolation spaces. Employers are obligated to protect and support employees by ensuring staff have access to the appropriate protective equipment and supplies. Both the nurse and the employer need to be open about the realities of the care situations, engage in open and honest conversations about their concerns, work together to create solutions, focus on the needs of the client, and recognize that we are in unusual circumstances and that it can be expected that care may need to be prioritized to the most critical activities.

Who determines what is appropriate PPE?

The determination of appropriate PPE comes through the scientific efforts of the World Health Organization (WHO), the Public Health Agency of Canada (PHAC) and your employer. Across Canada, provincial and territorial governments, working with the best knowledge they have at the time provide guidance for employers. As of today, WHO recommends:

- That healthcare workers providing direct care to COVID-19 patients use a medical mask gown gloves and eye protection (goggles or face shield)

- If you are performing aerosol-generating procedures on COVID-19 patients use a respirator N95 or FFP2 standard, or equivalent, gown, gloves, eye protection, and an apron

The PHAC makes the following recommendation (based on WHO recommendations):

The application of routine practices and additional precautions (RPAP) is based on a point-of-care risk assessment (PCRA). Health care workers (HCWs) should use a risk assessment approach before and during each patient interaction to evaluate the likelihood of exposure. In addition to the consistent application of routine practices, follow contact and droplet precautions. This includes the appropriate selection and use of **all** the following personal protective equipment (PPE):

- gloves
- a long-sleeved gown
- facial protection, such as surgical/procedural mask and eye protection, face shield, or surgical/procedural mask with visor attachment
- an N95 respirator (plus eye protection) should be used when performing aerosol-generating medical procedures (AGMPs) on a person under investigation (PUI) for COVID-19

Hand hygiene should be performed whenever indicated, paying particular attention to during and after removal of PPE, and after leaving the patient care environment. The employer will have built policies and procedures based on the best evidence from WHO and PHAC.

The above is the most up to date information on PPE for health care professionals. However, given the pandemic, information changes quickly. If you have more current and credible sources, it would be a professional responsibility of yours to bring the evidence to the attention of your supervisor.

Social media

Nurses have an accountability to the standards of practice, code of ethics and practice guidelines when it comes to social media use. There are risks and benefits to posting and it is important to maintain public confidence in our profession. Nurses should not post information on social media that is not based in evidence and could increase the anxiety levels of the public.

Our website is updated daily. New this week - reinstatements and expedited registrations can be completed online. We have increased our presence on facebook.

If you have questions please don't hesitate to contact us by phone, email or through the website.

You may find these resources helpful:

[CNA Code of Ethics](#)

[RNANT/NU Scope of Practice](#)

[RNANT/NU Standards of Practice](#)

[RNANT/NU Social Media Position Statement](#)

[WHO: Rational use of personal protective equipment \(PPE\) for coronavirus disease \(COVID-19\)](#)

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With thanks to NSCN, CNA, and BCCNP.

*Denise Bowen MN, RN
Executive Director*