

RCN
BULLETIN



Royal College
of Nursing

2020 | International Year
of the Nurse and Midwife



We stand together

PPE: ARE YOU SAFE?

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**KINDNESS IS KEY TO
PROTECTING YOUR
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**NIGHTINGALE LEGACY
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Your COVID-19 questions answered

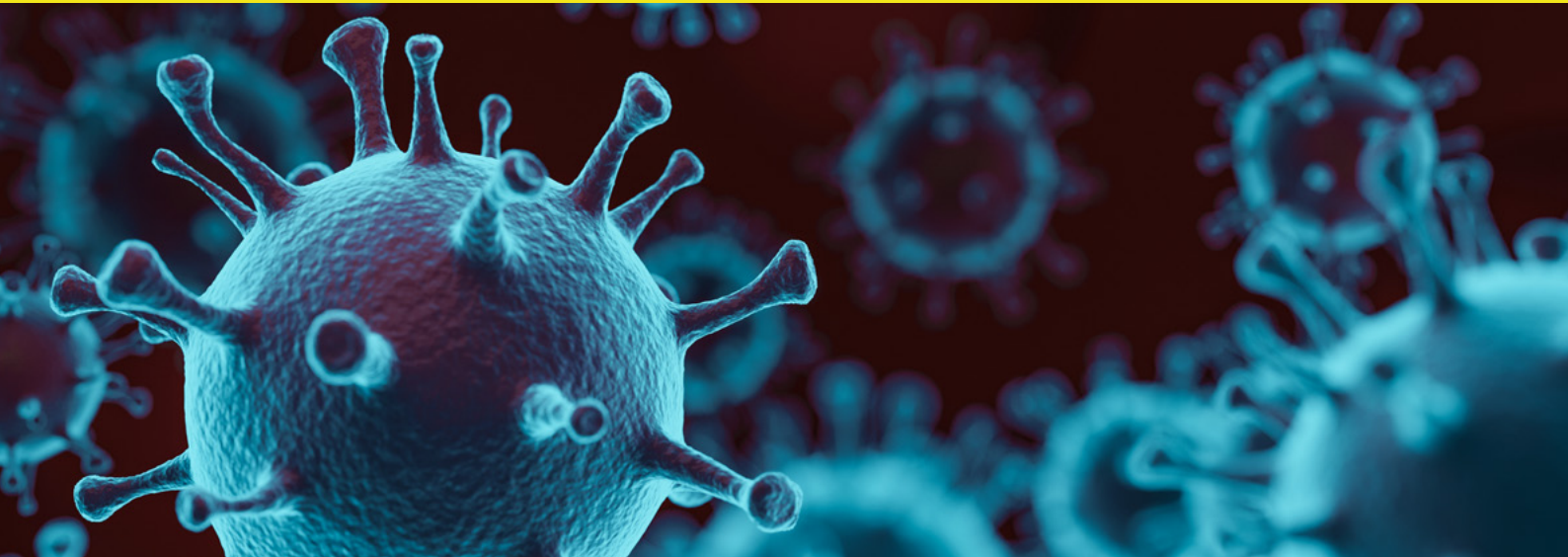
Have you got a question about COVID-19 and how it affects you?

See our online advice guide for all our latest information on issues related to the pandemic. It includes frequently asked questions on topics including:

- redeployment
- PPE shortages
- sick pay
- COVID-19 testing
- self-isolation
- pregnancy
- underlying health conditions
- school closures.

Answers are provided by RCN advisers in public health, infection control and employment relations

Visit rcn.org.uk/covid-19-advice



Always here for you

Staff at RCN Direct are here to provide you with the help you need at this crucial time. We're continually updating our online advice guide in response to your queries and concerns.

If you can't find what you're looking for, the best way to contact us is online at rcn.org.uk/get-help

Please note: This issue of *RCN Bulletin* went to press on 24 April. For the latest information from the RCN, visit rcn.org.uk

‘We’ll build a better future for nursing to honour those we’ve lost’



A special thanks for reading *RCN Bulletin* again this month – the team works hard to make sure members can see at a glance the support we can provide for you. As your union and professional body, the RCN represents nursing staff from across the UK in discussions with governments, agencies and employers – to amplify your voice and get it heard.

I’ve talked to more nursing staff, from every country and setting, in the last six weeks than at any other time. And, in their different voices, there’s the same mix of fear and determination. We’ve never known anything of this magnitude in our professional or personal lives. But, against the odds, nursing staff are still managing to be that reassuring face of health care – a testament to your skill and composure.

But what do we do when that face is covered? I got the answer last week when I worked a shift at the Nightingale in London. Smize: to smile with your eyes. The protective equipment we’re wearing is vital but takes a little humanity away from the job. I was delighted when I saw nurses putting their face and first name on the front of their gowns too.

Protective equipment is still the biggest challenge for many of our members – seeing it run out or fear that it soon will. I’ve spent days on the phone to ministers and officials, sharing what you’ve told me. I won’t go easy on them until our members tell me it’s sorted.

My heart sinks a little further with every announcement that one of our own has lost their life – some nursed by their colleagues. This week’s silence, after weeks of clapping, showed the public gratitude and determination to remember our nursing staff. No words here from me can do justice to their work and sacrifice. They have my eternal thanks and, what’s more, a commitment to build a better future for nursing in their honour.

Dame Donna Kinnair
RCN Chief Executive & General Secretary

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

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RCN members illustrated on the cover by Jenny Robins

Support for members working in care homes

We've set up a new support network for members working in care homes, who we know are facing incredible challenges during the COVID-19 crisis. The network, which is open to nursing staff caring for all ages and clinical needs, includes a private Facebook group where members can talk to others working in similar settings, share good practice and raise concerns. Visit [facebook.com/groups/RNCNCareHomeNetwork/](https://www.facebook.com/groups/RNCNCareHomeNetwork/)

We're also fighting to ensure members in care homes, and the wider social care sector, across the UK get the personal protective equipment (PPE) and support they need.

Commenting on the PPE supply issues in care homes, RCN Scotland Director and Independent Sector Lead Theresa Fyffe, said: "Every minute we wait for this to be resolved is a minute too long. All staff, no matter where they work, must feel safe. We will continue to raise this issue until it is sorted."

Nation honours nursing staff who've died



A minute's silence was held on International Workers' Memorial Day for nursing staff who've died with COVID-19. The silence was observed at 11am on Tuesday 28 April, honouring health, care and other key workers who've suffered the fatal consequences of contracting the virus. Across the country, politicians, employers, people at work and those in their homes joined the tribute.

The RCN led the call for the minute's silence, joining forces with the Royal College of Midwives and UNISON. Flags at the RCN's headquarters were flown at half-mast.

RCN Chief Executive & General Secretary Dame Donna Kinnair said: "The silence is a poignant reminder of the risks nursing staff run to keep us safe and is a show of respect for those who've paid the very highest price. Their loved ones must know the levels of gratitude we feel as a nation."

Dame Donna has written to the prime minister demanding immediate clarity on death in service benefits and financial support for families of nursing staff who've died due to COVID-19. We're calling for benefits to be provided retrospectively, from the start of the pandemic, and to apply to all health and care staff.

10k join temp register

More than 10,000 people have joined the NMC's COVID-19 temporary register since it opened at the end of March. The register was recently extended to include former nurses and midwives who voluntarily left the profession between three and five years ago, and UK-based nurses and midwives with overseas qualifications awaiting their final examination to join the permanent register. More than 22,000 nursing and midwifery students have opted to take extended clinical placements as part of the NMC's efforts to bolster the workforce. Visit [tinyurl.com/nmc-temp-register](https://www.tinyurl.com/nmc-temp-register)



Return to practice network

We've established a new network to support nurses returning to clinical practice during the pandemic. The network will provide a safe space to connect and share professional concerns or questions. Email return.practice@rcn.org.uk to join.

Share your stories to help us influence

We're keen to hear your experiences of nursing during the COVID-19 pandemic so we can support you more effectively and increase our influence when talking to politicians, officials and employers. Whatever the key issue is for you and your workplace, you can tell us about it by completing our short form at [tinyurl.com/rcn-share-your-story](https://www.tinyurl.com/rcn-share-your-story). We're running a slightly different project in Northern Ireland. Visit [tinyurl.com/rcn-sensemaker](https://www.tinyurl.com/rcn-sensemaker) to find out more.



Special plans to show thanks on Nurses' Day

Nurses' Day takes place on 12 May to mark the birth of Florence Nightingale 200 years ago. In light of the COVID-19 pandemic, we're making special plans to shine a light on your work and say thanks. We're calling on the public to get involved and urging you to show yourself a little love at this extremely challenging time. Visit rcn.org.uk/nursesday to find out more.

'Sensitivity and kindness must prevail'

We've created new palliative care guidance to support you during this unprecedented time of increased deaths due to COVID-19. It says that advance care planning is vital to ensure people who are or who may become palliative during the pandemic have an opportunity to discuss their wishes.

Carolyn Doyle, RCN Professional Lead for Community and End of Life Care, said: "Conversations with people who are approaching the end of their life are not always easy, but they are necessary.

"As a result of COVID-19, life expectancy may be shorter than previously expected and people and their families should, as far as possible, be prepared for this. Sensitivity and kindness must prevail, and dignity, respect and compassion must remain at the core of the delivery of end of life care."

Visit tinyurl.com/covid-19-palliative-care (scroll to the drop-down menu at the bottom) to find out more. For information on verification of death, DNACPR recommendations, and links to further helpful information, visit tinyurl.com/covid-19-dnacpr

PPE remains top priority as survey reveals 'gut-wrenching shortages'



We're continuing to push for proper access to PPE as thousands of you tell us you're being asked to work without the right equipment or reuse items marked as 'single-use'

Our survey, conducted over the Easter weekend, showed that half of nursing staff have felt pressure to carry out their work without the levels of protection set out in official guidance. This includes those working in the most high-risk environments, such as areas where patients with or suspected of having COVID-19 are being treated on ventilators.

We've shared the results directly with associated government agencies and regulators, including the Health and Safety Executive (HSE).

Commenting on the survey results, RCN Chief Executive & General Secretary Dame Donna Kinnair said: "These figures

unmask the gut-wrenching shortages nursing staff are dealing with in all health care settings. It is little wonder they are in such fear for their own safety and that of their patients. This crisis is taking the lives of nursing staff, and their colleagues feel they've been left exposed. All decision makers involved here need to get an urgent grip on the situation. Nursing staff just want to do their jobs – they must be given protection in order to do so."

You can read the full report on our survey, which was completed by almost 14,000 members, on our website at rcn.org.uk/publications (code: 009 235). We'll be running the survey again soon to collect further data on PPE and COVID-19 testing across the UK.

RCN Foundation launches COVID-19 support fund for nursing staff



All online donations made to the charity before 1 June will go towards this urgent fund

As the COVID-19 crisis deepens, the RCN Foundation has launched a support fund to respond directly to the challenges faced by nurses, midwives and health care assistants. It will provide practical and psychological support, including

the provision of emergency hardship funds, making financial awards quickly to staff experiencing economic difficulty.

The fund will also be used to provide psychological support to frontline care staff.

RCN Foundation Director Deepa Korea said: "We're already hearing from nurses,

“

We'll ensure the workforce receives the mental health and wellbeing support it needs

particularly those based in intensive care units, about the psychological impact of caring for patients affected by COVID-19. We expect to see this increase so working with our partners, we'll ensure the workforce receives the mental health and wellbeing support it needs during this time."

Since the pandemic began, there has been an increase in calls and emails to the RCN Foundation from individuals and companies offering funds to support nursing staff.

"We've been really heartened by members of the public who've contacted us to say they'd like to help," added Deepa. "People are recognising that this profession is taking the brunt of the current crisis and want to be standing shoulder to shoulder with them."

Find out more at rcnfoundation.rcn.org.uk

NHS choir tops the charts

The NHS Voices of Care Choir has teamed up with Captain Tom Moore and singer Michael Ball to reach the top of the UK charts, with their cover of *You'll Never Walk Alone*.

The single was released on 17 April and shot up the charts, with the proceeds boosting Tom's amazing fundraising effort for NHS Charities Together, which stood at more than £28 million as we went to press.

Carmel's audio diary documents pandemic life

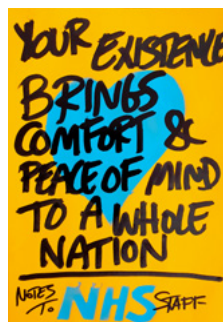
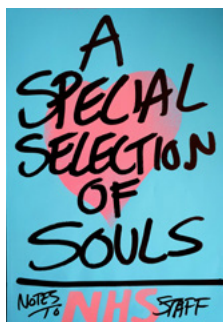
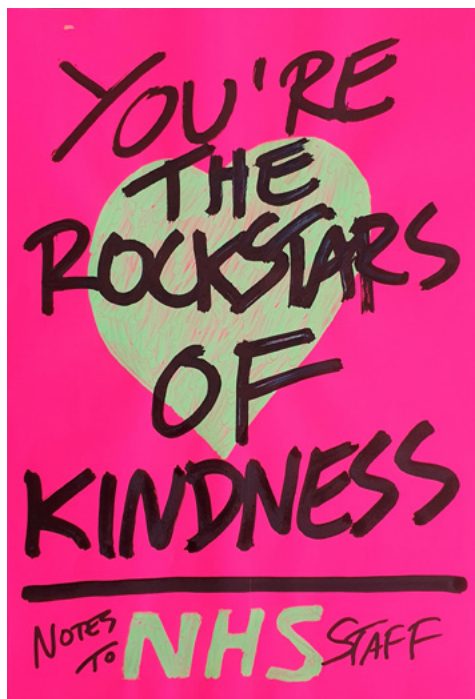


Orthopaedic nurse and RCN steward Carmel O'Boyle has recorded an audio diary of how COVID-19 has had an impact on her life.

The entries, recorded over four weeks, chart her decision to move out of her family home, dealing with the first deaths on her ward due to COVID-19, and learning of the news that she herself needs to isolate due to a chronic health condition.

Listen to the diary at rcn.org.uk/activate

The big picture



Artist Andy Leak has been sending out inspirational posters to NHS workplaces, including these ones to teams at The Folkestone Health Centre and Central London Community Healthcare Trust (Alice Rae, pictured). See more of these on Instagram by searching [#notestoNHS](#)

THE VIEW FROM HERE



Lindsay Cardwell
Chair of the RCN Nursing Support Workers Committee

COVID-19 is presenting challenges for the whole health care team and huge numbers of nursing support workers are caring for frightened people, while dealing with their own personal concerns.

In care homes across the UK, support workers make up the majority of the nursing team. The emotional and physical work they undertake cannot be underestimated. With relatives unable to visit residents, support workers are helping families in new ways while providing reassurance and care. Some have moved in to minimise the risk of exposure and others are communicating final messages from loved ones to residents.

Many are feeling the pressure though. My message to nursing support workers is this: if you're being asked to do anything you feel you're not appropriately trained to do, or if you're being told to put yourself in a dangerous situation, be confident to raise your concerns. The RCN is here to support you.

It's important that we recognise the impact this global health crisis is having on all health care staff. But it's equally important to acknowledge the impact that nursing support staff are making. As Chair of the RCN Nursing Support Workers Committee, I have never been prouder to represent support workers across the UK.

tinyurl.com/rcn-nswc



PATIENT PERSPECTIVE



Kate describes her experience of being treated on a designated COVID-19 ward

The ward sister, her eyes filled with tears, was the first person to hold my hand since I'd been admitted to the ward three days previously. In that time, I hadn't had a wash, brushed my teeth or had my sheets changed. There was no toilet in the room I was sharing with three other women, only one commode which was barely changed. But I was so ill with pneumonia from COVID-19, I didn't really care.

Many of the staff made sure we had our medication then left the room as quickly as possible. It's not that they were uncaring – I don't blame them for wanting to protect themselves.

I became good friends with a woman in the bed next to me, Marie. After three days, I began to turn a corner and my fever broke. Marie wasn't so lucky. I was distraught trying to help her with her oxygen mask as her breathing deteriorated one night. That's when the sister came in and held my hand. I was crying and so was she. I told her, "But you're trained for this". She said no-one was trained for what was happening.

As they wheeled Marie to a private room the next morning, I made sure I gave her a kiss and a hug and told her she wasn't alone. She died a few hours later.

Now home with my family, I know it will take a while to get over the virus physically and I am exhausted. Mentally, I feel traumatised from my time on that ward, but I know I'm one of the lucky ones.

COMPASSION IN DYING



Sarah Malik Information line nurse

The COVID-19 pandemic initially made me question whether I should return to frontline clinical nursing, but now I'm sure I'm helping people in a different way.

In the last few weeks, calls to the information line at the charity I work for, Compassion in Dying, have rocketed. People want to know what it's like to die with COVID-19, and what it will look like if they choose to die somewhere other than in hospital.

Many of the people who've contacted us are in higher risk groups and are aged 60 or above. They're often organised planners who are very clear about what treatments they do, and crucially, do not want. Retaining control when they can no longer speak for themselves is really important.

Staff on the frontline usually have the chance to talk to people face-to-face about end of life care, where they can see people's body language and react accordingly. Having these conversations on the phone is hard and using our website can really help.

Talking about end of life care is so important but I'm keen to ensure that people follow this up with the right documentation. It might seem complicated, but our step-by-step online guide shows that it really isn't, and it can be used alongside our free nurse-led information line service.

compassionindying.org.uk



What you've been saying

Weekly morale boost

I've gone from feeling scared...to upset... to angry...to despaired....to terrified...to broken....to proud and strong and that is because our country has shown that it is behind us. Together we can achieve anything...and boy has our country made us feel empowered tonight.

[Lucy on Twitter](#)

Nursing home pride

My focus as a nursing home manager is on reducing the risks COVID-19 presents to older people in my care. It's a very challenging time, protocols are evolving and changing, and everyone needs to work at pace delivering a quality service while dealing with the anxieties of residents, staff and families.

One of the greatest challenges has been obtaining clarity on what PPE to wear for different care needs. Given the global shortage of PPE there has been considerable apprehension around our ability to keep these stocks replenished.

The pandemic has necessitated many changes, including the restriction of visitors

to the home. This has been particularly difficult as it goes against our ethos, but I am proud to say the entire staff team has been amazing and innovative in using technology to fill this gap for residents.

[Connie by email](#)

Two sides to student situation

I was disappointed to only see one perspective on the proposals for student nurses in the last issue of *RCN Bulletin*. I believe there needs to be support and encouragement for those nursing students who've decided not to go on an extended clinical placement. We feel very strongly about getting the correct training at the right level and are looking at the bigger picture, not to mention the fact that we think this is all very unsafe in so many ways.

It would be nice to see as much support for students who've made the decision to opt out, and are sticking by the original NMC standards, not temporary government stipulations. There's another side to the COVID-19 proposals for final-year nursing students; it also needs to be respected and heard.

[Rachel by email](#)

QUOTE OF THE MONTH

“Nursing staff know what they need to do to stay safe. They will be angered by any suggestion they cause PPE shortages by misusing kit

Susan Masters, RCN Director of Nursing, Policy and Practice, on comments made in the government's daily press briefing



Offers for frontline workers

Explore Xclusive offers for frontline workers including savings on tech to keep you connected, fitness gear to help keep you motivated and much more.

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STAND TALL, BE PROUD

Members of our District and Community Nursing Forum have been sharing their views on Facebook about the lack of reporting of their vital work during the COVID-19 crisis

District nursing is always forgotten when it comes to the media, which really annoys me, but our patients and their families couldn't cope without us and are really grateful for us being there, especially during uncertain times. **Rachael**

Our local hospital is praised daily and has had countless donations. Our surgery has also been recognised, but as a community nursing team, not a mention. We're not looking for freebies, but our contribution is just as worthy for the praise given elsewhere. It does leave the team feeling undervalued. **Gaynor**

We are also on that "frontline" in more ways than one! We have spent years trying to raise the community profile, to gain true understanding as to what we do. Situations like this remind us how far we've come, yet how far we have to go! **Katie**

Basically, we ARE frontline but without the walls. **Sharon**

The people we help appreciate us. That is enough for me. That is why I became a nurse. Stand tall, be proud of what you do. You are all doing a unique and amazing job. **Susan**

Please never feel like you're invisible or forgotten. You are the foundation of our communities, lifeline to many. Keep going, keep strong and keep safe. **Carolyn Doyle, RCN Professional Lead for Community and End of Life Care**

BEING REDEPLOYED



Shiny Cardiac surgery nurse

Following two weeks of annual leave being a mum to my curious two-year-old, I was worried about returning to work. On my first day back, I was redeployed to work in a COVID-19 intensive care unit. The entire hospital had changed to be able to deal with the pandemic. While I'd heard some horror stories, at my trust the strategic planning was very impressive. All our PPE was displayed neatly, and I felt reassured that I was supported and looked after.

Stepping into the ITU, I realised things had completely altered. What was a cardiothoracic high dependency unit two weeks ago was now a full to the brim COVID-19 intensive care unit, with every patient critically ill and being supported on a ventilator.

It was the first time in two years that I'd had to use ventilators. Working out of my comfort zone was nerve-wracking, the impact compounded by a new disease and critically ill patients.

All of us were sweating inside our PPE, with the strap from the mask hurting my ears and my nose bridge getting sore. Medication was running lower than it did for a month in normal circumstances. Patients were relying on our management, while their families, not allowed to visit their loved ones, were crying over the phone as they tried to get updates. This was my harsh reality on just my first day, with many more to come.

rcn.org.uk/redeployment



Not the NHS, but nurses too

Catherine applauds the hard work and dedication of her nursing team working in a private hospital

In October, I left the NHS after 32 years of service. I was persuaded to join Bupa Cromwell Hospital by my now manager, and I have not regretted the decision once. I am a lead nurse, working with a small senior nurse team and all of us are passionate about nursing and determined to be the best we can be.

Like all nursing staff, our passion and resolve are being tested to the full at this terrible time, but I am so proud of how we have risen to the challenge. Over the last few weeks, we have effectively become part of the NHS, taking patients to free up beds and carrying out urgent cancer operations, which the NHS hospitals currently can't accommodate. To facilitate this, we opened our new ITU early, which took a huge amount of work so that we could accept COVID-19 patients, and we also quickly set up an HDU in the former ITU area.

Our nurses, like those in the NHS, are often working outside their usual scope of practice. They are also scared they might catch the virus and take it home to their families. Despite new fears and unprecedented challenges every day, we pull together with resilience and fortitude.

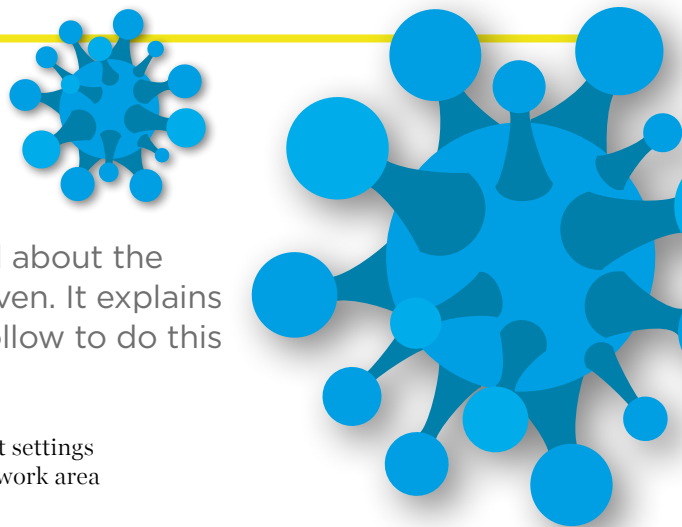
I would never want to take anything away from NHS nursing staff; the battle they are facing is huge and they are heroes. However, given that we are all treating patients at this incredibly difficult time, I would like all nursing staff to be able to access the support being offered to NHS nurses, for example priority access to supermarkets and discounts on takeaway food and clothing. I've heard similar feedback from nursing staff working on the frontline in care homes too.

We are really proud of the contribution we're making to support the NHS and fight this national emergency. When I'm taking part in the Thursday evening [#clapforcarers](#), I'll be doing so to applaud all nursing staff across the country, and I hope others will join me.

Are you safe?

We've published advice for members who are worried about the personal protective equipment (PPE) they're being given. It explains when to raise the alarm about PPE and the steps to follow to do this

The UK government has outlined what PPE is recommended for use in different settings and scenarios. Before raising concerns about PPE, check the guidance for your work area and role at [tinyurl.com/uk-gov-covid-ppe](https://www.gov.uk/guidance/personal-protective-equipment-ppe)



When should I escalate concerns about PPE?

If you have access to the right equipment and are given training and information on its use

No further action

If you don't have access to the right PPE as set out in the UK government guidance

Escalate your concerns

If you have access to the right equipment but have had no training and information on its use

Escalate your concerns

If you have access to the right equipment but you're concerned about its quality, for example, if it has been donated by a third party or it is past its expiry date

Check guidance on expiry dates and third-party donations on the page opposite. If you remain worried about the quality of equipment, escalate your concerns

If you have access to and are required to wear a specialist filtering face piece respirator (FFP3 or 2) face mask but have not had a fit test

Escalate your concerns

How should I escalate my concerns?

1 Raise concerns with your manager or supervisor, in writing if you can, and if you have a local RCN safety rep, let them know. See the RCN's raising concerns guidance at [rcn.org.uk/employment-and-pay/raising-concerns](https://www.rcn.org.uk/employment-and-pay/raising-concerns)

2 Document your concerns using your organisation's reporting mechanisms, such as Datix and IR 1 forms and through your line manager. Take photos of any equipment you feel is of poor quality.

3 If there are dedicated staff available within your organisation, such as PPE safety officers, or there's a helpline, contact them for further advice.

4 If appropriate, ask your local RCN safety rep to check whether your employer has made a report via RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

5 Managers or supervisors should respond to your concerns in a timely way, ideally before you're put in a situation where you may be at risk.

6 If your concerns for safety aren't resolved, your incident report should be escalated, in accordance with the local policy, to the board director responsible for health and safety. You should reiterate your concerns for personal safety and state that you've not received a satisfactory response from your manager or supervisor.

7 You should not be bullied or harassed for raising legitimate concerns.

8 Contact the RCN if you need support with any of these issues, if you are being bullied or harassed, and if access to PPE continues to be a problem. We will support you and provide advice on escalation to external bodies.

9 We would advise you not to approach the media, post on social media or contact any external body before speaking to us for advice. You should follow your local policy on speaking to the press and use of social media.

10 If your employer does not provide you with appropriate PPE and a safe working environment, you can refuse to care for a patient, but you must follow our guidance (opposite) before making this decision.

Where do I stand on refusing to treat patients?

It's unacceptable and a breach of safety regulations for you to be put at risk due to insufficient or inadequate PPE. We've published guidance outlining where you stand if your safety continues to be compromised. This includes advice on refusal to treat and the potential legal consequences if you make such a decision and it is later criticised.

The guidance includes a decision route:

1 Read through our PPE advice (opposite) and the UK government's infection prevention guidelines at tinyurl.com/uk-gov-covid-ppe. If the PPE given to you is right for your work setting, you should continue to work.

2 If the PPE you've been provided is inadequate, escalate your concerns to push for appropriate PPE before you treat patients.

3 If appropriate PPE is not provided, you must consider your own safety. Under the NMC Code, the safety of nursing staff remains a key consideration alongside patient and public safety. All nursing staff, registered or not, have employment law protections that allow them to consider their own safety.

4 If you become unwell, you might spread infection through your community, including high-risk patients, or to your family. You may yourself be vulnerable to infection.

5 You must take part in identifying changes to the way you work to reduce the risk to you, short of refusing to provide treatment at all.

6 If you have exhausted all other measures to reduce the risk and you do not have appropriate PPE in line with the UK infection prevention guidance, you are entitled to refuse to work. This is a last resort and we recognise what a difficult step this would be for you. RCN advisers or your local rep can support you. Visit rcn.org.uk/advice or call 0345 772 6100.

7 Keep a written record of your safety concerns using local incident reporting procedures, for example DATIX, where possible.

Rest assured, if you refuse to treat a patient because of a lack of PPE, the RCN will provide you with legal representation if you need it.

What if there's a shortage of PPE in my workplace?

The UK government has published guidance on managing shortages of PPE. You can read it at tinyurl.com/ppe-shortages

This guidance was developed without full and formal consultation with the RCN. We think it's unacceptable that any health care setting in the UK does not provide PPE as required by the Health and Safety Executive (HSE) and set out in the existing guidance.

Only sound scientific evidence or safety concerns should change this guidance. We have written to the HSE in the strongest terms to voice our concerns. Nursing staff must be afforded proper protection.

Is it safe to use PPE which is past its expiry date?

PPE stock has been rotated from emergency supplies to ensure items which have been there the longest are issued first. Members have raised concerns that some of these products are past their marked expiration date or have been relabelled.

We've received formal assurance from the NHS that all stockpiled products being issued have passed stringent independent tests and that the "certified" PPE provided has a much longer shelf-life than the date marked.

The Health and Safety Executive for Northern Ireland has also confirmed that the PPE stock there, as part of a UK consignment, is covered by the same assurance.

Should I accept a donation of home-made PPE?

No, you must not accept any home-made PPE donations. Your employer should provide you with high standard PPE that meets health and safety standards to ensure it is fit for purpose and provides reliable and effective protection against infection. Any personal protective equipment made by hand, for example cotton face masks, will not provide the level of protection required against COVID-19.

If you have concerns about the standard of PPE provided by your employer, please escalate these as indicated opposite.

Anyone wishing to donate equipment to the health service should visit gov.uk/coronavirus-support-from-business

‘In a world where you can be anything, be kind’

Earlier this year, this phrase captured the hearts of the nation. Now, as the devastation caused by COVID-19 challenges our physical, emotional and psychological health, it takes on a whole new meaning for nursing staff



As defences against a deadly pandemic, kindness towards your nursing colleagues may seem inadequate but, says Catherine Gamble, RCN Professional Lead for Mental Health, it can go a long way in helping us come through this crisis.

COVID-19 is ripping apart families and communities, and those on the frontline face an exhausting fight to maintain their patients' health while battling to protect their own physical and emotional wellbeing. There are no easy solutions to this complex juggling act, but a combination of small actions can bring a degree of comfort or respite, Catherine suggests.

“There’s value in not being critical of each other,” she says. “So rather than saying, ‘This hasn’t been done’, try instead ‘I’m concerned this need hasn’t been met’. Doing it that way means you avoid criticising each other.”

And try not to be hard on yourself, she advises. “Initially you think, right, I can handle this, it’s an emergency. But then it becomes a lifestyle and that’s what people are now having to consider. So, there’s something valuable in each one of us saying to ourselves, ‘You’re doing the very best you can in difficult circumstances’.”

“

You don’t need to be in crisis to reach out for support

Words by Daniel Allen

Coping with threats

COVID-19 brings countless dangers, not least the risk of nursing staff infecting themselves or their families because of their work. But other, more unexpected threats have also emerged. Personal protective equipment (PPE), for example, has become another front in the battle against the virus.

“How to wear it, when to wear it, whether you’ve got enough, whether you’re wearing it properly – nurses are reporting all those things,” says Catherine. As a result PPE – designed to protect from physical harm – can also stir up all sorts of anxiety.

Then there’s the threat of moral injury, the distress caused by actions, or inaction, that go against an individual’s ethical or moral code. Deciding who to ventilate when equipment is in short supply, for instance, or having to prevent a family member from visiting a dying relative because of the risk of infection.

Catherine cites in particular the situation mental health nurses can find themselves in of urging social isolation among clients whose mental health may be threatened by lack of human contact. “As mental health nurses, we encourage people to socialise so we’re doing completely the opposite of what our training tells us to,” she says.

Tips to safeguard your psychological wellbeing

- Focus on the basics of self-care – sleep, rest, routine, eating healthily, hydrating, taking your breaks. “We’re trying to remind people it’s a marathon, not a sprint and you need to maintain your wellbeing for the long haul,” says Sarah.
 - Stay connected to family and friends. “That’s really important,” she says.
 - Find time to switch off. “That’s a challenge because every time you put the radio or TV on, COVID-19 is there. But try to step back and away from it when you’re at home.”
 - Engage in hobbies during your downtime – anything that’s creative and distracting, such as baking. “Plug into your coping mechanisms,” says Sarah.
- “Try to have a little bit of fun – it’s so important to keep laughing if you can. Expose yourself to things that lift you and bring joy.”
 - Avoid unhelpful coping strategies. Tobacco, alcohol and other drugs “can worsen your mental and physical wellbeing”, the World Health Organization (WHO) says.
 - Make use of wellbeing apps and online resources, many of which have been made available free to NHS staff. And use any support services offered by your employer.
 - RCN members can contact the counselling service for support on 0345 772 6100. “We’re here to support you with any emotional issues you may be facing both in your professional role or home life,” says Sarah.

for those who have been on sick leave with non-COVID-19 symptoms, guilt over being removed from the frontline.

Looking to the future

To emerge from the pandemic with your psychological health in good shape, Sarah says that despite uncertainty over the end point, it’s important to look forward. There are brighter days ahead. “It can feel as though this is never going to end. But it won’t go on forever and we will come through.”

Both Catherine and Sarah agree that one final piece of advice is critical. “You don’t need to be in crisis to reach out for support,” Sarah says. “It’s really important that, if you can, you take a proactive approach. And we are very happy to speak to people about a self-care plan or just about how they’re feeling. People do sometimes think with counselling that you have to be in a bad place to approach us but that’s certainly not the case.”

Catherine adds: “There’s something very powerful in the value of talking about our vulnerabilities. It can be as simple as admitting you don’t have all the answers and asking for help. This provides an opportunity to problem solve and come up with ways to support each other. The best way to do this is often through networking, finding those people like you and valuing each others’ contributions.”

With no end in sight, what are the longer-term consequences of working for so long at such pressure and, in many cases, at such personal risk?

An obvious possibility is post-traumatic stress which, says Catherine, anyone who experiences extreme circumstances may be vulnerable to.

Sarah Murphy, who co-ordinates the RCN counselling service, agrees that PTSD among health care staff is a real concern, compounded by bereavement issues relating to lost loved ones and colleagues. “We’re trying to anticipate what may be a problem further down the line,” she says. “Our members are not only losing patients but family as well, who may have been cared for in the same hospital where the member works.

“There are lots of complex issues that may be storing up mental health problems for the future.”

And nursing staff employed in care homes can face unique

challenges, Sarah says. “There’s a feeling among members we’ve spoken to of being forgotten.”

The close and rewarding relationships staff often have with residents can also mean heartbreak when any of those residents die with COVID-19. Sarah says: “We really want to reach out to those members and let them know that if they’re feeling isolated, we’re here and can be a support to them at this time.”

Members calling the counselling service are, as might be expected, reporting heightened anxiety, trouble sleeping, and fear of going to work and of what they might expose their families to when they come home, says Sarah. “We’ve also had a lot of people feeling very unsettled by redeployment, finding themselves disorientated by changes happening in the workplace.”

Callers are also worried about financial and employment issues, such as workplace hearings that have been suspended, or,

“
There are lots of complex issues that may be storing up mental health problems for the future

Useful links

Read more about COVID-19 and your mental wellbeing: tinyurl.com/rcn-mental-wellbeing

Access the RCN counselling service: rcn.org.uk/counselling

See WHO guidance on mental health during the COVID-19 pandemic: tinyurl.com/who-covid-19-mental-health

Adapting to a new normal

The COVID-19 pandemic is having an impact on nursing staff wherever they work. Their response is demonstrating their resilience, flexibility and commitment to patients



Community care

District nursing is more challenging than ever, but the crisis is leading to improved patient self-care, says Professor Julie Green, Chair of the RCN District and Community Nursing Forum

District and community teams are busy caring for the burgeoning housebound population, supporting patients with a range of complex conditions as well as providing end of life care. Caseloads are expanding exponentially and now include rapid hospital discharges, often with uncertainty about COVID-19 status.

Safety is a huge concern. Community staff have reported being heckled and abused on occasions by patients, relatives and the public, labelled as “disease spreaders” for travelling in uniform between visits. But what choice do we have? The use

of family cars to travel between visits has also never been so challenging. Transporting clinical waste, returning home in uniform, donning and doffing are all processes complicated by the environment in which we deliver care.

Alongside all this, a recent survey of forum members on the impact of COVID-19 has revealed confusion and inconsistency with national guidance in relation to PPE, a lack of available PPE, but also inadequacies with what has been recommended.

Despite this, there are positives. “Critically cleansed” caseloads, with only essential care delivered, has led to

increased self-care and enhanced support for patients from extended family, friends and neighbours. Patients are choosing to decline visits, preferring to avoid the potential threat that we may pose to them, and, as a result, are self-managing their conditions like never before.

Technology has proved invaluable too, for online team meetings and virtual huddles supporting care delivery, team working and staff morale.

COVID-19 has raised the profile of the essential care delivered behind closed doors and we will use this opportunity to learn from the challenges and capitalise on the positives.



Continence care

Alison Wileman, Chair of the RCN Bladder and Bowel Forum, considers the different ways forum members are responding to the crisis

Many forum members are being redeployed. If this is planned properly it's an opportunity to upskill, and to share our skills with other teams. Across the UK our specialist work is being scaled back and this leaves some of us feeling our roles are undervalued. One member told me their service has been completely suspended and everyone has been redeployed to a COVID-19 assessment centre. Other staff are working with a team of district nurses, doing their routine catheter changes, among other work.

What forum members are doing in this crisis seems to depend on where they're based. In some places home visits are still possible for the most vulnerable patients. But like many of our nursing colleagues, those going into homes are seen as a risk. One forum member was asked to stand in the garage while she did an assessment. Of course, this was the right thing to do but this basic care is not the usual gold standard we're used to providing.

In other areas, some services are operating on a reduced basis, with staff being redeployed for a portion of their working time. Some members are

still trying to offer telephone or email advice services, but that's becoming increasingly difficult to maintain.

Even before COVID-19 became nursing's biggest priority, our role was frequently misunderstood. “All you do is pads,” I've heard too often. During this crisis we're asking: what is essential nursing work? Specialist bowel and bladder nursing staff may not carry out immediately obvious “essential” work but what we do may help stop someone from falling; it might prevent infection and a subsequent hospital admission; it might be a lifeline to someone living with dementia.



Defence nursing

Defence nursing staff are helping to set up new hospitals and testing centres, as well as deliver vital equipment where it's needed most, says Chair of the RCN Defence Nursing Forum Debra Ritsperis

Regular and reserve armed forces health care personnel, including nurses and health care assistants, are among the tens of thousands Royal Navy, Army, Royal Air Force and civil servants assisting the national COVID-19 effort.

For nurses, a typical day might be spent advising the build and supporting the workforce of additional hospital capacity, setting up COVID-19 testing stations, providing routine worldwide or critical care air evacuation, or training combat medical technicians in the specifics of COVID-19 nursing to be a health care force multiplier.

In overseas locations such as the Falkland Islands, Cyprus, Canada, Kenya, Brunei and the Caribbean, defence nurses will enhance critical care capability and assist in COVID-19 management.

Defence nurses are supporting the NHS in the logistics of providing armed forces support to ambulance services and acquiring and delivering ventilators, oxygen and PPE to where it's needed most. This COVID-19 activity is in addition to routine defence primary health care provision for all armed forces personnel and maintaining training and clinical skills for routine national security roles.



Flight nursing

Suddenly, people are travelling less, and this has meant big changes for nursing staff in the medical assistance industry says Kerryn McGowran, Chair of the RCN Critical Care and Flight Nursing Forum

The response from forum members has been nothing short of exceptional. Many flight and office-based nurses have voluntarily returned to clinical settings to support their colleagues and provide care to patients. These nurses have a dynamic skill set that is undoubtedly welcome in the NHS.

These are uncertain times, given the reduction in global mobility, but our nurses are forward-looking and resilient. We're proud and honoured to support them.

Nurses who remain in their roles delivering telephonic triage have needed to quickly up-skill their knowledge of

how COVID-19 is affecting different locations in terms of clinical impact, health infrastructure and travel restrictions. Local health facilities overseas may be overstretched, and an even closer vigilance is needed to medically monitor care being received to ensure the best health outcomes, especially in resource-poor countries.

Repatriations have become logistically more challenging too. It's much harder to admit patients into UK hospitals and, with borders closing at short notice, to move them from one country to another. To arrange for medical crew to collect patients by air ambulance or commercial carrier takes careful planning and consideration due to enhanced regulations around air travel.

CHILDREN'S NURSING



Amy* Specialist paediatric nurse

My role involves working in the community with children who have very complex health needs. Many are in and out of hospital so I make sure care packages are in place so they can be cared for at home and attend school once they're discharged. Some have very rare illnesses - cancer, spina bifida and other, sometimes unknown, conditions. Many are receiving palliative care or have life-limiting illnesses which make them more susceptible to viruses that family members might bring home.

Since the COVID-19 pandemic, the children's provision in local hospitals has greatly reduced, meaning many children who would normally be looked after in hospital are having to be cared for at home. In my team, we've had to decide who the sickest children are, who's safe, and who we're most worried about. The parents are also at risk of fatigue as they're caring 24/7 and feel uncertain about having carers enter their home.

The pandemic has had a huge ripple effect with many specialist and paediatric nurses moving onto adult ITU wards. My caseload has increased significantly as there just aren't enough nurses to care for these children right now. Despite the challenges, we are finding new ways of working and, in a way, this is giving parents more ownership, which will be a good thing to continue once all this is over.

rcn.org.uk/forums



Nightingale's legacy

With Florence Nightingale's 200th birthday falling during the COVID-19 pandemic, the reforms she fought for feel more relevant than ever



Every year, on 12 May, we mark International Nurses Day. It's not just a celebration of nursing, it's also the birthday of one of the world's most famous nurses, Florence Nightingale.

We knew 2020, two centuries since her birth, would be a big occasion. But with the COVID-19 pandemic highlighting similarities between Nightingale's experiences and those of nursing staff today, it's taken on new significance.

Nightingale was named after her birthplace – Florence, Italy. Her parents were influential, upper-class, and gave her a

thorough education. A talented mathematician, she was also drawn to caring for the sick in her family and community.

Many still know her as “the lady with the lamp”, keeping watch over injured soldiers in the Crimean War. Nightingale was recruited by her friend and secretary of war Sidney Herbert to lead a mission of nurses to Crimea in 1854. The war had been raging for a year, and newspaper reports of the terrible conditions for injured soldiers shocked the British public. Nightingale's party of nurses was sent to ease suffering in Crimea and reassure citizens at home.

RCN President Professor Anne Marie Rafferty co-edited *Notes on Nightingale*, a collection of essays about her life and legacy. “She was essentially a celebrity in her own lifetime and achieved that iconic status early on,” says Anne Marie. “Her image was of great appeal to the public and must have been a source of tremendous reassurance. Many of those feminised virtues – compassion, heroism and sacrifice – are very powerful during times of crisis and seem to coalesce around female figures.”

Supplies and hygiene

Nightingale went from a comfortable lifestyle into a warzone, experiencing terrible seasickness on the way out. She arrived to big challenges. She had to create a functioning hospital, introduce hygienic practices, and find supplies to make it all possible.

Many of those issues sound familiar during the COVID-19 pandemic. “We're getting the most timely reminder of the importance of Nightingale's work,” says David Green, Director of the Florence Nightingale Museum. “Nightingale, as a leader of nurses, knew when to stand up for her nurses and patients. We have seen, through the RCN and the chief nursing officer, that is still very much part of the role. Nurses will fight to get the best resources they can for their team and the people they are looking after.”

Nightingale also had “considerable skills in organising, leading and administration,” says Anne Marie, which allowed her to oversee



Nightingale's compassion built upon the science and took care to a new level



Scutari Hospital and improve conditions. One of the first challenges on arrival in Crimea was finding supplies such as bed linen, nightshirts, bandages and food: “The supply chain was deficient, a bit like us trying to wrangle PPE from the government.”

Project Nightingale is part of the UK government’s response to the pandemic. Seven hospitals for COVID-19 patients have been announced, all named after Nightingale. “Like the new hospitals, Scutari was a pop-up field hospital,” says David. “It’s a reminder about the need to improvise but provide the best possible care you can under those improvised circumstances.”

Naming the hospitals after Nightingale brings back the vision of the lady with the lamp. “It’s a symbol of safety, security, reassurance,” says Anne Marie. “It evokes a collective memory of what Nightingale represents for a frightened British public, the courage that nurses are demonstrating, and the fact that someone will be there for you.”

Nightingale herself suffered in the line of duty. During the war, she came down with Crimean Fever, or brucellosis. “Had it not been for Nightingale being nursed herself, there would be no Nightingale story,” says Anne Marie. “She owed her life to one nurse in particular.”

Statistical pioneer

Nightingale’s legacy goes beyond her nursing. Her contribution to statistics was recognised when she became the first female member of the Royal Statistical Society in 1858. She carefully collected data in Crimea and turned it into coxcomb charts (similar to pie charts) and bar graphs, which helped her campaign for improvements in the British Army. One chart showed more soldiers were dying from disease than from battle wounds.

“The fact that she had data quantification skills to create a record of what had happened was another gift. That’s why she’s still relevant,” says Anne Marie. “And that’s what we need to do today – we need to understand why this has happened, capture the experiences of patients, and also capture the experiences of nurses.”

Data also backed up her belief in sanitation. She saw ventilation, light, nourishing food and exercise as necessary for good health. In hospitals, she believed beds should be a certain distance apart and nurses should wash their hands regularly – all too familiar as we’re social distancing and ritually washing our own hands.

Defining nursing

Nightingale’s evidence-based approach was one of the first steps towards professionalising nursing. In her time, nursing was thought of as a domestic task done by women or religious figures. Her 1859 book *Notes on Nursing* was meant mostly for a domestic audience but, for the first time, defined what nursing was.

The following year, she oversaw as the first nursing school was set up at St Thomas’ Hospital, London. “She kept in touch by writing letters and helped to mentor some of the great leaders who trained there, providing support and direction for their careers,” says Anne Marie.

Nurses were sometimes stereotyped as disreputable, like Charles Dickens’ character Mrs Gamp, and Nightingale wanted to change that and encourage respect for nursing. “Today, the public are hugely sympathetic to the plight of nurses,” says David. “When everyone joins in the clap for carers, I’m sure Nightingale would be having a wry smile at how far things have come.”

Her dedication to evidence-gathering and respectability came



Opposite page: an engraving of Florence Nightingale from 1873 and her famous Scutari lamp; above: Nightingale’s medicine chest, part of the Florence Nightingale Museum’s collection



Had it not been for Nightingale being nursed herself, there would be no Nightingale story

with a desire to tackle suffering and inequality. “For Nightingale, compassion built upon the science and took care to a new level,” says David. “We’ve seen some fantastic examples of that, particularly in end of life care, with nurses going the extra mile to make sure patients have not died alone. That is pure Nightingale in action – really wanting to do the best for people.”

Many 200th birthday events have been cancelled, but there are still ways to celebrate Nightingale’s big day. The Florence Nightingale Museum has an online bicentenary exhibition to explore. Meanwhile, the day offers a moment to think of the hope nursing can bring.

Anne Marie says: “We could reflect on what it means to be a nurse, feel the power of our nursing community, and reach out to nurses across the world who are doing amazing things every day. This virus is teaching us the value of nursing, but we need to see that recognised and built into our health system and policy moving forward.”

Words by Rachael Healy

Explore the Florence Nightingale Museum’s bicentenary exhibition at florence-nightingale.co.uk/200exhibits

‘It was a difficult decision and I’m a little frightened’

During a short placement on an oncology ward, third-year nursing student Heather Massie faced a tough choice about whether to continue her training caring for patients with COVID-19



“At the end of the second week of my placement, the ward changed to looking after COVID-19 positive patients,” Heather says. “I had a choice about whether to continue with the placement or not.” Initially she admits she was anxious. “But then I began to think through what I needed and whether it was available. All the safeguards were in place and the ward manager was really supportive. I was given everything, including scrubs and face masks.”

But it’s still been hard. “I’ve had a couple of really tough days,” says Heather. “Someone passed away and the family was unable to visit because they were self-isolating. I was with the patient, holding their hand and making sure they knew they weren’t alone. That really got to me.”

Despite the emotional challenges, Heather has opted to do an extended clinical placement, due to begin at the end of April.

In the final six months of their programme, both nursing and midwifery students can now choose to complete their training in an appropriate placement setting. “It was a difficult decision,” says

Heather. “I’m a little bit frightened. I live with my parents and even though they’re not in the high-risk category, I still worry about bringing COVID-19 home.”

In practical terms, students have been asked to choose their ward preferences or say whether they’ve already had job offers from particular areas, with the trust trying to match them. “If I didn’t take this option, I would have to defer the practice hours I need until after the pandemic is over – and we have no idea when that will be,” explains Heather.

Influencing national policy

As the student member of the RCN’s Trade Union Committee, Heather has also been involved in discussions about how the new scheme for final-year students works in practice. “We’ve been looking at whether students who opt to do this extended placement are employees and should be paid,” she says. “The agreement is that’s what will happen.”

As well as having supportive work colleagues, Heather has found being a member of the RCN Students Committee

really supportive during these difficult times. “We’re touching base with each other every day to help us get through,” she says.

Time for reflection can also be at a premium. “Psychologically, I don’t feel many of us are prepared enough. When I come home, I try to tune out and we’re all trying to make sure there is the chance to wind down,” she says.

But amidst the sorrow, there are some uplifting moments too. “At my trust, one patient in his 90s recovered and went home,” says Heather. “It really warmed me to see something positive. It made my day.”

Read the latest guidance for nursing students at [rcn.org.uk/covid-19/expanding-workforce](https://www.rcn.org.uk/covid-19/expanding-workforce)

What’s happening with apprentices?

The Institute for Apprenticeships and Technical Education has temporarily changed the end point assessment process for registered nurse and nursing associate apprentices. This change will only apply during the COVID-19 crisis.

During this emergency period, apprentices who have completed the NMC approved programme, have been assessed by the NMC as having permanently met the requirements for professional registration, and have passed through the apprenticeship gateway will be considered to have met the end point assessment (EPA) requirements and have achieved their apprenticeship.

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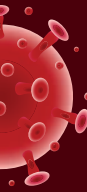
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