



3.3 Nursing Workforce

Nurses contributed greatly as frontline workers across the COVID-19 pandemic response in acute, primary health, and emergency response teams and in quarantine and isolation facilities. The presentation of the Pod Team outlines the main roles and responsibilities of the nursing staff onsite. Nurse Leaders managed specific quarantine service areas as demonstrated under the Clinical Services Leadership Model and operated under the instructions of the Director of Nursing. These leadership areas included the education and training team, infection prevention and control lead, site quality and safety, nurse managers for Pod Teams across repatriation, domestic, international and humanitarian residents, and the Tele Wellbeing Team (this nurse was positioned with the Operations Team).

A number of nurses recruited to work in quarantine and isolation are considered junior in relation to their time since registration and level of work experience and thus it is vital to provide support programs to assist these new nurses to develop their nursing skills, knowledge, confidence and competence.

This section presents the roles of the nurse managers and their focus areas for the quarantine facility. This includes an overview of the different programs in place to support nursing teams working in a quarantine and isolation facility.

3.3.1 Nursing leadership roles

Nurse Leadership roles were allocated to nurse level 5 and above, an outline of the classification descriptions for all nursing levels has been taken directly from the Northern Territory Public Sector Nurses and Midwives' 2018 - 2022 Enterprise Agreement and provided in Appendices A.³ All nurse leaders are responsible for managing their staff teams and providing team reports to demonstrate key performance indicators are being met to the Director of Nursing. They are expected to participate with relevant site committees and present as role models for other health staff.

nursing and midwifery and other clinical services, whilst setting strategic and operational direction with the Director of Nursing and Midwifery, the Director of Medical Services, and the Executive Director – Quarantine. Provide professional oversight and leadership of infection prevention and control, clinical administration support and quality assurance whilst ensuring legislative and regulatory requirements are maintained throughout the quarantine service;

- Lead decision making process for clinical programs, policies and initiatives and strategic operational planning
- Ensure Strategic planning and higher-level organisational goals are maintained and fit for purpose
- Ensure high quality, safe services and workplace through guided quality standards, policies and procedures
- Key stakeholder engagement including government, non-government, and private sectors; Defence Force, Police, Federal Police, catering (contractors), and Government Health Services.

3.3.1.4 Nurse Manager Pods

The Nurse Manager is responsible for developing, managing, and leading the coordination and integration of clinical programs and strategies into the quarantine workforce, specifically the Pod Teams. Pods teams are made up of both clinical and non-clinical employees that manage resident care in assigned areas (zones) within the site. The Nurse Manager plays a critical role with these teams in leading, managing and preventing the spread of disease to staff teams and residents.

The Nurse Manager Pods provides the face-to-face leadership support and management of the health teams working with residents. They are the first point of contact with troubleshooting resident concerns and assisting teams to plan their resident arrival and departure processes for each of their cohort.

3.3.1.5 Clinical Nurse Manager Education

The Clinical Nurse Manager of Education is responsible for developing the facilities education strategy which identifies the core focus for education and training of staff. This strategy aligns with priority areas flagged by the Director of Nursing, Director of Clinical Services and the Nurse Manager of Infection Prevention and Control. Education and training need to be reactive to changes in CHO Directions and disease trends and reinforce standard precautions. Sessions need to be inclusive of all levels of health knowledge and encourage a level of self-responsibility for staff to remain safe in their practices both on and off site.

There are a number of foundational portfolios the Clinical Nurse Manager of Education is required to lead, and these include:

- Orientation of new staff.
- Establishment of education and training packages specific to site requirements, priorities and delivery capabilities.
- Prepare and deliver ongoing IPC and PPE training and refreshers to ensure staff currency and competency with site practices.
- Establish supportive education programs to meet staff needs (i.e.: Assistant in Nursing Program).
- Management of mandatory and essential training completion by staff and present professional development opportunities.

3.3.1.6 Nurse Manager of Infection Prevention and Control

The Nurse Manager IPC is responsible for creating, monitoring and evaluating data, clinical practice and service delivery to manage and prevent the spread of disease. This position plays a critical role in MEAL (monitoring, evaluation, accountability and learning) strategies in collaboration with CDC that verify infection capacity, workload and projections.

They are in liaison with the Communicable Disease Network Australia and lead by the Series of National Guidelines specific to the virus of concern.⁴ Provide site leadership of staff vaccination status and associated data bases.

3.3.1.7 Nurse Manager Quality Assurance Infection Prevention and Control

This role is focussed on clinical governance and includes quality improvement, resident safety and clinical risk management. The Nurse Manager Quality Assurance Infection Prevention and Control oversees the development of safety and quality in the care of residents onsite. They work across all teams onsite to identify spaces where issues may arise with the staff safety culture. This role will review serious clinical incidents and near misses to improve and implement safety systems.

3.3.2 Senior Nurses Meeting

The Director of Clinical Services and Director of Nursing and Midwifery (Office of the DON) chair this meeting and disseminate relevant information from the Site Leadership meetings in the weekly Senior Nurse meeting that includes;

- Education
- Infection, Prevention and Control
- Quality Assurance
- Pod Management

These meetings provide an opportunity for the Senior Nurses to address any issues or strategies that may affect the daily functioning of the site or the completion of their work.

3.3.3 Nursing programs

Nursing staff are expected to working accordance with the Australian Health Practitioners Regulation Agency (AHPRA), Nursing and Midwifery Boards set of nursing registration standards.⁵ During the pandemic many junior nurses were brought into the workforce at Assistant in Nursing levels (as student nurses) and in their first years of practice. This staff group can be a great asset to the facility in maintaining nurse-to-resident ratios.

A number of programs managed by the Education Team can be offered to nurses within quarantine and isolation facilities. These are valuable opportunities for a junior nursing workforce to ensure they are supported and provided an opportunity to maintain and develop skills and confidence. The following programs were run at CNR and a brief program outline has been provided to demonstrate target program aims.

Nursing support programs

- Transition to practice
- Nursing Skills station
- New to practice nurse coaching
- Assistant in Nursing Program
- Nursing focussed in-services

3.3.3.1 Transition to Practice Program (TPP)

The Transition to Practice Program (TPP) was developed to support nurses through an evidence-based learning framework that consists of a structured theoretical and practical program, with supportive mentoring. The TPP aims to increase nursing knowledge, confidence, competence and skills for nurses new to the profession or transitioning to a new area of practice. This program was led by an Education Team Nurse Manager in a program coordinator role. This included responsibility for all participant recruitment, supporting participants, and preparing program reports to demonstrate program aims are being met.

The aim of the Transition to Practice program is to increase nursing knowledge, confidence, competence, and skills for nurses new to the profession or transitioning to a new area of practice through an accessible, supported and structured program of clinical and professional mentoring. In addition, TPP candidates identify, develop, and evaluate their work through the Workplace Partnership Plan (WPP) process, ensuring goals and objectives are more effectively achievable.

This program ran in alignment with the Transition to Practice program offered by the Australian Primary Health Care Nurses Association (APNA) which offered an online program that could be adapted to suit the quarantine and isolation facility needs through the identification of relevant units.⁶ Funding was sourced for the APNA program through an application to the Commonwealth Government. Additional onsite education sessions were held by the Education Team and these included face to face in-service sessions, PowerPoint presentations with learning outcomes and survey monkey quizzes, recorded video presentations, online training packages relevant to primary health care, hands on nursing focussed skills stations and one on one education sessions. Subject matter experts were additionally engaged to deliver education sessions relevant to health care for facility residents to all health staff (not exclusively the TPP candidates). These included onsite clinical specialists and external providers.

Program requirements

- Formal application of an expression of interest to join the program. Applicant must be an employee of the facility, and a registered or enrolled nurse
- Signed agreement between the Education Team and participant to commit to complete the program.
- Completion of:
 - All mandatory and essential training required by the facility and the Department of Health.
 - Twelve modules provided and supported by APNA and associated assessment activities.
 - Skills stations and clinical assessment offered by the Education team onsite.
 - Professional development portfolio including Work Partnership Plan (WPP).

3.3.3.2 Nursing Skills Stations (NSS)

The establishment of Nursing Skills Stations ensured nursing staff had access to practice those nursing skills not routinely encountered in quarantine and isolation (but may be encountered) and to enhance nursing knowledge. The NSS was coordinated by the Education Team and involved senior nurses supervising junior nurses which provided great opportunity to share knowledge. An additional aspect was presenting a workbook which addressed basic nursing knowledge and emergency response scenarios specific to the facility to encourage teamwork and install confidence if these scenarios were to be encountered in resident zones.



Skill Stations

Examples of hands-on nursing skills stations:

- Vital signs
- Glasgow Coma Scale
- Neurovascular observations
- Blood glucose levels
- Intravenous therapy
- Intra-muscular injections
- Use of EpiPens in anaphylaxis
- Otoscopy Examination
- Venepuncture and cannulation (does not equate to skill accreditation)
- Safe use of crutches

Emergency response scenarios in resident zones

- Anaphylaxis
- Snake bite
- Burn
- Chest pain
- Unconscious resident
- Choking

Workbook content

- Medication calculations
- Medical terminology
- Anatomy and physiology
- Critical thinking exercises
- Pathophysiology review
- Nursing registration standards and Code of Ethics.

3.3.3.3 New to Practice Nurse Coaching Program (NPN)

Quarantine and isolation facilities incorporating junior nurses as a significant part of their workforce should recognise that recently graduated Registered and Enrolled Nurses require a supportive environment in which to become orientated and grow in their new roles. A New to Practice Nurse Coach Program (NPN) enables the New to Practice Nurse opportunity to consolidate clinical practice, knowledge and skills in the quarantine primary health care environment. This program was led by an Education Team Nurse Manager in a program coordinator role. This included responsibility for all participant recruitment, supporting participants, and preparing program reports to demonstrate program aims are being met.

Nurse Coaches are experienced registered nurses (Level 3 and above) who will be in a formal and supportive role to orientate and grow into their position at the facility. The Nurse Coach will provide ongoing support for approximately 3 months to facilitate the development of the NPN's autonomy and confidence in nursing skills and knowledge.

The coaching model is not focussed on teaching or mentoring but on helping the NPN improve their own performance and develop their confidence in their role.

The coaching model of support places the responsibility of identifying objectives to develop skills and knowledge and commence a professional development portfolio, with the New to Practice Nurse. The Nurse Coach is present as a support person to both assist and encourage the new nurse to become an autonomous critical thinker. The Nurse Coach is not in a manager role and not an authoritarian figure, but as a supportive person to provide guidance. Supervision of practice does not need to be directly provided as is seen with a preceptor model.

The aims of the New to Practice Nurse Coaching Program are:

1. To provide a structured and monitored program which supports New to Practice Nurses and their Registered Nurse Coaches.
2. To provide opportunity and direction for experienced Registered Nurses to become Nurse Coaches.
3. To ensure New to Practice Registered and Enrolled Nurses are offered the opportunity to be supported by a Nurse Coach to develop their nursing skills, knowledge and autonomy.
4. For the New to Practice Nurse Coaching Program Coordinator to facilitate the New to Practice Nurse and Nurse Coach allocation, support all participants and report on the program progress.

Coaching Program Model Actions

The New to Practice Registered Nurse Coaching Program has a structured format to ensure clarity of roles and expectations.

1. The New to Practice Registered Nurse Coaching Program Coordinator identifies Registered Nurses for the coaching role and works with them to establish their role and responsibility.
 - Provides the Registered Nurse Coaching Resource to identified Nurse Coaches and ensures role clarity.
 - Opens channels of communication, monitors the participation in set meetings and timeline for entry to practice team achievements.
 - Outlines the sites Induction Package and New to Practice Nurse Portfolio requirements.
 - Distributes and monitors the New to Practice Nurse Program surveys.
 - New to Practice Nurse completes an interim (6 weeks) and final survey (12 weeks).
 - Nurse Coach completes a role progression evaluation (survey) every 3 months.
2. The New to Practice Registered Nurse Coaching Program Coordinator identifies New to Practice Nurses attending orientation and allocates them to a Nurse Coach. They will provide the New to Practice Nurse with the Site Induction package, and New to Practice Nurse Portfolio.
3. New to Practice Nurse attends 2 day orientation, is allocated to a work team and meets with their Registered Nurse Coach. This signifies the commencement of the 3 month Coaching Program.
4. New to Practice Nurse commences role and meets with the Registered Nurse Coach to commence Site Induction Package, New to Practice Nurse Portfolio and sets SMART goals to be completed within the 3 month timeframe.
5. Nurse Coach sets approximately 6 meetings with the New to Practice Nurse over the 3 month period (this includes meeting at orientation and the initial meeting to set goals)
6. Program Coordinator organises fortnightly meetings (or as required) with Nurse Coaches to establish a community of practice, allow time to debrief and share experiences, gauge and record program progress and discuss strategies to support both Nurse Coaches and current NPN's.
7. Program Coordinator assists with any troubleshooting for Nurse Coaches and monitors 3 month NPN goal setting and progress.
8. Program Coordinator prepares reports of program participation and progress.

3.3.3.4 Assistant in Nursing Program

The Assistant in Nursing (AIN) program consisted of second- and third-year student nurses employed in a specific AIN role to build health workforce capability. This program was led by an Education Team Nurse Manager in a program coordinator role. This included responsibility for all participant recruitment, supporting participants, and preparing program reports to demonstrate program aims are being met.

Second year nursing student- students who have successful completion of first year clinical placement with completion of second year placement pending.

Third year nursing student- students who have successful completion of first and second year placement with completion of third year placement pending.

All AINs are directed and supervised in their practice by Registered Nurses, undergo orientation and training for their roles and are supported in their nursing studies with time release to attend nursing course simulation block and clinical placements requirements.

AINs complete the same mandatory and essential training as nurses in accordance with the Department of Health Guidelines, as well as appropriate site-specific training for nurses. As AINs graduated and obtained their nursing registration, they were able to join the Transition to Practice or New to Practice Nurse Coaching Program.



The AIN program included:

- Focus on transition to practice support for the student nurse into the health workforce.
- Assistance with nursing studies as initiated by AINs
- Support to attend nursing clinical placement and simulation block needs through the provision of leave (both paid and unpaid leave depending on the AINs accumulation of leave).
- Early integration with the health system and support to navigate information technology resident management systems.
- Directions and assistance as required to complete essential training.
- Regular AIN focussed education sessions and,
- Contact with AINs by the program coordinator in form of weekly group emails and monthly AIN face-to-face meetings.

The key duties for the Assistant in Nursing in the quarantine and isolation setting are focussed on supporting the registered and enrolled nurses in site resident care duties.

This aligns with the AIN Work Content to ensure a clear scope of practice and coherent incorporation of the AIN into the COVID-19 Emergency Response Workforce.

Key duties and responsibilities of the AIN:

1. The AIN participates in duties including clinical care, personal care and assistance with daily living activities*
2. Works within the scope and practice of an AIN under the direct or indirect supervision of the RN/RM
3. Uses best practice clinical standards as a framework to provide optimal clinical care to patients.*
4. Obtains support and advice regarding performance expectations, management of clients and application of policies and procedure from the RN/RM as required
5. Acts as an effective member of the multidisciplinary team
6. Delivers care within the role boundaries and legal limitations of AIN practice
7. Follows defined service quality standards, Workplace Health and Safety (WHS) policies and procedures relating to the work being undertaken in order to ensure high quality, safe services and workplaces
8. Fosters a positive workplace culture through role modelling appropriate behaviour
9. Ability to work shift work and be redeployed to other clinical areas to meet clinical needs
10. Works in accordance with (COVID-19) safe practice as directed for clinical and non-clinical areas.

*Adapted to meet the primary health care quarantine and isolation environment.

3.3.4 Nursing focussed in-services

Nurses have a registration requirement to seek professional development in order to remain current and informed of nursing trends and healthcare priorities for their area of practice. The quarantine facility therefore is obligated to provide opportunities for nurses to meet these professional development needs. It is recommended that the facilities liaises with the local acute and primary health care providers to identify learning opportunities (in the form of presentations and sharing of knowledge) such as diabetes and asthma management.