



ICN COVID-19 QUESTIONS & ANSWERS

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Mental Health & Wellbeing

What are some strategies to support mental health during this time?

Please refer to the World Health Organization (WHO) [Mental health and psychosocial considerations during the COVID-19 outbreak](#). This excellent document includes messages for the general population, healthcare workers, team leaders/managers in health facilities, carers of children, older adults/people with underlying health conditions and their carers, and people in isolation.

The [IASC Briefing Note](#) summarises key mental health and psychosocial support considerations in relation to the COVID-19 outbreak and is available in several languages.

WHO's [Psychological first aid: Guide for field workers](#) addresses psychological first aid for individuals in the immediate aftermath of serious crisis events.

Other helpful resources:

- American Psychiatric Nurses Association: [Managing stress and self-care during COVID-19: Information for nurses](#)
- CDC : [Stress and Coping](#)

How can National Nurses Associations (NNAs) help support the mental health and psychological needs of nurses on the frontline?

Indeed, nurses and other healthcare workers are **at high risk** for stress response syndromes, anxiety, depression, activation of post-traumatic stress disorder, chronic illnesses, substance use disorders and suicide during this time of crisis. NNAs and other nursing organisations are vital in helping to protect the health and wellbeing of nurses and can do so by:

1. Bringing in the clinical expertise and experience of nurses on the ground and taking on leadership roles in improving and developing mental health policies.
2. Advocating for healthy practice environments: ensure access to high-quality and appropriate personal protective equipment (PPE); ensure employers are monitoring and mitigating fatigue by ensuring appropriate respite between shifts and maintaining scheduled breaks.
3. Advocating for and advertise mental health and counselling resources, including lists of service agencies/providers, peer support groups/hotlines, etc.
4. Advocating for dedicated resources for nurses' mental health and facilitating nurses to build up resilience during the pandemic.
5. Talking about the risks to mental health posed by working during this pandemic
6. Using language that de-stigmatises asking for/seeking counseling, support or treatment for acute psychological distress or mental health symptoms
7. Talking about health holistically in calls for employer action to decrease workplace risks

8. Providing a portal for nurses to share their stories and experiences and read those of others
9. Recognising and acknowledging that everyone is at risk of psychological distress, overreliance on negative coping mechanisms, negative emotions and destabilisation of existing psychiatric conditions. Encouraging nurses to work with their teams, share and debrief their experiences, connect with their peers, families and friends where appropriate.

Other helpful resources:

- [Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic](#)
- [Supporting the Health Care Workforce During the COVID-19 Global Epidemic](#)
- [Older Clinicians and the Surge in Novel Coronavirus Disease 2019 \(COVID-19\)](#)

What can be done about stigma related to COVID-19?

Fear and anxiety can lead to stigma towards individuals, groups of people, places or situations. Raising awareness and increasing access to information about COVID-19 are key to decreasing stigma. This can be done with regular and accurate communication about the virus, its transmission, ways to protect yourself and others, etc.

Using and promoting appropriate language when discussing the COVID-19 pandemic, its origins and prevention, is another important way to reduce stigma. Here is a helpful [guide to preventing and reducing social stigma](#) from the International Federation of Red Cross and Red Crescent Societies, WHO and UNICEF.

Workforce

What is ICN doing to help keep nurses safe?

- Collaboration is key to responding to and combatting this pandemic and ICN is working with a variety of organisational partners, including WHO, the International Committee of the Red Cross (ICRC), Médecins Sans Frontières (MSF), the NCD Alliance, the Global Coalition of Circulatory Health, Resolves to Save Lives and, of course, our National Nurses Associations.
- ICN is engaging with media to highlight the roles and achievements of nurses and advocate for their needs. Through a variety of media sources, like BBC World News, CNN, Sky News, Euronews, The New York Times, The Wall Street Journal, Newsweek, Reuters and many other news organisations, ICN has reached millions of people.
- ICN will continue to gather and share resources for best practices, guidance, and research evidence for nurses, nursing associations and organisations, individuals, and all relevant stakeholders. Please [check our COVID-19 portal frequently for updates](#).
- ICN has launched a [Call to Action](#) to keep nurses safe:
 - **Governments must urgently prioritise ready access to sufficient quantity of high-quality and appropriate personal protective equipment (PPE) for nurses and other healthcare workers.** Governments must ensure that production of such equipment is rapidly expanded to meet the demands of this pandemic and optimise supply chains for the rapid distribution of such materials. Manufacturers and businesses that are capable of assisting should step forward and rapidly scale up production or re-tool manufacturing lines to develop medical products (such as PPE).

- **Ensure all nurses have appropriate evidence-based infection prevention and control training and the latest COVID-19-specific guidance and training.** All healthcare workers must have access to infection prevention and control (IPC) training which should include application of the systematic, comprehensive approach of the hierarchy of controls. This includes the use of engineering controls, which remove or reduce hazards or place a barrier between the worker and the hazard; administrative controls, which include protocols and policies; and PPE. Nurses must be kept informed of new and emerging COVID-19 specific guidance and advances/ changes in policy/procedures as new information emerges on this virus. This must be communicated to nurses in an appropriate and timely manner. Working in a pandemic may pose ethical challenges and nurses should be provided with ethical guidelines and procedural values frameworks to help guide decision-making.
- **Protect the health and wellbeing of nurses and other healthcare workers.** Nurses are the largest group of frontline health professionals in the battle against COVID-19: their safety and wellbeing should be a priority for governments and healthcare organisations. Strategies must be developed and implemented to reduce the physical and psychosocial burden on nurses. Governments should provide access to mental health and counselling resources. Employers must monitor and mitigate fatigue by ensuring appropriate respite between shifts and maintaining scheduled breaks while on shift. Nurses who fall into the high-risk category, because of their age and/or any pre-existing conditions (i.e. pregnancy, immunocompromised) should be deployed to areas of lower risk of infection. COVID-19 exposure in the workplace is considered occupational exposure by WHO and the resulting illness would be considered an occupational disease. Governments should ensure compensation, curative services and rehabilitation are provided for infected health workers.

How do we keep nurses safe when there is a lack of material resources?

Nurses' health and occupational safety should be protected and prioritised in the COVID-19 pandemic. The healthcare workforce is crucial in containing and combatting the virus. Quality and appropriate personal protective equipment (PPE) should be prioritized for health workers. Countries should take measures to increase medical supplies and deter hoarding and misuse of PPE. More information can be found in the WHO guidance on [COVID-19 outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#)

At the front line of this pandemic, health workers have rights, roles and responsibilities, including those that relate to occupational health and safety. WHO has outlined these and provided additional resources. Please refer to the WHO guidance on [rational use of personal protective equipment and considerations during severe shortages](#).

How are countries managing nursing human resources planning and safe nurse staffing during this time?

This pandemic has caused significant health system pressures, including a disruption to the nursing workforce due to increased health needs in the population. This is causing a high demand of healthcare services affecting staffing ratios and workloads, changing practice environments, and workforce shortages due to safety risks, illness and social challenges. WHO has launched tools to support workforce planning which offer support in estimating the number of health workers needed, based on estimated needs and guidance on activating surge capacity. Please visit the [WHO European Region](#) page to access these tools.

As we know from the evidence, nurse staffing impacts patient outcomes. Patient safety, quality care and the impact of staffing levels on the wellbeing of nurses must remain a top priority at this time. To protect patients and the nursing workforce, there should be continuous assessment of safe nurse staffing policies and systems that have been put in place during the COVID-19 pandemic, as well as repeated reassessment as the situation evolves.

Determining and meeting optimal staffing requirements is a complex issue. NNAs play an important role in supporting governments to manage health workforce challenges during this time and can offer policy and planning guidance and support. They can also ensure that employers are involving nurses in decision-making processes. Many NNAs have taken advantage of existing emergency workforce planning and deployment technologies. NNAs are also vital to the management of nursing workforce challenges by working with regulatory bodies and/or unions to ensure that nurses' basic workers' rights are protected.

Is it advisable to invite retired nurses back into practice to support the workforce during this time?

In order to supplement the existing nursing workforce and to support a country's surge capacity as a result of the demands placed on health systems during the COVID-19 pandemic, some countries are making temporary/emergency/provisional registration available to nurses who were formerly registered who meet the jurisdiction's criteria. Such measures will need to consider a careful mix of patient safety and clinician preparedness, while recognising the urgency of the situation.

The following questions are to be considered when setting criteria for emergency registration:

1. **Recency of practice** – how long is it since the applicant last practised any form of nursing?
2. **Former scope of practice** – where did the applicant last work and what level of seniority did they hold in that role?
3. **Level and extent of expertise** – for how long had the applicant practised since registration and how skilled were they considered to be?
4. **Level and extent of education** – what qualifications does the applicant hold and how current are they?

Nurses returning to service do not necessarily need to work in areas of high risk. They may backfill other positions that have been vacated that are considered lower risk. ICN recommends that nurses who are returning to the clinical workforce practice in low risk positions until properly assessed for competence.

Are there statistics available on the number of nurses who have died from COVID-19?

ICN is collecting and reporting regularly on the infection rates and deaths amongst nurses due to COVID-19. Across the globe, there is a lack of accurate data of healthcare worker infections and deaths. ICN is urging governments to systematically collect this data [aggregated by health worker cadre] and report it to the WHO central database.

Social Issues

How do we make sure there is enough food in resource-poor settings?

Please refer to The Food and Agriculture Organization of the United Nations (FAO): [Q&A: COVID-19 pandemic – impact on food and agriculture](#)

Is ICN concerned about the use of utilitarian decision-making frameworks in the allocation of scarce resources and the unfair burden that this will place on the most vulnerable in our communities?

There are a number of approaches that guide decision-making around scarce resource allocation in healthcare, each with their own benefits and drawbacks. When faced with difficult decision-making, nurses are deeply committed to respecting and maximising the intrinsic dignity of every human being. The nurse's primary professional responsibility is to people requiring nursing care. Bound by a code of ethics, nurses advocate for equity and social justice in resource allocation, access to healthcare and other social and economic services. ICN believes that particular attention must be paid to underserved and marginalised populations, who will be disproportionately affected by this pandemic. Decision-makers should ensure that COVID-19 pandemic responses do not create further disparities and vulnerabilities.

Communication

What are some best practices for communicating information about COVID-19?

- Keep messages simple.
- Keep sentences short.
- Speak with authority from a position of knowledge and experience (of course use evidence for content)
- Relate to what people already know about the situation (i.e. general public health measures to prevent transmission of infections) and/or draw parallels between situations (i.e. actions taken during the Ebola virus outbreak)
- Ensure language used does not stigmatise countries/populations

How do we control misinformation about COVID-19?

We can all help control misinformation. Ensure that you are getting information that is evidence-based and from reputable sources, and fact-check information before sharing. Correct misinformation if you encounter it on social media, in discussions with friends and family or in your workplace. Please read the WHO resource for more information on '[infodemic management](#)'.

Support raising awareness of the public about COVID-19 through communicating accurate and regular information.

[COVID-19 advice for the public: Myth busters](#) - this information can be communicated to the public to help dispel myths.

What is ICN doing to support nurses to receive timely information and updates related to COVID-19?

ICN considers communication of regular and evidence-based information as a priority in the COVID-19 response and is working to ensure this disseminated appropriately.

- ICN has launched a [COVID-19 portal](#) to gather information and bring the nursing community together during this unprecedented pandemic. Using this portal, nurses and others can access the most up-to-date information, guidance, resources and best practices, as well as use it as a place to share experiences and learning.

- ICN has hosted several [webinars](#) in collaboration with its NNAs and WHO.
- The ICN COVID-19 [Call to Action](#) calls for nurses to be kept informed of new and emerging COVID-19 specific guidance and advances/changes in policy/procedures as they appear. This must be communicated to nurses in an appropriate and timely manner.

Personal protective equipment (PPE)

There were multiple questions regarding best practices and recommendations related to personal protective equipment (PPE). The WHO website is a reliable resource for information on PPE, and nurses should also consult their national government and NNA websites for country-specific information.

What is best practice to reduce the risk of nurses contracting COVID-19?

[Advice on the use of masks in the context of COVID-19 Infection prevention and control/WASH](#)

What are the guidelines for post-mortem?

[Infection prevention and control for the safe management of a dead body in the context of COVID-19: interim guidance](#)

COVID-19 disease and virus (SARS-CoV-2)

ICN recommends visiting the [WHO Coronavirus disease \(COVID-19\) pandemic website](#) for more virus- and disease-specific information. The [EPI-WIN: WHO information network for epidemics website is also an excellent resource.](#)

What are the symptoms of COVID-19? Are there asymptomatic cases?

People infected with the COVID-19 virus may have mild to no symptoms. Symptoms are similar to a cold or flu and the most common are dry cough, fever, tiredness. Serious symptoms, and ones that should receive medical attention, include difficulty breathing, chest pain or pressure, loss of speech or movement. Less common symptoms include aches and pains, sore throat, diarrhoea, conjunctivitis, headache, loss of taste or smell, a rash on skin, discolouration of fingers or toes. The longest known incubation is 14 days and the average is 5-6 days. Recent evidence shows that the virus can be transmitted before someone has symptoms (pre-symptomatic) or if they never develop symptoms (asymptomatic).

What is the test for COVID-19? How reliable is it?

There are two main types of tests. Currently, the most common test detects viral RNA in respiratory specimens collected from the individual via nasopharyngeal swab. Reliability in testing comes from the actual test itself (specificity & sensitivity) as well as who is being tested (the positive predictive value of a test) – these factors vary widely.

There is also a serological test which detects antibodies to SARS-CoV-2 in the blood. This test is currently available in a few countries with other countries are in various stages of authorisation.

Is there a vaccine for COVID-19?

There are currently no therapies for the prevention or treatment of COVID-19. There are several ongoing clinical evaluations of potential COVID-19 vaccines.

What disinfectants destroy the coronavirus?

[WASH and COVID-19](#)

How does COVID-19 affect vulnerable population groups?

All individuals are at risk of SARS-CoV-2 infection and developing COVID-19 disease. However, individuals with particular vulnerabilities are more at risk of becoming infected and developing severe complications. These people can include persons with chronic illnesses, those who are immunocompromised, those who have disabilities, as well as older adults. Social and economic factors also create vulnerabilities and it is important to consider that this pandemic may have caused vulnerabilities in certain individuals who were not considered vulnerable before the pandemic began. Examples of conditions that may cause vulnerabilities include, but are not limited to, precarious or non-existent housing, poor water and sanitation, a loss of livelihood, limited access to healthcare and social services, lack of community/social support, living in remote and rural locations. We also know that those working in healthcare are more at risk of becoming infected with SARS-CoV-2 and some may be in one or more vulnerable groups.

What do people living with HIV need to know?

[COVID-19 and HIV](#)

Is there vertical transmission with COVID-19?

[COVID-19, pregnancy, childbirth and breastfeeding](#)