



## Nursing student contribution to the COVID-19 health workforce response

### Context

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1. Quality patient care underpinned by staff and student safety
2. Nursing students have an important role to play in the health workforce response to COVID-19.
3. It is vital to the future nursing workforce and to health services that students are assisted to progress through their academic program despite the disruption caused by COVID-19.
4. Flexible and innovative approaches are used for teaching and learning, supervision, support and assessment.
5. A commitment to work in collaboration with health services, education providers and accreditation agencies to develop and implement a plan to maximise the contribution of nursing students while they also complete their studies/requirements.

### Principles

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The principles below have been developed to guide the development of roles and tasks appropriate for nursing students to support their contribution to the health workforce response to COVID-19.

- Patient access to appropriate and high quality care remains the priority.
- Roles and tasks assigned to nursing students must be safe for patients and students; patients or students should not be unduly exposed to likely carriers of the virus.
- Particular consideration is required for those where COVID-19 is likely to have a more serious impact on their health or that of someone with whom they have regular contact, for example those with comorbidities, are immunocompromised, or older persons.
- In accordance with best practice guidelines, nursing students should have access to, and effective education and training in the use of Personal Protective Equipment. When Personal Protective Equipment is not available or is restricted, students have the right to refuse to be involved in care when they are not in a safe position to do so.
- Nursing students will be expected to balance their role in health service provision with time dedicated to their educational requirements so that they can meet the required learning outcomes of their accredited programs of learning.
- Nursing students health and wellbeing is of utmost importance. Appropriate supports are required to ensure students can balance their learning responsibilities, service provision, and their physical and mental health and wellbeing.
- In allocating roles to nursing students, there must be a clear mechanism to establish and agree a student's competency/scope of practice to undertake tasks and activities assigned to them.
- Nursing students have an important contribution to make, however they are not yet registered nurses. An appropriate level of supervision must be provided relative to the specific activity, the student's experience, competence, and scope of practice.

- If the role is solely or primarily that of service provision – as opposed to a learning placement – then the student should be employed as an Assistant in Nursing and receive appropriate remuneration.
- Collaborative and cooperative planning between accreditation/regulatory agencies, health services, education providers and students supports the implementation and evaluation of quality clinical placements. This collaboration will ensure that nursing students can contribute to caring for patients during this public health crisis, enable them to remain safe, balance their workload and continue their learning.
- Nursing students have a clear understanding of their scope of practice, and practice within the limits of their experience and education.

### **Challenges facing health services – relevant to student participation**

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- Staff shortages
  - Critically ill patients with a shortage of critical care beds – may mean increased patient acuity in other areas of the hospital
  - Pressures on senior staff who are needed on the ‘front line’
  - Pressure on resources such as PPE and its availability, including to nursing and midwifery students
  - Inefficient resource use and wastage – e.g. correct use of PPE, testing kits
  - Students adding to exposure risk for patients and other staff
  - Risk of students contracting illness or disease from patients and/or staff
  - Students working outside the remit of their approved roles and tasks
  - Lack of supervision capacity
  - Disharmony of workforce due to lack of or inconsistent information and messaging about the role of students – both to students and to other members of the workforce
  - Students subjected to bullying and abuse
  - Unidentified needs and risks among Aboriginal and Torres Strait Islander communities
  - Remote and isolated services – particular risks e.g. access to equipment, evacuation
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Potential contribution of nursing students in the health workforce response to COVID-19

Type of role	Non-patient	Non-patient facing	Patient facing – business as usual (non-COVID)	Patient facing – screening COVID-19	Patient facing – patients with mild COVID-19	Patient facing – very ill patients with COVID-19
<b>Student groups</b>	Pre-clinical students High risk/ vulnerable students	Students in all clinical years High risk/ vulnerable students	Students in all clinical years	Final year students	Final year students	Not appropriate for students
			Not appropriate for students at high risk or vulnerable to illness			
<b>Setting</b>	Public health promotion units LHD administrative centres PHNs Research centres – data entry	GP practice or clinic Students’ home Tele health Research centres	GP practice Hospital screening clinics Fever clinics Community settings / clinics Non-COVID related support roles in hospitals	Hospitals Temporary clinics/fever clinics GP practice	Hospitals	e.g. ICU, ED, critical care, oncology, geriatric, respiratory (COVID-19 wards and clinics)  Aged care Maternity
<b>Potential roles/tasks</b>	Contact tracing Health promotion and education Non-technical skills, communication, working in teams Prioritising workload Collaboration	Contact tracing Advisory line: information provision / advice / tel. triage Telehealth consults Communication Working in team Assessment Patient safety Critical thinking Collaboration Health promotion & education	Records management Patient follow-up History taking Non-COVID clinics as part of team / with supervision: e.g. child health checks, BP checks, diabetes clinics, fracture clinics Support within nurse practitioner- led clinics Comprehensive patient assessment Plans practice Provides safe responsive practice Evaluates practice	Role in GP-fever clinics: history-taking, record-keeping Role in drive-through screening clinics: swab taking Assessment Communication Team working Comprehensive patient assessment Plans practice Provides safe and responsive practice Evaluates practice Border control		