

# Position Statement on the Deployment of Students in COVID-19 Healthcare Environment

## Introduction

The Massachusetts Nurses Association (MNA), which represents nurses and health professionals working on the frontlines of the global COVID-19 pandemic, is asking governmental and academic leadership to reflect upon the following concerns prior to making a determination related to mobilizing student nurses and/or the granting of temporary licensure to senior students to staff our acute care healthcare settings.

## Protecting the Health and Safety of Future Nursing Professionals

The MNA has advocated for measures to maximize the health and safety of our licensed nurse professionals. We ask that if students are given the choice to provide care for patients at risk for or diagnosed with COVID-19 that they be given the same considerations. Those considerations should include:

- Direct supervision by experienced nursing faculty to provide onsite clinical oversight, education and debriefing for students who are working in health care settings throughout the duration of this public health emergency.
- Access to onsite health screenings and COVID-19 testing.
- Access to Personal Protective Equipment (PPE) consistent with precautionary standards of infectious disease care (N95, face shield, gown and gloves).
- Access to comprehensive orientation to any setting in which they may be utilized and specific protocols for the care of persons diagnosed with COVID-19.
- Access to no-cost housing to avoid exposures to family or community members to potential higher rates of exposure.

- A clear and evidence-based protocol that outlines testing and return to work protocols for those students who test positive for COVID-19.

## Volunteerism versus Mandates

Legislative, academic and health leaders must recognize that best practices in infection control and personal health protection have been eroded amidst this global pandemic. The lack of supplies and mixed messages from leaders in government and health care agencies requires special consideration with regards to mobilizing and temporarily licensing nursing students to provide direct patient care for individuals who have been diagnosed with the COVID-19 virus. Health care professionals and students who actively provide direct patient care during a pandemic will have responses that are more likely to have a significantly higher risk of infection than the general population (Coleman, 2008). Given the shortage of PPE, and the virulence of this virus and stealth nature, *the MNA recommends that decision-making regarding this issue be based upon volunteerism versus State mandates.*

Weiner (2006) raises the point that educating volunteers brings its own challenges and that education “at the scene” is not nearly as effective as preparing a cohort of volunteers in advance of a global health crisis. While it is impossible to turn back our clock on this pandemic, we must recognize the vulnerability of our nursing and health care students and provide protection for them during and after this crisis.

## Limited Supply of Personal Protective Equipment (PPE)

Implementation of infection control measures in hospitals during the SARS epidemic (2003) significantly reduced the risks to health care professionals,

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but some workers were infected despite having used all available protective equipment (Coleman, 2008). Historically, nurses had a better opportunity to protect themselves from contracting a contagion and by extension protect their families and close contacts because that protection was available. However, the lack of PPE available during this current pandemic has resulted, in a very rough estimate given the lack of testing and results, of more than 15% of nurses testing positive for COVID-19. This percentage is both medically and ethically appalling.

The lack of PPE on local, regional and national levels coupled with the lack of standardization, evidence-based research and failure to implement best practices of the past puts student populations at an even greater risk. Students who choose to volunteer in a healthcare setting will need to rely on the policies and procedures of that institution and those students may not be able to utilize academic knowledge or clinical experience to support these practices. The MNA has great concerns about the risks that students could encounter to their health, safety and future nursing practice. We ask that government and health care leadership consider these risks prior to making changes in state Nurse Practice Acts.

### **Liability for Students Working as Licensed Professionals**

Nurses Service Organization (NSO) (2020) recommends that nursing students secure and maintain their own professional liability policy coverage. Students who enter the workforce may be required to secure this coverage upon entering the workforce. The MNA asks that health care leaders provide students with education and information regarding professional liability coverage if they are afforded opportunities to work as temporarily licensed registered nurse professionals.

### **Summary**

The COVID-19 pandemic has imposed unimaginable consequences to the health and safety of all citizens. The health care workforce is forced to recognize a heightened risk due to the virulence of the virus and the lack of consistent infection control procedures and the lack of PPE. Therefore, the MNA implores organizations to consider these factors when considering the mobilization of a student workforce that may be unprepared to provide care during this growing crisis. We would first look to enlist all licensed RNs, particularly those that have been furloughed, to be utilized prior to mobilizing unlicensed nurses into the difficult and everchanging circumstances of this environment. If students are utilized, they should be paired with senior staff nurses.

### **References:**

1. Coleman, C. H. (2008). Beyond the Call of Duty: Compelling Health Care Professionals to Work During an Influenza Pandemic. *Iowa Law Review*, 94(1), 1–47.
2. Nurses Services Organization. (2020). Frequently asked questions Retrieved from: [https://www.nso.com/Support?utm\\_source=internal&utm\\_medium=email&utm\\_campaign=&utm\\_content=](https://www.nso.com/Support?utm_source=internal&utm_medium=email&utm_campaign=&utm_content=)
3. World Health Organization (November 13, 2007) supra note 19; see also Y. Guan et al., A model to control the epidemic of H5N1 influenza at the Source, *BMC Infectious diseases*, Nov. 13, 2007, <http://www.biomedcentral.com/content/pdf/1471-2334-7-132.pdf> (“[A]t most only a third of the global human population may have the chance of getting the vaccine at least six months after the pandemic strain is identified.”).