

Infectious Questions Ep. 18: Public Health
Engagement with Nurses for 2019-nCoV (Pt 3)

Shivoan Balakumar: Welcome to Infectious Questions, a public health podcast produced by the National Collaborating Centre for Infectious Diseases. I am Shivoan Balakumar. Today, we're continuing our series on the 2019 Novel Coronavirus and the outbreak of disease that WHO has recently named COVID-19.

In our last episode, we discussed infection prevention and control with Dr. John Embil. Today, we'll be talking about effective public health engagement of nurses in Canada in response to this new virus. NCCID spoke to Dr. Claire Betker, the current president of the Canadian Nurses Association, and the scientific director for the National Collaborating Centre for the Determinants of Health. Here is NCCID's Dr. Alexandra Wierzbowski.

Dr. Alexandra Wierzbowski: Hi Claire, thanks for speaking with us today. I would like to start by asking how nurses in Canada play a role in the prevention and control of emerging infectious diseases like 2019 Novel Coronavirus?

Dr. Claire Betker: That's a great question; thank you for that question. So nurses have been part of infectious diseases prevention, control, and in that recovery phase afterwards, right, I'm going to say since the beginning of nursing, which was probably 150 years ago now, so.

And what role do we play? Well, many roles. So regular nurses are at that point of care, whether that's in an acute care facility, a long-term care facility, in an emergency department, in an ICU. But, they're also in the community providing home health services. They work on streets, they work in community organizations, and they work in people's homes, right? So, I'm going to say they're kind of everywhere.

In Canada, they're coast to coast to coast, in every community and in every aspect of the health system, across the whole system from health promotion and prevention all the way through to palliation.

So, they're well positioned to be a voice and a public health advocate in wherever they are, wherever they find themselves working. They're also leaders. All of them are leaders. They're well educated; they have a lot of good understanding of epidemiology, of science – of both the art as well as the science of nursing. So, they have lots of aspects to bring and a lot of knowledge and evidence to bring to this situation.

Dr. Alexandra Wierzbowski:

Thanks Claire. Next, I would like to ask how we can effectively engage Canada's nurses and public health responses to outbreaks like 2019 Novel Coronavirus.

Dr. Claire Betker:

So, first, I think to be recognized and valued for the role that they play; they're often the first point of contact, the first person that gets those questions or sees the person when they're coming into the emergency room. They're looking at that screening, testing, and doing the history and the assessment, often the very first persons that people see.

I think to be recognized for the role and for the value of their role. So, how can they be effectively engaged? Well, I think, first, they need to be supported. So, they need to have accurate evidence, informed updates and guidance. I commend you on the podcasts that you're doing here, and we'll certainly point them to these podcasts so that they can get that up-to-date accurate evidence, informed information.

They need guidance I think, but they also need the resources and the information to protect themselves, and therefore protect their own families and their own communities. They need that kind of support. And, that information needs to be, you know, where they would go for up-to-date and accurate information? We often would direct them to government resources – provincial territorial websites, the Public Health Agency of Canada website, your website, the National Collaborating Centre for Infectious Diseases, and to the World Health Organization, so looking for that up-to-date accurate information.

But, they also need information – and I noticed in your last podcast, about this specific infection – how it's acting, how it's transmitted, when it's likely to be more transmissible. [Dr. Embil] was talking about incubation

or aerosol, or otherwise how it's transmitted. So, they know that, and they need an opportunity to talk about that. How to detect it, where to report it, what are the infection, prevention and control policies, procedures and equipment that's available to them?

And, just looking at some of the information from the Canadian Federation of Nurses Unions, they're worried that it's uneven. That in maybe larger centres with more specialists and information, those nurses might be better protected than those in a rural, remote setting where they don't have access to the equipment or the specialists where they can ask those questions.

I think they need to know where they can lift their voice, where they can bring their concerns, the observations. They often will see patterns and things going on in a population that other providers just might not be seeing because they're not seeing as many people. They're not seeing that sort of repetitive thing going on. So, they need a place where they can make those queries, raise those issues, bring that information. That's kind of on-the-ground surveillance, if you will.

I think they need places where they can bring their concerns, whether it's an infection prevention and control specialist – in many community settings that's not available to them. That's more of a phenomena within an institution or an acute care setting. So, sometimes in community you wouldn't have that kind of access.

Also, they need to have the training. So if [it's] about fitting or putting on protective equipment and being able to be confident that they are protected, but also maybe even asking some of those questions. And, how to balance that concern for this virus that's here now, that's out there, and staying kind of reasoned in their approach. I think they often have an opportunity to calm people down, answer questions in a confident way. And, even some help in how to do that and how to answer the questions without alarming people.

Remember that, you know, these upwards to 430,000 professionals are also members of families, communities, community organizations, school, and parent councils. They're often seen as experts, so I think

they can be effectively engaged and encouraged to use those contacts to make sure that the accurate evidence-informed information is provided to the public.

And, people look to nurses for that kind of information. For the 18th year in a row, we've been ranked as the highest trust professional. So, I would say use that. We're trusted and we usually are reasoned in our approach.

Dr. Alexandra Wierzbowski:

Thank you, Claire. Lastly, I'll ask if you've seen any difference in how nurses have been engaged in Canada's public health response to this virus compared to other similar diseases, such as SARS in 2003?

Dr. Claire Betker:

Again, an excellent question. I would say yes, we have seen improvement. Enough? I'll maybe speak to that in a bit. I think we could probably do better. But, yes, I have seen and we have seen improvement. First, was the advent, or the development, of the Public Health Agency of Canada. I mean, I think that has really been a helpful organization and a place where we can look to for leadership and best evidence.

Along with the Chief Public Health Officer, Dr. Theresa Tam, has a table of all the different professions. The Canadian Nurses Association is happy to be at that table, attend those teleconferences, attend those meetings, and bring to that table our concerns and perspectives. But, also to hear from her and from the Public Health Agency of Canada the most up-to-date information.

So, I think that's a big improvement since SARS. I think that there's been other structures put into place, like the Public Health Network Council, the chief medical officers of health, the public health officers across Canada. They have strong relationships; they work collaboratively across our country. And, I think we're well connected to the World Health Organization. The World Health Organization actually has a chief nursing officer, Elizabeth Iro from the Cook Islands. So, she'll be playing a key role at that international perspective, along with Dr. Tedros and within the World Health Organization.

So, you can see those communications globally, you can see those communications nationally, and you see that

communication locally, so I think that's better than in 2003/2004.

One other thing I think is important to think about, and this is my own personal reflections really, that I think since 2003 and over the two decades that has transpired, We do better working within inter-professional teams. If you know anything in terms of healthcare and health service delivery, you work in a team, and we all have things to bring to that team and to that table and situation. I think we are more respectful and more collaborative, and more likely to work inter-professionally in exchange for what we all bring to the table. So, I think that's improved, maybe not because of infectious diseases but something that we can bring to bear on this current situation.

I think that there's been a lot of effort and focus on infectious diseases. We've had a number of incidences throughout those decades, and each time we get better and we get smarter, I think. We know where our experts are, how to communicate with each other and how to organize ourselves. I think I've watched that; I've been involved in many of them over the decades and I think we are better prepared.

But, I'm going to go back to what I said earlier. I don't know that that preparation is even. I think, what you might want to be doing, or what we might be wanting to do, is not so much look at the ones that are really well prepared, but look at where those organizations that maybe don't have that capacity to tap in are, don't have the specialists on their teams, don't have the capacity to surge in these kinds of events, right? And, think about where we could help in that evenness.

Not to forget about those folks that are already disadvantaged, right? Already have a hard time getting to health systems, already have a hard time getting health information, and do a little bit of brainstorming as you said, and planning and outreach to those populations. I think the key to that is engaging those populations in our work and asking them what we need, thinking about the languages, thinking about some their own experience internationally or whatever with infectious diseases. It's not an even playing field.

Shivoan Balakumar:

That concludes our conversation with Dr. Claire Betker. If you have other public health questions on the 2019 Novel Coronavirus, please reach out to us.

Production of this podcast has been made possible through a financial contribution from the Public Health Agency of Canada, but the views expressed here do not necessarily represent those of the Agency. The host organization of the NCCID is the University of Manitoba.

Learn more at nccid.ca.