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Pfizer-BioNTech COVID-19 vaccine label text: For use under Emergency Use Authorization. DILUTE BEFORE USE. Discard 6 hours after dilution. Stored at 2 to 25°C (36 to 77°F). Dilution date and time.



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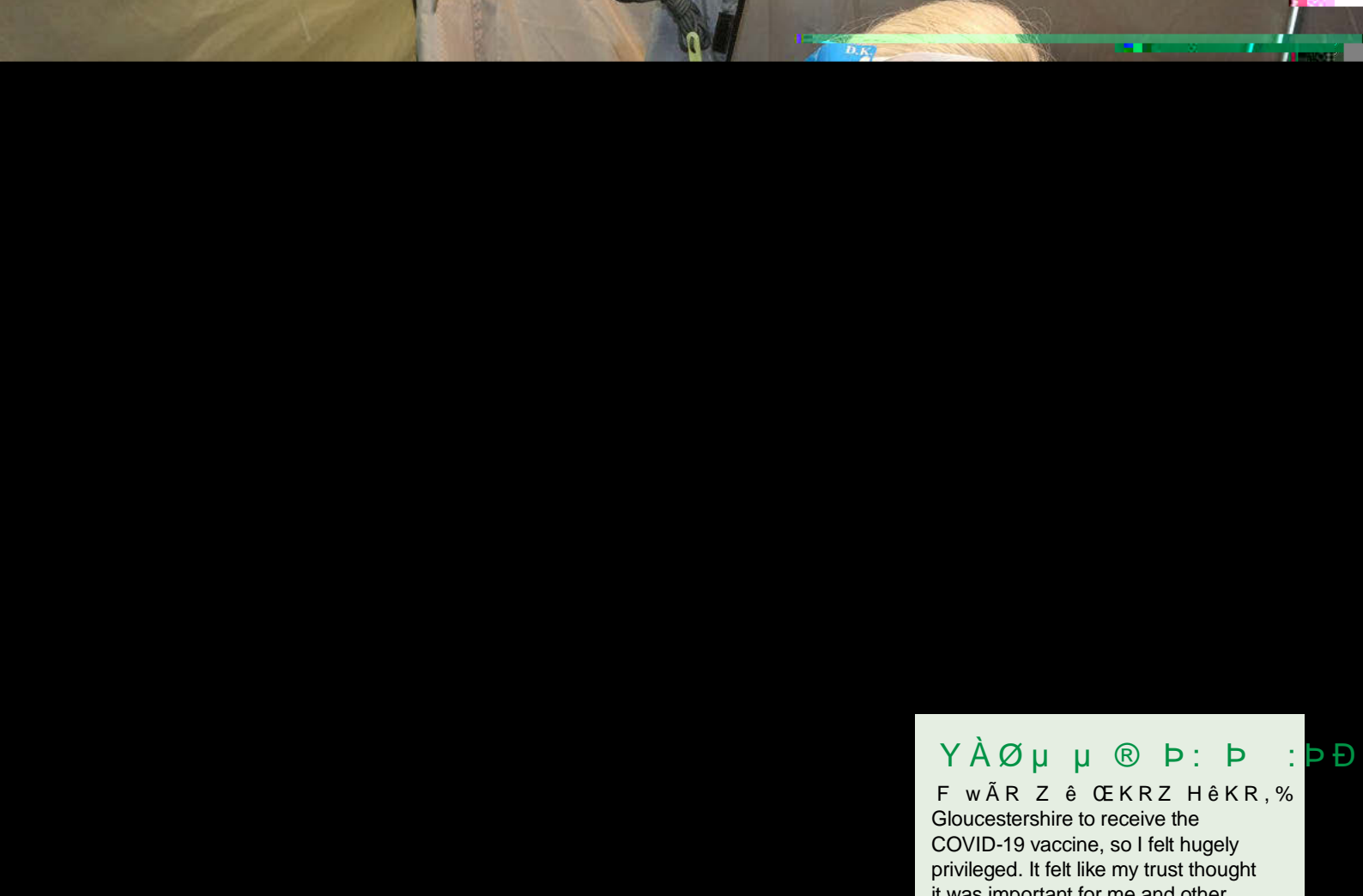
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## YÅØµ µ ® Þ: Þ : ÞÐ

F w Å R Z ê Æ K R Z H ê K R , % Gloucestershire to receive the COVID-19 vaccine, so I felt hugely privileged. It felt like my trust thought it was important for me and other black, Asian and minority ethnic (BAME) colleagues to be offered the vaccine as a high-risk group.

There's evidence that BAME health care workers have particularly suffered from COVID-19. That motivates me to communicate with my colleagues, especially from BAME backgrounds, about how important it is to be vaccinated.

As health care practitioners, we support informed consent every day. We should also make an informed decision. There is a lot of misinformation out there, but there are also trustworthy sources to

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Speak to your colleagues too. Personally, I share my story. I haven't had any issues, just a temporary achy arm and I was back at work within an hour.

We already use PPE and other protective measures; the vaccine is just another aspect of that. Think about the ultimate goal: an end to the pandemic. Having the vaccine made me feel like the end is in sight.

Kerry, lead nurse for infection control

## Y X ® Þ ® Z H Ø µ : Þ H Š H µ H Ø Š h µ Þ H Z

Before becoming a student nurse, I was a senior health care assistant in a nursing home. I was back working there over the university holidays when COVID-19 hit last year.

We had a big outbreak. Like in a lot of care homes, I imagine, it all happened so quickly, before we had any real information or training. It was a tough experience. We lost quite a lot of patients and then in April I also lost my grandma.

After opting in to do a paid clinical placement on an acute mental health ward in Liverpool, I went back to work at the nursing home this Christmas, which meant I was offered the COVID-19 vaccine early on.

I didn't hesitate to have it. I was just happy it was available to me. Witnessing so many COVID-related deaths and having to make those hard phone calls to families, there was no doubt in my mind that these vaccines are necessary. It's the best path out of this pandemic.

I know a new vaccine can cause apprehension though. What I would say to any other students, or any nursing staff who are feeling unsure, is to inform yourself using reliable sources. There's so much going around on social media, but that's not where we should be getting our information from. Go on the NHS website, speak to your GP or the vaccine team in your trust.

We have a responsibility as health care professionals to get the facts, make an informed choice and ensure we're not spreading any misinformation to the people who trust us.

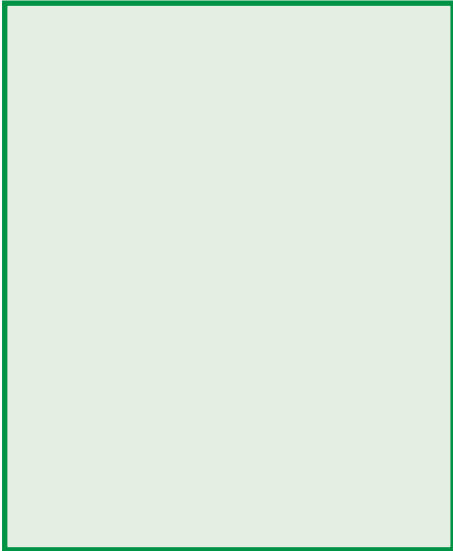
James, student mental health nurse

Read more from James: [rcn.org.uk/studentsmag](https://rcn.org.uk/studentsmag)



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As a student nurse, I was once helping an older patient who was blind into a new nightdress. As I was doing so, I described it to her, then went on to describe her surroundings. She beamed. Later our ward sister said: "That was nice to hear; I want you to explain to the other nurses what you did." I was reluctant as the



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We've taken our demands for better

Ventilation is also a key concern. A government public health advert about airborne transmission claimed ventilating homes could reduce infection risk by up to 70%. Yet there's been no such advice for health care settings. "When members watched the government video, they rightly questioned what that means in all health care settings," says Rose Gallagher, RCN Professional Lead for Infection Prevention and Control.

A recent study found that coughing generates aerosol particles 10 times more infectious than those from speaking or breathing, putting staff working with COVID-19 patients at even greater risk. There is also increasing evidence that the virus is transmitted in health care settings beyond formally procedures (AGPs), with the risk of health care workers developing and dying from COVID-19 three-four times greater than that of the general public.

We demand the government provides tailored ventilation advice for all health and social care employers. "In health and safety legislation, if you can't remove a hazard, you take measures to reduce exposure—in this case, vaccination programmes, PPE and ventilation," Kim explains. "For the foreseeable future, we are going to need both effective ventilation and suitable PPE."

In the absence of clarity from the government, some hospitals have provided staff with higher-grade RPE. The current IPC guidance says trusts/boards can do this based on local risk assessment, but we're concerned this creates a "postcode lottery" for nursing staff, despite high infection rates countrywide.

"COVID-19 is a new virus and we need to be cautious until we have more information. We need to protect health and care workers

We've written to Government  
Patrick Vallance, Health Minister  
Jo Churchill, and the Health and Safety Executive. Now, after inadequate action, we've joined with other royal colleges and trade unions, scientists and academics to escalate our demands to Prime Minister Boris Johnson.

Preventing the spread of COVID-19 requires good hand hygiene, correct glove use, distancing and cleaning. Alongside this, we're calling for staff in all settings to be given a higher level of respiratory protective equipment (RPE) to protect against airborne spread when caring for patients with known or suspected COVID-19. This is supported by the World Health Organization (WHO), which states: "FFP2/3 masks may be worn by health care workers when providing care to COVID-19 patients if they are widely available and cost is not an issue."

As soon as we became aware of the new variant and the fact it is more transmissible and potentially more infectious, we demanded clarity on whether the guidance on PPE, particularly respiratory protection, needed to be updated. We called for the precautionary principle: when you don't know the risk, you put in a higher level of protection."

A precautionary higher grade of RPE would address concerns around airborne spread of the UK variant of COVID-19 and align the UK IPC guidance with WHO advice.

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I get to the centre at 7:30am, change into my scrubs and pick up the keys for our fridges where we store our vaccine. I make sure our stock and fridge temperatures are correct. Then I lay out our laptops. In Wales our immunisation system is electronic, which makes things easier; there's not paper everywhere, and the system automatically recalls people for their second vaccine.

After that, I turn the urn on so everyone gets a cup of tea or coffee when they arrive. That's one of the most important jobs of the morning!

Staff come in for 8am. I provide a safety check because we often have new staff. There are 20 vaccinators at our centre, but you don't have the same people every day. I have to allocate staff to cover immunisation, wherever they are.

“

This is a proud moment for nursing

Then we kick off our day with vaccinations starting at 8:45am.

From then on, my focus is on ensuring the smooth running of the centre—making sure our systems are working well, patients are safe, and we have enough supplies of the vaccine, needles, gauze, cotton wool, sharps boxes and other consumables.

Managing patient expectations is one of our key responsibilities, and we ensure that patients are well-informed and supported throughout the process.

## Our online FAQs are continuously updated in response to member queries and developments in the vaccine programme.

They cover everything from the vaccine ingredients, associated allergies, required training and indemnity cover for immunisers, how to access the vaccine as a health care worker and advice on where you stand if you refuse to have the vaccine: [rcn.org.uk/covid-19-vaccination](https://rcn.org.uk/covid-19-vaccination)



NHS  
Royal Papworth Hospital  
and Foundation Trust  
JO-ANNE FOWLES  
NURSE CONSULTANT  
CCA & ECMO

care units are being supported with extracorporeal membrane oxygenation (ECMO), a medical support delivered continuously at the bedside.

Jo-anne Fowles is an ECMO nurse consultant at Royal Papworth Hospital in Cambridge, one of only a few hospitals in the UK offering the service.

ECMO is a technology that has helped patients with severe respiratory failure, including when that's due to respiratory and again now with COVID-19.

## Richard:

In severe cases of COVID-19, the virus can cause a patient's lungs to struggle to ventilate, unable to add oxygen and clear carbon dioxide, and that's where ECMO comes in.

It doesn't treat the patient's underlying illness but supports the lungs while conventional therapies are used to treat them, or time is given for natural recovery processes to kick in.

A patient's blood is removed from the body, usually from a large vein in the neck or groin, then passed through the ECMO machine. There, carbon dioxide is removed from the blood and oxygen is added before the blood is transferred back into the body.

"It acts like the patient's lung outside the

patients. However, we always maintain safety and a very high standard of care for our patients."

To help meet demand, redeployed nursing staff, doctors and allied health professionals have taken on the role of bedside caregivers, freeing up the ECMO nurses to manage the equipment for several patients at once. "It's a team approach which means we can offer this support when there are so many patients," Jo-anne adds.

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Putting a patient on ECMO is decided collaboratively between the referring hospital and the ECMO teams, and it's a process that involves several criteria and advances in understanding

Patients are liberated from the ECMO when they show signs of recovery. They're monitored as ECMO is turned down to minimal support, and if this is successful, a trial of no ECMO support is carried out.

"The national ECMO service is not just a collection of centres in England working together. Other centres have also joined the service during the pandemic to add capacity," says Jo-anne.

If the patient can tolerate this for 24 to 36 hours and maintain their own oxygenation levels, the support is removed. Afterwards they are cared for like any other ICU patient.

"We work as a multidisciplinary team with medics, perfusionists, physiotherapists and nurses in different roles. We try and keep it patient-centred," she says.

Some COVID-19 patients are staying on ECMO for much longer. "The average length of time for our patients supported on ECMO has always been about 14 days. For our patients on ECMO supported for COVID-19 was more like 30."

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Jo-anne's unit has had to make changes to meet the challenges of the pandemic. It has been treating COVID-19 patients since March last year.

One of Jo-anne's surviving patients was on ECMO for more than 60 days. "We have had patients on ECMO for 16 days, 18 days, 21 days, 25 days, 28 days, 31 days, 34 days, 37 days, 40 days, 43 days, 46 days, 49 days, 52 days, 55 days, 58 days, 61 days, 64 days, 67 days, 70 days, 73 days, 76 days, 79 days, 82 days, 85 days, 88 days, 91 days, 94 days, 97 days, 100 days, 103 days, 106 days, 109 days, 112 days, 115 days, 118 days, 121 days, 124 days, 127 days, 130 days, 133 days, 136 days, 139 days, 142 days, 145 days, 148 days, 151 days, 154 days, 157 days, 160 days, 163 days, 166 days, 169 days, 172 days, 175 days, 178 days, 181 days, 184 days, 187 days, 190 days, 193 days, 196 days, 199 days, 202 days, 205 days, 208 days, 211 days, 214 days, 217 days, 220 days, 223 days, 226 days, 229 days, 232 days, 235 days, 238 days, 241 days, 244 days, 247 days, 250 days, 253 days, 256 days, 259 days, 262 days, 265 days, 268 days, 271 days, 274 days, 277 days, 280 days, 283 days, 286 days, 289 days, 292 days, 295 days, 298 days, 301 days, 304 days, 307 days, 310 days, 313 days, 316 days, 319 days, 322 days, 325 days, 328 days, 331 days, 334 days, 337 days, 340 days, 343 days, 346 days, 349 days, 352 days, 355 days, 358 days, 361 days, 364 days, 367 days, 370 days, 373 days, 376 days, 379 days, 382 days, 385 days, 388 days, 391 days, 394 days, 397 days, 400 days, 403 days, 406 days, 409 days, 412 days, 415 days, 418 days, 421 days, 424 days, 427 days, 430 days, 433 days, 436 days, 439 days, 442 days, 445 days, 448 days, 451 days, 454 days, 457 days, 460 days, 463 days, 466 days, 469 days, 472 days, 475 days, 478 days, 481 days, 484 days, 487 days, 490 days, 493 days, 496 days, 499 days, 502 days, 505 days, 508 days, 511 days, 514 days, 517 days, 520 days, 523 days, 526 days, 529 days, 532 days, 535 days, 538 days, 541 days, 544 days, 547 days, 550 days, 553 days, 556 days, 559 days, 562 days, 565 days, 568 days, 571 days, 574 days, 577 days, 580 days, 583 days, 586 days, 589 days, 592 days, 595 days, 598 days, 601 days, 604 days, 607 days, 610 days, 613 days, 616 days, 619 days, 622 days, 625 days, 628 days, 631 days, 634 days, 637 days, 640 days, 643 days, 646 days, 649 days, 652 days, 655 days, 658 days, 661 days, 664 days, 667 days, 670 days, 673 days, 676 days, 679 days, 682 days, 685 days, 688 days, 691 days, 694 days, 697 days, 700 days, 703 days, 706 days, 709 days, 712 days, 715 days, 718 days, 721 days, 724 days, 727 days, 730 days, 733 days, 736 days, 739 days, 742 days, 745 days, 748 days, 751 days, 754 days, 757 days, 760 days, 763 days, 766 days, 769 days, 772 days, 775 days, 778 days, 781 days, 784 days, 787 days, 790 days, 793 days, 796 days, 799 days, 802 days, 805 days, 808 days, 811 days, 814 days, 817 days, 820 days, 823 days, 826 days, 829 days, 832 days, 835 days, 838 days, 841 days, 844 days, 847 days, 850 days, 853 days, 856 days, 859 days, 862 days, 865 days, 868 days, 871 days, 874 days, 877 days, 880 days, 883 days, 886 days, 889 days, 892 days, 895 days, 898 days, 901 days, 904 days, 907 days, 910 days, 913 days, 916 days, 919 days, 922 days, 925 days, 928 days, 931 days, 934 days, 937 days, 940 days, 943 days, 946 days, 949 days, 952 days, 955 days, 958 days, 961 days, 964 days, 967 days, 970 days, 973 days, 976 days, 979 days, 982 days, 985 days, 988 days, 991 days, 994 days, 997 days, 1000 days."

Having helped develop the role of the ECMO nurse specialist at Royal Papworth Hospital—with a bespoke training programme including study days, assessed by the unit—Jo-anne has been well-placed to organise the unit's response.

Nurses in ECMO units have two responsibilities: they provide bedside care and they monitor the ECMO machine. "As a bedside nurse, we do all the things you would do for any critically ill patient," says Jo-anne.

"If we're talking about COVID-19, normally an ECMO patient would have a nurse on a one-to-one ratio, but sometimes we're having one critical care nurse to two or even three ECMO

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internet and it will respond with a range of qualities,  
all apparently vital for anyone with aspirations to  
lead: empathy, vision, positivity, honesty, humility,  
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like an unobtainable list of attributes, but the  
Emerging Leaders project headed by the RCN  
Nurses in Management and Leadership Forum  
aims to encourage all nursing staff to see that they  
possess and demonstrate these skills every day.  
It seeks to demystify the concept of leadership by  
showing that leading is an innate part of nursing  
and, even when not in a formal leadership role,





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My biggest tip for all nursing staff is to prepare meals in advance. Although that \$ Z R,`%á á ŷœß` Z w ê% },` Kê Z \$ê H,,Kã Z R Ā lot easier than you might think and can be really

## Protein

Proteins are essential for our immune system, help us with energy and stop us snacking as they fill us up for longer. All meat, eggs, lentils, chickpeas, beans, and green leafy vegetables are rich in protein.

## Healthy Fats

We shouldn't fear natural fats, which help with brain function. Good sources of natural fats include avocados and other nuts and seeds. Add mackerel to the cooked veg you prepare with a handful of nuts and you've got a very quick, tasty and healthy lunch.

## Broccoli

No food is "bad", but some foods really do aid wellbeing and health. My number one superfood is broccoli. It's full of vitamins, and can be eaten in salads or as part of a main meal (for example, add to salmon and new potatoes).

## Hydration

Hydration is key. Nursing staff advocate good hydration for patients, and this is because it's proven to aid brain function. Drinking a glass of water will do more for your concentration and energy than a sugary snack or caffeinated drink.

Nicola Moore is a nutritional therapist who runs sessions for nursing staff at RCN events. Find more advice and free recipes on her website: [nicola-moore.com](http://nicola-moore.com)



## Loss of Taste and Smell

It's a common symptom of COVID-19, with research suggesting as many as 60% of people with the virus are affected. Though temporary, it can last for months and have a serious impact on your appetite. With nourishment so crucial when fending off illness, how can you gain enjoyment from food when taste and smell are still absent?

### Spice

Making use of hot foods like mustard, chilli and wasabi will kickstart your senses. Strong combinations like sweet and sour also help.

### Salt

Salty foods like anchovies, soy sauce, parmesan cheese and marmite can invigorate the tastebuds, but be careful not to increase your salt intake too much, as excess salt can cause raised blood pressure.

### Texture

Combining smooth and crunchy foods can enliven senses. Try adding chopped nuts to noodle dishes, or

# JOBS

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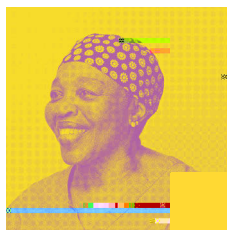
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