

## ICN COVID-19 Update: Strong National Nursing Associations providing vital lead during COVID-19 crisis

**Geneva, Switzerland, 13 March 2020** –In this week’s International Council of Nurses (ICN) COVID-19 update, our focus is on the important and impactful work of our National Nursing Associations (NNAs).

NNAs are taking on leadership roles related to COVID-19, in health policy, public and patient safety and containment of the virus. We are seeing that in countries with a strong health system response to this situation there is always a strong NNA providing guidance on clinical practice, safety, and quality of care.

Governments acknowledge the role of nurses in the front line against the virus (click [here](#) to watch a CCTV state television report on work of the Chinese Nursing Association which also features ICN President Annette Kennedy and Chief Executive Officer Howard Catton). However, the critical leadership role of NNAs cannot be underestimated. President Kyung-Rim Shin of the Korean Nurses Association makes this point during a [television interview](#) after a visit to Daegu, the worst affected area in Korea.

**ICN President Annette Kennedy** said:

*“NNAs are vital organisations with a wealth of nursing experience and expertise, and their contribution to the planning of policy and emergency responses in such situations, and in the management of health services is vital.*

*‘Each of the nurses working with these patients is potentially putting their own health at risk, and we know that many nurses are contracting the virus despite their best efforts to keep themselves safe.*

*‘We urge health services to support nurses and other healthcare workers in the front line both at work and in quarantine, by ensuring they have adequate rest periods, sufficient personal protective equipment and psychological assistance.’*

**ICN CEO Mr Catton** said the leadership role of NNAs was paramount to containing the virus:

*“Strong health systems and strong nursing associations go hand-in hand. What we are seeing is NNAs across the world stepping up to lead management coordination of the COVID-19 response effort.*

*‘They are key partners who are rightfully demanding a seat at top policy-making tables, bringing in invaluable clinical expertise and through their membership a direct line to key intelligence on the ground.*

*‘NNAs play a vital role, shaping, improving, building and developing health systems, their expertise, advice, evidence and direct contact with grassroots nursing is an essential part of the successful management of these outbreaks, and of others in the future.*

*‘In addition, NNAs are playing a critical advocacy role on behalf of the nursing workforce worldwide to ensure their support and protection.’*

ICN continues to work closely with the World Health Organization (WHO) and its member NNAs in supporting the world’s 20 million nurses during the current COVID-19 crisis.

**Here are just some of the reports we have received in recent days.**

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## CHINA

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In China, which was the epicenter of the outbreak, more than 28,000 nurses went to Hubei Province to fight COVID-19, including almost half of the country’s intensive care nurses (5,500). Their efforts have helped in the recovery of more than 44,000 people so far, about half of the total number who have been infected.

President of the Chinese Nursing Association Xinjuan Wu said:

*“Nurses are the mainstay in this battle working for infected patients. The Chinese Nursing Association stands in solidarity with our nursing and healthcare colleagues, and works closely with the National Health Committee to provide the guideline for the professional team, and the advice for the public to combat this serious outbreak.”*



The Chinese state television, CCTV, has recognised both the work of CNA and the international support and solidarity provided by ICN during the current COVID-19 crisis.

Click [here](#) to watch a CCTV report on the work of Chinese nurses in the front line against COVID-19.

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## KOREA

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The Korean Nurses Association (KNA) is investigating how many nurses and other healthcare workers have acquired COVID-19.

In Daegu, the most affected area in South Korea, the KNA, working closely with the government, recruited additional registered nurses. The KNA also distributed about 10,000 surgical masks to Daegu and 5,000 to other affected regions.

In a statement the KNA said:

*“Due to the rising demand for hospital beds in Daegu Province, many patients have been transferred to nearby medical facilities, increasing the risk that frontline healthcare staff will come into contact with confirmed cases of COVID-19. Tackling the outbreak is a shared responsibility and the protection of frontline healthcare workers is a must.*

*'KNA President Shin Kyung Rim and association representative Hyeonju Kim travelled to the nationally designated isolation hospitals near Daegu to witness the experiences of frontline nurses.*

*'The severe depletion of the global supply of Personal Protective Equipment (PPE) is putting the lives of frontline staff and patients at risk. In addition, wearing an N-95 mask as a part of PPE causes increased breathing resistance requiring greater respiratory effort.*

*'To save on Level D PPE, which is single use, nurses who go into the isolation rooms wear the equipment for three to four hours straight, carrying out the nursing tasks and other high physically demanding tasks, including cleaning the patients' rooms and other areas, and disposal of biomedical wastes from the isolation rooms.*

*'Although there is no evidence-based guidelines regarding the maximum hours that the Level D PPE should be worn, nurses reported that they have developed headaches, dizziness, nausea, vomiting and shortness of breath following the use of PPE for more than 2 hours.*

*'In one facility there were no negative pressure rooms or portable isolation chambers, creating a potential risk for the transmission of the virus. We urgently requested the government to send available portable isolation chambers to the facility.*

*The KNA continues to support our nurses: the people entrust their health to these dedicated frontline health workers. We owe a debt of gratitude to our frontline healthcare staff: they are living heroes and we should recognize their genuine contribution to global healthcare."*

Click [here](#) to watch an interview with KNA President, Dr Kyung-Rim Shin, on Korean television, describing the difficult conditions in which nurses are working.



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## TAIWAN

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Vice-President of the Taiwan Nurses Association (TWNA) Lian-Hua Huang said the history of the SARS outbreak of 2003 had meant it was well prepared to deal with COVID-19.

*"After SARS in 2003, Taiwan established its Communicable Disease Control Medical Network, which has six sub-regions, 134 isolation hospitals and 1,100 negative-pressure isolation rooms, to provide appropriate and adequate care for patients with communicable diseases.*

*'Testing for COVID-19 as set up early in the outbreak and tests for the public are free. On January 20 the government activated the Central Epidemic Command Center (CECC). Taiwan used new technology to classify people's travel history in the past 14 days, including QR code scanning and online reporting, and clinical symptoms to aid case identification. Almost every public building offers hand sanitiser and temperature check as a routine.*

*'From January 24 resource allocation was controlled and monitored by the central government, including prohibiting the export of masks, setting the price of masks and using government funds and military personnel to increase mask production. The government proactively deployed 3 million N95 masks and 3 million isolation gowns to guarantee supplies for frontline medical personnel.*



*'Nurses in Taiwan play a vital role in healthcare delivery, both in the hospital and community. TWNA and the Taiwan Union of Nurses Association, the two biggest nursing associations, speak for nurses to ensure they have enough personal protective equipment and equal special subsidies. Special subsidies have been approved by the government for the nurses and physicians involved, with additional payments starting in early March. The government and hospitals also established a support system for the nurses who take care of the infected patients and are in quarantine.'*

Professor Huang said the quick response and high vigilance of CECC, and the cross-departmental collaboration were the keys to successfully contain the COVID-19. *"The government, healthcare system, and the public remain vigilant," she said.*

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## IRAN

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President Mirzabeigi of the Nursing Organisation of Islamic Republic of Iran (INO), said there is great concern about the safety of nurses as the front line workers in health system.

*"We are aware that a number of our nurses and doctors are infected with the virus and we have asked or Ministry of Health (MoH) for more details. We welcome the support from ICN and any other NNAs that can send us guidelines and share their experiences with us.*

*'Working with the MoH, we have established an emergency committee for COVID-19. INO has activated its 140 branches to inform nurses about general precautions for COVID-19 and produced a video for the education of the public about its prevention and control. We have also called for volunteer nurses to work in hospitals during this emergency situation.'*



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## ITALY

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Walter De Caro, President of the Italian Nurses Association, the Consociazione Nazionale Associazioni Infermieri (CNAI), said the situation is very serious, with nurses in all areas of Italy working long hours. Many nurses have contracted the virus and are being treated.

*“Nurses are dealing with anxiety and fear while maintaining calm and provide clear advice.*

*‘Hospital directors are calling retired nurses to voluntarily return to service. Italy’s regions now realise the need for more nurses and plans are underway to recruit an additional 2 to 3,000 nurses in the next few weeks.*

*‘Under pressure managers have changed processes in emergency departments, and they have doubled the number of intensive care beds. All across Italy pre-triage tents have been placed outside emergency departments for diagnostic purposes. In the outbreak areas, some nurses and doctors have been constantly in the hospital for 14 days.’*

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## IRELAND

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The Irish Nurses and Midwives Organisation (INMO) has been engaged in high level discussions with their Health System leaders about the response to coronavirus. Key issues that they have raised and are negotiating and lobbying on include:

- The supply of personal protective equipment, including appropriate masks, long-sleeved gowns, eye protection and gloves and staff training.
  - Preparedness planning including prioritising isolation facilities, intensive care and high dependency beds if required at short notice.
  - Best practice guidelines for nurses, midwives and others who may be directly caring for persons testing positive for this virus including self-isolation
  - Instructions for agency (temporary) nurses.
  - Ensuring that nurses health and wellbeing is supported and protected
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The World Health Organization has issued new infection prevention and control guidance that includes an exposure risk assessment and management tool. It can be accessed by clicking [here](#).

ICN will bring more reports from NNAs in the front line against COVID-19 in the weeks to come and is planning to hold a webinar asap, inviting NNAs to share their stories, advice on how they are tackling the pandemic, which may prove to be a defining moment in 21<sup>st</sup> century health care.

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### Note to Editors

The **International Council of Nurses** (ICN) is a federation of more than 130 national nurses' associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality care for all and sound health policies globally.

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