

Nursing and Midwifery (NM) COVID-19 Credentialing and Scope of Clinical Practice Reallocation and Deployment Factsheet

The intent of this fact Sheet is to assist nursing and midwifery decision-making in respect to Scope of Practice, Reallocation and Deployment of nurses and midwives during a COVID-19 pandemic response.

Credentialing and Defined Scope of Clinical Practice

Only nurses/midwives who have been credentialed and granted a defined scope of clinical practice by the Metro North Hospital and Health Service (MNHHS) Nursing and Midwifery Professional Stream Credentialing and Defining Scope of Clinical Practice Committee are authorised to practice within the identified defined scope of clinical practice within MNHHS Facilities/Directorates (Credentialing and Defining Scope of Clinical Practice for Nurses and Midwives Procedure 2019-2022) https://qheps.health.qld.gov.au/data/assets/pdf_file/0035/1479851/002049.pdf

Refer to Appendix 1 MNHHS Nursing and Midwifery Professional Stream Practice Roles/Positions Requiring Credentialing and Defined scope of Clinical Practice https://qheps.health.qld.gov.au/data/assets/pdf_file/0020/2316062/mn-roles-dscop-required.pdf

Responsibilities of employers of nurses and midwives

Organisations employing nurses and midwives have a responsibility to ensure there are sufficient resources to enable safe and competent care for the people for whom healthcare services are provided. This includes policies and practices that support the development of nursing and midwifery practice within a risk management framework.

Refer to MNHHS Risk Management Policy link https://qheps.health.qld.gov.au/data/assets/pdf_file/0013/2126101/002090.pdf

The Nursing and Midwifery Board of Australia (NMBA) Decision-making framework for nursing and midwifery establishes a foundation for decision-making based on competence and the provision of safe quality care is provided. The substitution of health workers for nurses or midwives must not occur when the knowledge and skills of nurses or midwives are needed. Under the National Law, nurses or midwives must not be directed, pressured or compelled by an employer to engage in any practice that falls short of, or is in breach of, any professional standard, guidelines or code of conduct, ethics or practice for their profession.

Nursing and Midwifery Board of Australia (2020) Decision Making Framework for Nursing and Midwifery page 2 <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>

Scope of Practice

The NMBA recognises that demand for nurses and midwives is escalating in response to the COVID-19 pandemic. The NMBA supports nurses and midwives to change their context of practice with the support of health service employers. When considering supporting nurses and midwives in changed practice contexts, the following factors should be considered:

- Nurse and/or midwife's educational preparation, experience, capacity, and competence to safely perform changed nursing/midwifery duties autonomously or with supervision,
- Health service capacity to support appropriate supervision of the nurse and/or midwife including available skill mix, model of care and staffing levels, and
- Health service capacity to employ or transition the nurse and/or midwife into a practice setting/ward that is most relevant/connected to their current role, or practice setting/ward which the practitioner self-reports a level of confidence and/or proficiency in.

Nursing and Midwifery Board of Australia (2021) Nurses and/or midwives changing their clinical context of practice in response to COVID-19 [Nursing and Midwifery Board of Australia - COVID-19 guidance for nurses and midwives \(nursingmidwiferyboard.gov.au\)](https://www.nursingmidwiferyboard.gov.au/Nursing-and-Midwifery-Board-of-Australia-2021-COVID-19-guidance-for-nurses-and-midwives)

Under the Health Practitioner National Law Act, the NMBA does not regulate the scope of practice of nurses and midwives. Scope of practice should be managed between health practitioners, their employers, supervisors and colleagues. Health services can rotate nursing and midwifery staff as necessary, but must ensure that they are working in roles that they have been educated and trained in and are competent in. Where appropriate, they will also need to be receiving adequate supervision.

- Registered nurses, enrolled nurses and midwives are responsible for making professional judgements about when an activity is within their scope of practice and, when it is not, for initiating consultation and collaboration with, or referral to, other members of the healthcare team.
- Scope of practice decisions should be made in a collaborative way, through professional consensus, consultation and negotiation with the person or woman, relevant family members and other members of the healthcare team.

- Decisions about scope of practice should be based on considerations of:
 - the person or woman's health status and any relevant social determinants to their healthcare
 - lawfulness (legislation and common law)
 - compliance with evidence, professional standards, and regulatory standards, policies and guidelines
 - context of practice and the health service provider/employer's policies and protocols, and
 - whether there is organisational support, sufficient staffing levels and appropriate skill mix for the practice.

Refer to Appendix 2 Nursing and Midwifery Board of Australia (2020) Decision Making Framework Summary for Nurses

Refer to Appendix 3 Nursing and Midwifery Board of Australia NMBA (2020) Decision Making Framework Summary for Midwives

Refer to the Nursing and Midwifery Board of Australia (2020) Decision Making Framework for Nursing and Midwifery page 2

<https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>

Scope of Practice application in the clinical practice context

Core scope of practice refers to the general nursing practice skills and abilities that any nurse or midwife should reasonably be expected to undertake based on previous training and assessment in line with relevant NMBA registration practice standards. These include transferable general care and assessment activities (e.g. activities of daily living, basic assessment (e.g. TPR, BP, history taking, documentation), medication administration).

What will happen with nursing and midwifery staffing during a COVID-19 pandemic response?

Nurses and midwives and other health professionals are regularly called upon to support the healthcare needs of those affected during a disaster. In these situations, we will experience a surge in demand in critical areas such as the Emergency Departments (ED) and Intensive Care Units (ICU). As part of a COVID-19 Pandemic Response, we may consider increasing nursing staffing in these areas as well as designated COVID-19 wards or stand-alone clinics (e.g. Fever or vaccination). During a pandemic response, staffing levels may also be impacted by sick and carer's leave.

To supplement availability of staff, casual, part-time, and relief pool nurses and midwives may be requested to work additional hours within the health service within the clinical settings identified in the paragraph above, or other work units. Additionally, it is likely that indirect positions will be reallocated (deployed) to undertake and/or support critical activities, and overtime shifts requested.

In escalating circumstances, there may be a decision to temporarily reduce elective surgery and non-urgent outpatient services. In these circumstances there may be a decision to request the reallocation and deployment of staff from their usual department of work to assist in the pandemic response. Decision making in relation to the allocation of staff in these circumstances will occur at a local level in liaison with the directorate local Directors of Nursing and Midwifery and local Nursing/Midwifery Directors.

As response intensifies nursing and midwifery staff maybe asked to redeploy to work in clinical units, services and/or facility/directorates in which they would not usually work.

To assist with decision making and in alignment with principles of natural justice and equity refer to:

Appendix 3: Nursing and Midwifery Staff Deployment across Metro North Hospital and Health Service Directorates.

Appendix 4: Reallocation of Nurses and Midwives.

During the COVID-19 pandemic response, I've been asked to work in a clinical unit that I don't normally work in. What do I do and is this safe?

Caring for patients as part of a COVID-19 pandemic response will involve general skills in history taking, physical examination and clinical assessment. In certain circumstances, clinical staff, may be asked to work as part of this response, in designated COVID-19 wards or within ED and ICU. In this situation, the skills needed to work in ED, ICU and designated COVID-19 ward settings will be aligned with a nurse/midwife's known skillset and SOP. Refer to appendices 1 – 5.

In addition to protecting others from harm, nurses and midwives have a duty to protect themselves from significant harm. All staff working in contact with COVID -19 patients will be provided with an adequate supply, and training for use of personal protective equipment (PPE) for contact, droplet, and airborne precautions.

During a pandemic, the potential for staff illness will increase. If staff become symptomatic, they should be excluded from work and referred directly to a fever clinic or GP for assessment and management.



Please note that clinical advice may change as more information about the natural history and management of COVID-19 becomes available.

[Coronavirus Workforce Mobility Frequently Asked Questions \(2020\)](#)

References

1. Queensland Health Pandemic Influenza Plan 2018
2. MNHHS (2019) Policy (002090) Risk Management Policy link https://qheps.health.qld.gov.au/_data/assets/pdf_file/0013/2126101/002090.pdf
3. MNHHS (2019) Procedure (Proc 002089) Risk Management

4. MNHHS [Interim Scope of Clinical Practice Principles and Definitions](#)
5. Nursing and Midwifery Board of Australia (2021) Nurses and/or midwives changing their clinical context of practice in response to COVID-19
6. Nursing and Midwifery Board of Australia (2020) Decision Making Framework for nursing and midwifery: A guide to practice decisions on scope of practice, delegation and supervision for nurse practitioners, registered nurses, enrolled nurses and midwives
7. Nursing and Midwifery Board of Australia (2020) Decision Making Framework Summary for Nurses
8. Nursing and Midwifery Board of Australia (2020) Decision Making Framework Summary for Nurses
9. MNHHS Nursing and Midwifery Professional Steam Practice Roles/Positions Requiring Credentialing and Defined scope of Clinical Practice
10. Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)
11. MNHHS. (2018). Emergency Management Plan
12. MNHHS. (2017). Procedure (Proc 166) Scope of Practice for Registered Nurses / Midwives / Enrolled Nurses. Retrieved from:
13. Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)
14. Queensland Health. (2020). Coronavirus Workforce Mobility Frequently Asked Questions.

Appendix 1

Metro North Hospital and Health Service (MNHHS) Nursing and Midwifery Professional Stream Practice Roles/Positions Requiring Credentialing and Defined Scope of Clinical Practice

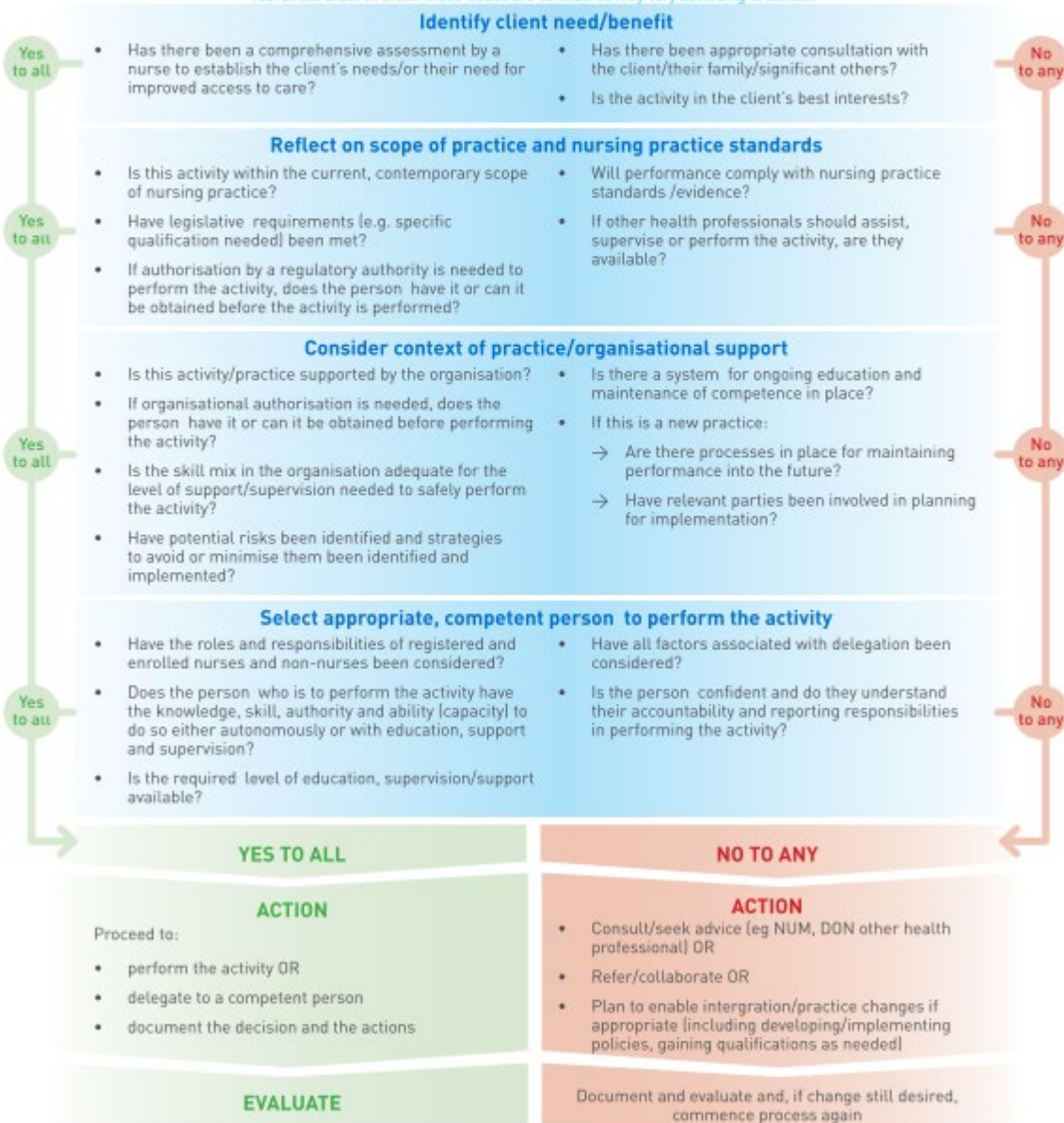
The intent of this document is to assist in determining nursing and midwifery practice roles and positions which require Credentialing and Defined Scope of Clinical Practice. The examples below do not form an all-inclusive list and any additional practice roles/positions should be considered in consultation with the Chair of the MNHHS Nursing and Midwifery Credentialing and Defining Scope of Clinical Practice Committee.

Level of Practice	Definition	Practices
Credentialed Practice	<p>Registered nurses and midwives who are practising at an advanced level may expand and accept responsibilities for practice beyond what is viewed as the established, contemporary scope of practice.</p> <p>Credentialed practice comprises formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of health professionals for the purpose of forming a view about the individual's competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.</p>	<ul style="list-style-type: none"> • Nurse Practitioners • Research Nurses (External to MNHHS) • Privately Practicing Midwives (PPM) • Immunisation Program Nurse (IPN) • Warm Water Immersion During Labour and Birth • Protocol Initiated X-ray (PIX) • Perioperative Nurse Surgeon's Assist (PNSA) [First Assist] (External to MNHHS) • PNSA including use of new technologies and expanded practice (e.g. surgeon assist for robotic surgery) (Internal and external to MNHHS) • Australian Defence Force <ul style="list-style-type: none"> ○ Long Term Schooling ○ Enrolled Nurse Consolidation • Child Health • Sexual Health Program Nurse • Pap Smear Providers • Rural and Remote Nurses • Site Medical Teams • Specialty Clinical Practice (External to MNHHS) • Suturing (Woodford Correctional Centre only) • Fibroscan
Recognition of College or Association Testimonials	<p>Process of recognising the formal qualifications, training, experience and clinical competence of a professional health care provider widened by documentation.</p> <p>Requires submission of testimonials for consideration of recognition and monitoring on database.</p>	<ul style="list-style-type: none"> • Mental Health Credentialed Nurses • Credentialed Diabetes Educators (CDE) • International Board-Certified Lactation Consultants (IBCLC) • Wound Consultants (Australian Wound Management Association – AWMA)
Restricted Advanced Practice	<p>Restricted Advanced Practice is characterised by greater and increasing complexity and exists beyond beginning practice on the continuum of nursing/midwifery practice.</p> <p>Requires demonstrated evidence of achievement of the HHS/facility eligibility criteria for the relevant procedure. Restricted practice requires certification and annual renewal (which is achieved through evidence of performance).</p>	<ul style="list-style-type: none"> • Plaster and Casting • Peripherally Inserted Central Catheter (PICC) insertion



Nursing practice decisions summary guide

NOTE: the order in which these issues are considered may vary according to context





Midwifery practice decisions summary guide

Nursing and Midwifery Board of Australia

NOTE: the order in which these issues are considered may vary according to context

Identify client need/benefit

- | | | |
|--|--|-------------------------|
| <p>Yes to all</p> <ul style="list-style-type: none"> Has there been a comprehensive assessment by the midwife to establish the woman or newborn's needs or a group's need for improved access to care? | <ul style="list-style-type: none"> Has there been appropriate consultation with the woman/her family/significant others? Is the activity in the woman or newborn's best interests? | <p>No to any</p> |
|--|--|-------------------------|

Reflect on scope of practice and midwifery practice standards

- | | | |
|---|--|-------------------------|
| <p>Yes to all</p> <ul style="list-style-type: none"> Is this activity within the scope of practice for midwifery? Have legislative requirements (eg specific qualification needed) been met? If authorisation by a regulatory authority is needed to perform the activity, does the person have it or can it be obtained prior to acting? | <ul style="list-style-type: none"> Will performance comply with midwifery practice standards/evidence? If other health professionals should assist, supervise or perform the activity, are they available? | <p>No to any</p> |
|---|--|-------------------------|

Consider context of practice/organisational support

- | | | |
|---|---|-------------------------|
| <p>Yes to all</p> <ul style="list-style-type: none"> Is this activity/practice supported by the organisation? If organisational authorisation is needed, does the person have it or can it be obtained before acting? Is the skill mix in the organisation adequate for the level of support/supervision needed to safely perform the activity? Have potential risks been identified and strategies to avoid or minimise them been identified and implemented? | <ul style="list-style-type: none"> Is there a system for ongoing education and maintenance of competence in place? If this is a new practice: <ul style="list-style-type: none"> → Are there processes in place for maintaining performance into the future? → Have relevant parties been involved in planning for implementation? | <p>No to any</p> |
|---|---|-------------------------|

Select appropriate, competent person to perform the activity

- | | | |
|--|--|-------------------------|
| <p>Yes to all</p> <ul style="list-style-type: none"> Have the roles and responsibilities of midwives and non-midwives been considered? Does the person who is to perform the activity have the knowledge, skill, authority and ability to do so either autonomously or with education, support and supervision? Have all factors associated with delegation been considered? | <ul style="list-style-type: none"> Is the required level of education, supervision/support available? Is the person confident and do they understand their accountability and reporting responsibilities in performing the activity? | <p>No to any</p> |
|--|--|-------------------------|

YES TO ALL

NO TO ANY

ACTION

Proceed to:

- perform the activity OR
- delegate to a competent person
- document the decision and the actions

ACTION

- Consult/seek advice (unit manager, facility director, other health professional) OR
- Refer/collaborate OR
- Plan to enable intergration/practice changes if appropriate (including developing/implementing policies, gaining qualifications as needed)

EVALUATE

Document and evaluate and, if change still desired, commence process again


Appendix 4

Nursing and Midwifery Staff Deployment across Metro North Hospital and Health Service Facilities/Directorates

These business rules align with the ACSQHC National Safety and Quality Health Service Standards 2nd Ed., Standard

1 Clinical Governance

The purpose of these business rules is to support decision making related to the redistribution of human resources (nurse/midwife) from one work unit to another Metro North Health (MNH) facility/directorate/stream/service to support efficient staffing resource management.

 **Deployment Business Rules are to be used in conjunction with the:**

- *Metro North Health (MNH) Nursing and Midwifery Business Rules –*
 - *Staffing Resource Management;*
 - *Planned and Unplanned (Emergent) Leave;*
 - *Public Holiday Stand Downs;*
 - *Rostering*
 - *Reallocation of Nurses and Midwives.*
- *Nursing & Midwifery Board of Australia. (NMBA) National Framework for the Development of Decision-Making Tools for Nursing & Midwifery Practice (2007).*
- *Nurses and Midwives (Queensland Health) Award – State 2015*
- *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB10) 2018*
- *Relevant Facility/Directorate/Stream/Service specific procedures/processes.*

Governance

Rule 1

MNH Nursing and Midwifery (NM) Strategic Executive Council (SEC) is responsible for nursing and midwifery standards of practice and the appropriate allocation of nursing and midwifery resources aligned to a nurse/midwife's scope of practice and skill mix to support a safe work environment and achieve best practice patient outcomes.

Rule 2

The Director of Nursing/Midwifery (DON/M)/Nursing/Midwifery Director (N/MD) or delegate is responsible for liaising with relevant colleagues in other MNH facilities/directorates/streams/services to lodge the request for, including the timeframe for deployment and coordinating the deployment according to the identified workload needs, clinical requirements and the scope of practice of an individual nurse/midwife.

Rule 3

Prior to the release of any NM staff to another facility/directorate /stream/ service, a review of workforce management requirements, considering roster constructs and workforce profiles must be undertaken.

Rule 4

Decisions relating to deployment are based on staffing resource management requirements (e.g. emergent leave, acuity, roster variances (shortfalls/excesses).

Deployment of a nurse/midwife is documented contemporaneously as per the facility/directorate process (e.g. Employee Movement Form).

Rule 5

The relevant N/MD/delegate is to be advised if a nurse/midwife refuses a reasonable request to be deployed to another MNH facility/directorate/stream/service and is responsible for negotiating and attempting to resolve matters of concern (e.g. safety, transport/travel, scope of practice).

Rule 6

The N/MD/delegate in consultation with the nurse/midwife is to use the *Nursing and Midwifery Board of Australia National Framework for the Development of Decision-Making Tools for Nursing and Midwifery Practice* to determine nursing/midwifery practice decisions regarding suitability to deploy the nurse/midwife to another work unit within another MNH facility/directorate/stream/service.

Rule 7

Recently employed nurses/midwives (within 3 months of commencement) should only be considered for other site deployment when there are no other options (refer to the *Staffing Resources Management Business Rules*).

A graduate should not be considered for deployment within 6 months of their commencement.

Rule 8

The N/MD/delegate deploys nurses/midwives in accordance with equity, natural justice and facility/directorate business principles.

Rule 9

The ND/delegate's decision to deploy a nurse/midwife is based on professional judgement in consideration of the following:

- Skill mix
- Nurse/midwife clinical experience
- Patient acuity and anticipated patient activity
- Roster construct and variances
- Minimum safe staffing levels
- Reasons for deployment
- Requirements of the service/unit requesting deployment
- Timeframe required for deployment

Rule 10

The deployed nurse/midwife must not engage in any practice that falls short of, or is in breach of, any professional standard, guidelines and/or code of conduct, ethics or practice of the nursing/midwifery profession. The N/MD/delegate and the deployed nurse/midwife are to inform the receiving work unit's line manager/delegate of the deployed nurse/midwife's scope of practice and nature of nursing/midwifery activities that can be undertaken.

Rule 11

Nurses/midwives in the receiving work unit will support the deployed nurse/midwife by:

- Welcoming and introducing the deployed nurse/midwife to staff
- Providing an orientation including physical design, emergency egress, emergency equipment and procedures, utility rooms and staff amenities
- Providing a 'buddy'/preceptor nurse/midwife to facilitate orientation and transition to work unit environment and access to policies, procedures and guidelines and other specific work unit requirements
- Organising staff ID and access to facility and systems as relevant according to length of deployment and specific facility processes
- Considering patient allocation and delegation of activities in respect to the nurse/midwife's scope of practice, patient acuity, number of patients and specific facility processes

Definitions

Buddy nurse/midwife	A nurse/midwife who provides supervision, support and guidance whilst undertaking their usual nursing/midwifery duties.
Care partnership (Buddy nurse/midwife)	
Daily staffing sheet	A generic tool used to capture all daily staffing information and communicate staffing requirements and allocation between shifts.
Deployment	Long-Term Permanent or long-term temporary (greater than 3-months) reassignment of a nurse/midwife from the current employed in work unit to another work unit. This redistribution of human resources supports efficient staffing resource management practices to address roster variances (e.g. emergent leave, roster shortfalls).
Graduate	Registered Nurse/Midwife/Enrolled Nurse with less than 12-months experience since successfully completing the corresponding undergraduate degree or diploma leading to registration with the

	Nurses and Midwives Board of Australia (NMBA), whose qualification for registration was awarded not more than 2-years before applying for registration.
Reallocation	Short-Term Temporary (less than 3-months) reassignment of a nurse/midwife from one work unit to another MNH facility/directorate/stream/service work unit on either a shift-by-shift basis or short-term contract. This redistribution of human resources supports efficient staffing resource management practices to address roster variances (e.g. emergent leave, roster shortfalls) and service needs.
Scope of Practice	The scope of practice of an individual is that which the individual is educated, authorised and competent to perform. A profession's scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform.

References

1. Nursing and Midwifery Board of Australia. (2007). *National Framework for the Development of Decision-Making Tools for Nursing and Midwifery Practice*. Retrieved from: <http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2f3341&dbid=AP&chksum=3SWDivwEVXM4K6MsMHxTmw%3d%3d>
2. Metro North Hospital and Health Service. (2019). *MNHHS Nursing and Midwifery Professional Stream Business Rules*. Queensland Health. Brisbane. Retrieved from: <https://qheps.health.qld.gov.au/metronorth/nursing-midwifery/business-rules>
3. Queensland Health (2016). *Nurses and Midwives (Queensland Health) Award – State 2015*, Queensland Health. Brisbane. Retrieved from: http://qirc.qld.gov.au/qirc/resources/pdf/awards/n/nurses_and_midwives_051016.pdf
4. Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9) 2016. Retrieved from: http://www.qirc.qld.gov.au/qirc/resources/pdf/certified_agreements/cert_agreements/2016/ca32_2016.pdf

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Metro North Health

Date: / /2021

Reallocation of Nurses and Midwives

These business rules align with the ACSQHC National Safety and Quality Health Service Standards 2nd Ed., Standard 1  Clinical Governance

The purpose of these business rules is to support the decision-making process related to the reallocation of nurses and midwives to other clinical work units within a facility/directorate within Metro North Health (MNH). Reallocation may be on a shift by shift basis or for a short-term contract (less than three (3) months).



Reallocation Business Rules are to be used in conjunction with the:

- *MNH Nursing and Midwifery Business Rules –*
 - *Staffing Resource Management;*
 - *Planned and Unplanned (Emergent) Leave;*
 - *Public Holiday Stand Downs;*
 - *Rostering;*
 - *Deployment across MNH facilities/directorates.*
- *Nursing & Midwifery Board of Australia (2020) Decision-Making Framework for Nursing and Midwifery.*
- *Nurses and Midwives (Queensland Health) Award – State 2015*
- *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB10) 2018*
- *Queensland Health Coronavirus Workforce Mobility Frequently Asked Questions*
- *Relevant Facility/Directorate specific procedures/processes.*

Governance

Rule 1

MNH Nursing and Midwifery (NM) Strategic Executive Council (SEC) is responsible for nursing and midwifery standards of practice and the appropriate allocation of nursing and midwifery resources. Allocation is aligned to a nurse/midwife's scope of practice and skill mix to support a safe work environment and achieve best practice patient outcomes.

Rule 2

The line manager/delegate is responsible for pro-active planning and management of work unit staffing and assumes responsibility for re-deploying nurses/midwives according to clinical requirements and the scope of practice of an individual nurse/midwife.

Rule 3

The nurse/midwife is not to refuse any reasonable request to be reallocated. Where conflict occurs and the issue is unable to be resolved, the line manager/delegate is to seek direction from the relevant Nursing/Midwifery Director.

Reallocation

Rule 4

The line manager/delegate in consultation with the nurse/midwife is to use the decision-making framework for nurses and midwives to guide nursing/midwifery practice decisions regarding suitability of the nurse/midwife to be reallocated to another work unit.

Rule 5

Recently employed nurses/midwives (within 3 months of commencement) should only be considered for reallocation when there are no other options except in an emergency or disaster event (refer to the *Staffing Resources Management Business Rules*).

A graduate should not be considered for reallocation within 6 months of their commencement except in an emergency or disaster event.

During periods of service closure (i.e. Compulsory Closure and public holidays), recently employed nurses/midwives may need to be reallocated to work units of similar casemix.

Rule 6

The line manager/delegate reallocates nurses/midwives to other work units in accordance with equity, natural justice and facility/directorate business principles.

Rule 7

The line manager/delegate's decision to reallocate a nurse/midwife is based on professional judgement with consideration of the following:

- Skill mix (rostered work unit and receiving work unit)
- Nurse/midwife clinical experience
- Patient acuity and anticipated patient activity (rostered work unit and receiving work unit)
- Roster construct and variances
- Minimum safe staffing levels
- Reasons for reallocation
- Requirements of the work unit requesting reallocation
- Timeframe required for reallocation
- Individual nurse/midwife roster

Rule 8

The nurse/midwife must not engage in any practice that falls short of, or is in breach of, any professional standard, guidelines and/or code of conduct, ethics or practice of the nursing/midwifery profession. The line manager/delegate and the reallocated nurse/midwife are to inform the receiving work unit's line manager/delegate of the reallocated nurse/midwife's scope of practice and nature of nursing/midwifery activities that can be undertaken within the work unit.

Rule 9

Following orientation to the work unit, the line manager/delegate allocates and delegates nursing/midwifery activities to the nurse/midwife according to their scope of practice.

Rule 10

Nurses/midwives in the receiving work unit will support the reallocated nurse/midwife by:

- Welcoming and introducing the reallocated nurse/midwife to staff on the shift
- Providing an orientation including physical design, emergency egress, emergency equipment and procedures, utility rooms and staff amenities
- Providing a 'buddy' nurse/midwife and/or allocating a care partnership arrangement
- Not assigning an independent patient allocation unless the nurse/midwife has previous experience in the work unit. Patient allocation is undertaken in respect to acuity and number of patients.
- Identifying a contact person for the shift to answer questions (if not allocated a 'buddy' or working in a care partnership).

Rule 11

The reallocated nurse/midwife is not expected to:

- Undertake 'Continuous or Cohort Observation' of patients without the relevant knowledge and skills
- Undertake medication administration without the relevant knowledge and skills (in accordance with the individual nurse/midwife's scope of practice) and in accordance with specific facility processes
- Perform a clinical activity requiring expertise outside confidence and competence/scope of practice.

Rule 12

The line manager/delegate is responsible for contemporaneously documenting the reallocation of a nurse/midwife as per specific facility/directorate processes (e.g. Daily Staffing Sheet, Trend Care, Daily Staffing Variance Form [DSVF], Attendance Variation and Allowance Claim [AVAC]) to facilitate accurate allocation of labour costs and relevant staffing document.

Definitions

Buddy nurse/midwife	A nurse/midwife who provides supervision, support and guidance whilst undertaking their usual nursing/midwifery duties.
Care partnership	Two or more nurses/midwives working together to provide care to an allocated group of patients.
Daily staffing sheet	A generic tool used to capture all daily staffing information and communicate staffing requirements and allocation between shifts.
Delegate	A person designated to act for or represent another or others.
Deployment	Long-Term Permanent or long-term temporary (greater than 3-months) reassignment of a nurse/midwife from the current employed in work unit to another work unit. This redistribution of human resources supports efficient staffing resource management practices to address roster variances (e.g. emergent leave, roster shortfalls).
Graduate	Registered Nurse/Midwife/Enrolled Nurse with less than 12-months experience since successfully completing the corresponding undergraduate degree or diploma leading to registration with the Nurses and Midwives Board of Australia (NMBA), whose qualification for registration was awarded not more than 2-years before applying for registration.
Reallocation	Short-Term Temporary (less than 3-months) reassignment of a nurse/midwife from one work unit to another MNH facility/directorate work unit on either a shift-by-shift basis or short-term contract. This redistribution of human resources supports efficient staffing resource management practices to address roster variances (e.g. emergent leave, roster shortfalls) and service needs.
Scope of Practice	The scope of practice of an individual is that which the individual is educated, authorised and competent to perform. A profession's scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform.

References

5. Nursing & Midwifery Board of Australia. (2020). *Decision-Making Framework for Nursing and Midwifery: A guide to practice decisions on scope of practice, delegation and supervision for nurse practitioners, registered nurses, enrolled nurses and midwives (DMF)*. Retrieved from: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>
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