Aye corona!

Experiences of an HIV nurse in a time of COVID-19

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Introduction

I have started and restarted this article four times. Each time it felt like I was telling you what I thought I should be saying, but it seemed wrong and not the story I want to tell.

COVID-19 swept into 2020 like a hurricane, a few odd cases in Wuhan, China. Then news came of cases in Italy where people had been to China, the Italian epidemic had spread and what started as hundreds of deaths changed to thousands, and we were warned that it was coming our way.

What started as my last year as the Chair of the National HIV Nurses Association suddenly developed into a year that we have decided to cancel and start again in 2021, with study days and conferences cancelled – no news other than COVID-19. For a few days in early March 2020 there were hushed discussions about possible nurse redeployment, cancelling annual and study leave, then came news of proposed planned closure of HIV services and moving the HIV ward to another place in the hospital, and using that ward as a COVID unit. I sat in a meeting seeing people receive texts saying, 'all leave cancelled'. I had heard nothing from my manager, but I still did a swift assessment of my community patients: who needed to be seen, who can I call or email, what major concerns where there if I didn't manage their HIV needs? But no worries, I was a lone worker and surely, I would just remain in the community and do the best I could until COVID-19 runs its hopefully short-lived course. I had spoken to colleagues in Italy who were telling me of the horrendous situation there, working long, long days and redeployment to the wards instead of the comfort of their HIV clinic.

We are all learning a new language. Gone is talk of holidays and weekend plans, in come discussions about the availability (or lack) of personal protective equipment (PPE), 'donning and doffing', why some people needed to 'isolate' and why others are 'shielded'? Our friends and family are on 'lockdown', being 'furloughed'. Finally the NHS was in the headlines because of all the good they do, rather than of its destruction. The International Year of the Nurse and Midwife took on a whole new meaning, out went champagne, cakes and celebrations and in came redeployment, long days, skilling up on ventilators and blood gas tests.

In early April the unwanted redeployment email arrived. Having met with my manager a few weeks before and still working remotely (or not) supporting patients in the community I'd believed that, as a lone worker with a substantial caseload, myself and my other community nurse colleagues would be exempt, unfortunately not. I spent a day or two emailing, texting and calling my patients to explain the situation and arranging visits to those who needed medication support, ensuring they were up to date and supported, making a note of when their medications ran out and they would need to be seen again.

Another email arrived requesting to know what shifts I was prepared to work, I suggested 2 days community, 3 days intensive care. Then came a flurry of training days 'A welcome to the Intensive Treatment Unit' and a 'Ward refresher day' for those of us who hadn't worked on a ward for ≥5 years. I joked with a colleague that I could possibly make a bed or do a tea round but the last time I'd measured observations or emptied a catheter bag was 20 years ago. These training days made me hyper anxious but also felt strangely reassuring. We were shown which ventilators the hospital used, and the type of ventilation needed, which PPE to use, where to use it, how the various intravenous pumps and blood glucose monitors worked and how to draw a sample for a blood gas test. We were told that we, as non-ITU nurses, were only expected to provide basic nursing care and the trained ITU nurses would be there to lead and support. Reassuring. I was a student nurse again and that's how I viewed this enforced secondment.

Having worked a steady 9–5, Monday–Friday, for 18 years the thought of long days and nights filled me with dread. I downloaded the new hospital app as it provided up-to-date COVID-19 information, videos and training and then looked at the online roster to see if I'd been allocated any shifts. There it was, 6 weeks of day and night shifts until the end of May.

Long days and night duty giving little time to relax. When all the world appears to be happy at home and we're heading out it's strange, I was resentful, angry. I was resenting my partner for not having to go through this. I wondered why other people were outside. I found I couldn't concentrate, I had deadlines to meet, articles to write, things to be getting on with but found myself cycling in the sun for hours, listening to podcasts and generally wasting time watching Netflix.

Now here's the hard bit, 20 years with my beard that now had to come off so the facemask could be properly fitted. I'd put it off for weeks but there was no choice,

off it came. I had shaved it shorter a week before so the shock wouldn't put me in intensive care. My partner looked dubious, horrified, my colleagues said I looked younger. I felt like I wasn't me, determined now to lose the double chins that had been hidden for 20 years.

ITU

In a panic that I wouldn't wake up in time on my first long day, I slept terribly, waking at 01.30, 02.40, 03.50, 04. 30 and 6.00 am. I finally got up, showered, ate, packed my lunch and was out of the flat within 20 minutes, cycling the 10 miles to the hospital. Arriving slightly later than I'd hoped, with no real idea where I was to go as the online rota really didn't make this clear, I looked around for familiar faces. Thankfully my HIV community colleague was already there and guided me. I'd managed to get a set of scrubs the week before, so registered my presence with the lead nurse and headed to the changing rooms. With no access to ITU or the changing room I had to ask for help. *'It's my first day'*, I could tell they'd heard this many times before. There were dozens of lockers but no free space, however I found a cubby hole and shrouded my belongings with my sweat-soaked T-shirt, no one was going through that. A friend told me to stock up on water as we only got two to three 30-minute breaks and would be dehydrated. I drank half a bottle and joined what seemed like 50 or so scrubbed-up professionals (a lot of HIV nurses, intensive care nurses, paediatric nurses, allied professionals and healthcare assistants) and stood in the 'first day spot' as directed.

The lead nurse welcomed us, read some notices – I was so anxious I heard nothing – and I was allocated my ward, on the old High Dependency Unit (HDU) and given the name of the nurse I was working with. In I went.

The corridor to HDU was packed with people changing into PPE, something I'd watched (on a video) but had never done. I grabbed what I thought I needed and watched the others changing, assuming they knew what they were doing. Gown, large gloves and elbow length gloves, which were only available in a medium so told to double up on the normal large ones, tucking the gown in as much as I could. The mask pinched onto my nose and squeezed onto my face, surgical hat and face shield that immediately steamed up; and I went deaf as I usually do when I can't see someone's lips, remembering this from my times in operating theatres as a student 33 years ago. The memory of how the mask smelled and the consciousness of every breath came flooding back. I stuck on a 'Nurse' sticker, I felt like writing '1st day, 20 years off the ward' on it to show my fear upfront. I walked into the red 'COVID' zone and headed to the room to be greeted by the ITU nurse who was having a handover from the night staff.

My first patient was prone, face down on the bed, motionless, with six infusions, two drips, a catheter and an array of leads, tubes, and screens with bright flashing lights that would occasionally bleep and alarm, charts and numbers all of which completely freaked me out. The ITU nurse was talking in a language I really didn't comprehend, numbers and levels, and titration and gases, my brain silently exploded beneath the surgical hat! Once the night staff had left we commenced the routine checks. Walking around the bed, checking everything was working correctly and all the equipment we needed was in place. Having not really got to grips with the relatively new electronic patient records – I could just about find a patient and make a note – I watched the nurse click on the computer keys and enter an array of information, this seemed fairly self-explanatory (follow the list, fill in the blanks). The computer was linked to the monitors and machinery so all the observations download at a click and colour code themselves to raise a red flag. I was overly keen to explain to anyone who asked that I have been in the community for almost 20 years and the last time I was in this kind of environment was as a ward manager in a hospice. Eventually, I got to grips with the computer, documenting observations every hour, learning where the drug chart was and how to sign for drugs we'd given, drawing up syringes so we were prepared when one of the pumps ended, measuring and monitoring intake and output, watching the nurse take a blood gas sample and then doing one myself.

As the day went on, I was getting increasingly concerned about the patient. There were photos taped to the wall, emails from his family. What was that dog's name? I wondered how his family were coping and feeling with the little contact they had. What work did he do? How did he think he acquired this virus? But all that wasn't important in the face of hourly blood gas tests, oxygen saturations raising and falling, erratic blood pressure and falling potassium and magnesium levels. I needed to do some reading, I needed *'An idiots guide to intensive care'*.

The day flew by, I had a break, then another 3 hours later and then nothing. I held out for another 30 minutes but after 6 hours without a break I was really getting dehydrated, and I felt guilty asking as we were busy. It's a fine line rehydrating enough but not too much that you need to urinate hours later as this meant doffing the PPE for another set. I needed to sort this out. At 19.00 the prone patient was to be turned, we had been taught this on the introduction day but with a dummy patient and hardly any other obstacles, the team that came consisted of an anaesthetist, physiotherapists, a doctor and ourselves. Letting them take the lead I followed orders and turned him over, finally a face. The teamwork here was outstanding. I'd heard from a colleague that a patient they had turned previously had suddenly deteriorated so I was ready to see a similar reaction, but our patient was stable and looked comfortable. Paralysed, sedated … but comfortable.

A few days later, I was looking after a patient who was awake but still intubated. Poor guy, the communication was so bad, I felt, as we were behind a mask and face shield and he couldn't speak. There was a lot of

raised-eyebrow communication, occasionally he'd smile, what looked like a smile. Photos of him on holiday with family and friends. Letters from another patient's wife telling us to get her husband to *'fight this and come home'*. Speaking to another patient's daughter and trying to annunciate through a mask, battling ventilator noise, was an experience. Each time I saw or read patients' letters from home I could feel my emotions heighten to the verge of tears, that lump in your throat and a quiver in your voice as I tried to hold it together, this wasn't how I operated. This wasn't me at all.

Maybe it was the long days, being tired or just the whole experience. I've spoken to colleagues since and I feel that we all went through something similar, strange times that none of us really felt prepared for.

What did I learn?

I was scared. I rarely analyse my fears and anxieties at work. I can stand in front of hundreds of people at a conference and talk with no problems, I've been in difficult, tragic, emotional situations with patients and families. COVID-19 didn't scare me, the PPE didn't scare me but being faced with this somehow alien environment of monitors, infusions, drips, drains, transducers and being left alone, even for 30 minutes or so, I could feel my heart quicken and a sense of panic take over. Learning a new skill can be difficult. Learning a skill when you can barely hear what you are being told and can't see as you are trapped behind a steaming face shield, or overly conscious that the spicy lunch was a bad idea, breath wise, is even harder.

Watch one, do one, teach one, is that the mantra? I felt I needed to watch a few and do a few and still did not feel completely confident. Things we were shown in class were done differently in practice and the syringes and infusion sets were different. Even simple things became a huge obstacles as understandably everything had changed in 20 years. How do you change a bottom sheet, how does one empty a catheter? The fear of expectations on my shoulders and that I wouldn't learn fast enough, that the ITU nurse would ask for something simple that I couldn't do. There was a genuine fear that I'd be expected on night duty in Week 2; to be almost care perfect; be left alone for hours on end; or be given my own patient was too much. I had friends and colleagues working alongside me, with some of whom I felt I could share the fear, some others who needed more support. Fear wasn't something I could readily admit to at the time as to do so would probably mean giving in to it. So fear was parked and dealt with once the redeployment was over. For me this was a new feeling, one to reflect upon.

I learn fast. On Day 1, at 18.00 the ITU nurse said, *'OK you're in charge what do you want me to do'*. What the actual ****? OK, here goes: the infusions are good until night staff arrive, we could draw up another fentanyl as that will run out at 21.00. No nasogastric feed as we think the nasogastric tube has moved and we're waiting for an X-ray, the patient is settled but we've repositioned him so the transducer needs to move to chest level; observations are due, blood gases show low potassium and magnesium so those needs to be sorted; he had 18.00 medications due so can she do that? OK, this wasn't too bad and despite my initial horror it also made me realise that I can, sort of, do this. I asked her to write the handover notes and also show me how to do this, and what needs to be in the report. I'm nearly 52, in a blind panic of sorts all day, but I'd learned and retained a lot of information. I also learned to be resourceful, by Day 2 I was anticipating what was needed, stocking up the room with equipment, taking direction. On Day 3 I had a really complex patient with a tracheostomy to manage, which really took me back to student days. The ITU nurses were really supportive, they had to change how they worked to support other nurses who were out of their areas of expertise. Even when I was alone I knew I could call for help, just press the alarm button!

I hated PPE. I'm built for comfort; a set of scrubs is fine. In a gown (sometimes waterproof, some days plastic or a full hazmat suit), two pairs of gloves, a tight-fitted mask and face shield, I didn't feel myself. I'd lost my sense of who I was, I was smiling at people then realising that they had no idea who I was. Then throw in other infections that need barrier nursing and you need to add yet another apron and set of gloves … it took me 5 minutes to tie the apron as I couldn't feel the ties or even know how to tie it. I learned to recognise words by rhymes, particularly drug names as asking for the name a third time felt too much. There was no escape from PPE, no room on the unit to get some air, no toilet, no hiding place, no quick slurp of tea. Breaks really were a relief, the minute the PPE was doffed I felt cool and free, but it took a good 10 minutes to 'don and doff' PPE and, if busy, that time ate into your break time.

Final thoughts

Reflecting back, COVID ITU was mentally hard. I had a fairly easy, short-lived run and I am so proud and inspired by my friends and colleagues who have worked there (and continue to work there at time of writing) for weeks and months, some took to it well, some dreaded every day, some may even change their career after this. It certainly isn't for me but a part of me would like to experience ITU for a shift without PPE. I was glad to finish my redeployment but strangely at ease if I have to go back. The fear was real, but the support was amazing, and I felt that had I expressed concern that I was struggling it would have been managed. The Hospital Trust had relaxation rooms and counselling set up, as well as a plentiful supply of food and refreshment from donations. I now know the 'basics', enough to get me through and the Trust has set up further online and face-to-face modules (four in all) to ensure we are well equipped should a second wave come. I hope for everyone that it doesn't.

And if this returns, stay safe and stay home.

Further resources

COVID-19 and the resulting information is forever changing however there is up-to-date information available on the following websites:

HIV and COVID-19 advice at: www.bhiva.org/Coronavirus-COVID-19
HIV, COVID-19 and community response including briefings from HIV support organisations at: www.nat.org.uk/coronavirus-hiv
General Government advice at: www.gov.uk/coronavirus
Nursing advice especially about your rights around PPE, redeployment and other work issues: www.nmc.org.uk/news/coronavirus/ and www.rcn.org.uk/covid-19 (which has links to free-to-read articles and CPD).

Conflicts of interest

The author declares no conflicts of interests.

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