

NHSBT Board Meeting
28 May 2020

Status: Official

A Patient Story

A Nurses Story: My Covid19 Journey



I'm Flora, I started my nursing career in my homeland of France where I graduated as a Registered General Nurse in 2012. Caring for others was my number one drive to become a nurse and I couldn't think of a profession that would make me prouder.

In 2013, I took on a new challenge and moved to the UK to satisfy my urge to travel, meet new people and learn a different language. After spells of nursing within the community, prison and hospital environment, a friend of mine told me about a job being advertised within the Therapeutic Apheresis Services (TAS) Team.

I didn't know much about NHSBT apart from being a blood donor myself, but joining was the best decision I ever made.

The position I was offered was a South West Regional role as a regional practitioner. I am often required to travel to other TAS units to support the peaks in activity that we frequently see within this specialist field. My role is supporting patients that require one of the portfolio of apheresis services that we provide using technology that exchanges, removes or collects certain components within the blood. This role makes me feel useful and valuable and I also enjoy going to different hospitals, proudly rolling out our apheresis machine and talking to different staff members about what we do.

When the realisation of the immensity of Covid-19 hit us and what was about to come, a decision was made for me to stay in my TAS base in Bristol and stop travelling ... stop the spread and prepare for the peak. I kept thinking about our London team who were the first to be confronted with treating patients with the virus, listening with anxiety to their experience shared on the daily telecon briefs. Then, within a matter of a few days, the TAS London workforce was depleted by more than half, with staff members having to stay at home with symptoms and that was when I was asked if I could support them. Our activity in Bristol had been reduced as we had tried to prevent outpatients from coming into hospitals unless essential. Most of our TAS patients fall in the "at risk" category (blood cancers, sickle cell disease, etc with impaired immune systems). Nevertheless, some patients still needed treatment and the team was there to provide this service.

Therefore, my answer to a request to base myself in London was 'Yes, of course'.... but I left for the big city very much thinking I might die! Having subsequently viewed a webinar called "Helping people get through the Covid crisis" by the APT (Association for Psychological Therapies) I know now that this was a normal reaction and that we all get health anxiety.

The first treatment was a shock. I was at a London hospital that had reached their ITU bed capacity and had over 1000 members of staff off sick! There was only one regular nurse on the ward that I was working on, no nursing assistant and a couple of endoscopy nurses redeployed who did not have any idea of this new environment, but who were doing their best. Everyone was scared, bins weren't emptied, porters didn't really know what to do and how to protect themselves. I shared a video with them from Public Health England about personal protective equipment and how to wear this. I am happy to report that the patient with Sickle Cell disease whose blood I exchanged that day had minimal symptoms and recovered well afterwards. My first emergency call-out was at another London hospital, a 70-year-old man with Sickle Cell Disease with a Covid related chest crisis needing a red cell exchange. He had been self-isolating for a week with symptoms before his wife called the ambulance as he was unable to move and struggling to breathe. It was decided that I would work alongside another nurse so that we could double-up and support one another and take it in turns with the patient to limit exposure.

The patient was in a four-bedded bay of all Covid positive patients and unfortunately the patient in the next bed to us died while we were treating our patient. I overheard a discussion between the doctor and nurse making the difficult decision that they had no time to ring this gentleman's family as they had many very ill patients still needing care and this would need to be picked up later when they had more staff. It was sobering to see this bed re-allocated within the hour as another Covid positive patient was admitted.

After completing the treatment, I tried to help my patient with a cup of tea, but he could barely hold his head up, let alone breathe without his oxygen mask. Just as I was making him comfortable, we received another call, we had to treat another chest Covid crisis patient in a different hospital. The patient was in the process of awaiting transfer from home to hospital, but unfortunately there was no ambulance available at this point and so the treatment would not go ahead until later that evening and my colleague agreed to attend alone.

I went back to my hotel accommodation and agreed to stay on standby for the Easter bank holiday weekend. London only had two nurses able to cover on call and as we were doubling up, it meant they had little chance to rest. Furthermore, in Bristol I was living with another key worker (prison officer), an asthmatic and someone else respecting the quarantine rules and I felt guilty going back home and exposing them. Staying at the hotel was nerve wracking, but I got to experience what the rest of the world was going through: staying in a small room with no purpose for the day, trying to stick to a list (online boot camp, read, meditate etc).

On Good Friday, there was a request to support a patient referred to the TAS Birmingham team and I went off to Derby Hospital for another Covid chest crisis.

This patient was a husband and dad of two, who had been admitted for sickle pain crisis, and subsequently probably caught the virus in hospital and then suffered further chest complications. The team at Derby were grateful for our service and impressed to see our machine for the first time as their patients are normally sent to Nottingham for apheresis. Networking and promoting NHSBT is an important part of my job, even in times of crisis.

This week seems to be quieter, but we are all on edge. One of our newly recruited nurses was told one of her former colleagues died of Covid this weekend, he was 53! So, this is my Covid story thus far, which I am sure is nothing exceptional compared to the 300,000 nurses in the UK and even the 20 million worldwide other stories. Even though I am a lone worker going to different hospitals independently, I couldn't have felt more supported by my superiors and peers and was never alone, I have seen my team really coming together with a common purpose. I am however now confident that my immune system is strong, and my colleagues and I will continue to do our very best to keep saving and improving patients' lives.

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