Laura Dodsworth

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From clapping to sacking - 18 months in the life of a nurse.

The anonymous account of a nurse on a virtual Covid ward.

Laura Dodsworth
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This is a guest post from an anonymous nurse.

I care. It's a reflex, and the reason why I could only ever have become a nurse. I don't consider that this makes me a more virtuous human being. I certainly never wanted to be clapped for it. You can't switch caring off. The role of the nurse is to relieve suffering. Sometimes this might mean making someone physically better, but not always – more often it is about making the individual feel better regardless of the outcome.

It was strangely fitting that on the 5th September, the day we were told that NHS staff might be forced to have the Covid-19 vaccine, I noted that 100% of the patients I look after

as part of a Covid patient remote monitoring service were vaccinated. Not the majority of the patients, all of them.

The Covid patient remote monitoring service was set up in Autumn 2020, as a sort of virtual Covid ward, to monitor Covid positive patients remotely, facilitate early intervention should there be any deterioration in condition, offer support for symptoms and reduce the need for hospital admission.

This week, every single patient on the virtual ward is double or triple vaccinated.

A number of things struck me about the patients who were being referred to us. The first was that they were ill. This might seem obvious, but what I mean is that they were ill regardless of their Covid status. Many reported a deterioration in pre-existing conditions, citing difficulty in accessing medical care, chronic conditions not being managed etc.

Fast forward a year and this is an even more prevalent picture. Many patients have not seen a doctor for 18 months, blood tests are delayed, there has been no hospital follow up appointments, lost e-consults, hours spent waiting in phone queues and there is still fear of attending appointments. We often spend longer sorting out patients non-covid related health problems than their covid symptoms.

I'm not GP-bashing, merely stating that the present system is not fit for purpose and that the restrictions imposed over the last 18 months have had significant implications for public health.

The second thing that became apparent was the extraordinary role that nosocomial infections were playing in the cases and transmission of the virus, particularly during the autumn/winter surge. At times, over 80% of our patients had acquired Covid in healthcare. Sometimes this could be directly attributed to a recent hospital admission of the individual. Patients were admitted for falls, cancer treatment, blood transfusions, heart attacks and then, unfortunately, discharged Covid positive. These were often the sickest patients – the very people who we were all ordered to stay at home to protect.

Then they would infect their families and carers once they were home.

This is why the statistics for nosocomial infections are not representative of the true picture – one hospital admission for one individual could result in numerous cases within a household and beyond. This is not officially measured but, from my observations over the months, it is a huge problem.

I constantly flagged this up, but it wasn't a popular observation in the NHS hierarchy. There were conversations in hushed tones. With the go ahead from my line manager I

undertook unofficial audits of our patients so that I could demonstrate the scale of the problem. I was told that it was not well received and it was certainly not escalated.

If you have any understanding of the structure of our health and social care, it's not difficult to see why and how this situation occurred. There are fewer hospital beds, insufficient staffing, lack of effective PPE, lack of/haphazard testing and even the structure of our hospitals all lend themselves to an unavoidable rise in nosocomial infections. Over the last 20 years, many smaller hospitals have been closed. Beds were incorporated into huge hospital 'villages' which are easier to manage because all facilities exist on one site, often under one roof. This suits many aspects of health care but it is an infection control nightmare, as highly infectious patients are under the same roof as those that are already sick and immunocompromised.

The PPE provided for the average staff member was and is a joke. The big suits, F95s and goggles were reserved for ITU. The rest of us had plastic aprons and blue masks, which is probably why so many healthcare staff have ended up with Covid. In one area of the hospital there was literally a red line taped on the floor – those on one side were in full PPE and those on the other in a paper mask and pinny – to control a virus primarily spread through aerosol.

Vaccination started in earnest in December and I was offered mine in the first 'wave'. I have had numerous vaccinations and boosters as a nurse. I've worked in healthcare long enough to understand the prevalence of iatrogenic harm, but you look at the evidence and conclude that the risks are small enough and the benefits great enough to be worth it. In this case, personally, I had some reservations.

The Covid vaccines have been developed to reduce symptom severity rather than to provide sterilising immunity, and I am relatively young and in good health. Crucially, I have had Covid-19 and have antibodies. I am confused as to why previous infection is not being taken into consideration when assessing individual need for vaccination especially as all available data showed negligible risk of reinfection.

Vaccines do not stop transmission. That's clear to me as a nurse. Why would we introduce a vaccine passport? Why would we mandate vaccinations to access venues or public places or make it a requirement for jobs? Why should I lose my job if I decide not to be vaccinated?

I feel appalled at the idea of a two-tier society.

Informed consent is the bedrock of good clinical practice. You document that consent has been obtained for every procedure. How would you obtain informed consent from someone who you know has had no choice but to be vaccinated else they'll lose their job? How do

you consent a child who has been told that if they don't have the vaccine they wont be able to go to a football match or out for dinner? Plenty of adults have been vaccinated because of the potential risk to their freedoms rather than any potential health benefits. This is ethically wrong and scientifically unsubstantiated.

I have been a nurse all my working life. I care. It's a reflex. But if vaccines are forced on NHS staff, I want no part of it.

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