

# A letter from a frontline nurse at the UK's Royal Bournemouth Hospital

14 April 2020

*The WSWS received the following letter from a frontline nurse at Royal Bournemouth Hospital in response to the statement by Prime Minister Boris Johnson following his discharge from hospital.*

I am a nurse in the Royal Bournemouth Hospital and I currently work in the Red Zone which treats and looks after suspected and confirmed COVID-19 patients.

Wards and units have been separated into two zones amidst the coronavirus outbreak with mainly the West wing of the hospital considered as the Green Zone and East wing with the Red Zone, with some exceptions. In the Red Zone we have a number of wards, an Emergency Department (ED), Acute Medical Unit (AMU), Intensive Treatment Unit (ITU or ICU) those are delivering care to COVID-19 patients.

I was gobsmacked listening to Prime Minister Boris Johnson after a challenging day at work. He was discharged from St. Thomas's Hospital on Sunday but at the same time we saw the deaths of nearly 11,000 people, including 40 NHS workers, because of his government's criminal "herd immunity" policy and lack of preparation to face the pandemic.

He said the "NHS has saved my life, no question" and he continued "We're making progress in this national battle because the British public formed a human shield around this country's greatest national asset—our National Health Service."

The hypocrisy of these statements were beyond belief. He has been a leading member of Tory governments that slashed billions of pounds from the NHS over the last 10 years and accelerated privatization. Over the last 10 years bed capacity was slashed by 30,000 in England. There is a staff shortage of 110,000, with 43,000 nursing vacancies. And the UK is ranked 24th with regard to ICU beds out of 31 EU countries.

As I am writing this, we have 44 coronavirus positive patients with six of them being treated in the ICU. Our nearby hospital, Poole General Hospital, has got 32 positive patients with one third of them treated in the ICU. We sadly heard the news that two of our staff members are being

treated in the ICU here in Bournemouth.

Our lives are at risk because of wrong PPE [personal protective equipment] policies of the government and our [NHS] Trust. Regardless of the fact that we are dealing with a virulent and highly contagious virus, management is not allowing us to wear proper and safe PPEs. When we look after suspected and positive patients of COVID-19 in wards and do assessments in the ED, we are forced to wear a flimsy apron, normal surgical mask, goggles or visor and gloves because of the trust guidelines. Even when patients cough their lungs out we are not allowed to wear effective FFP-3 masks and gowns which cover arms and our uniform.

I remember that when we had *Klebsiella Pneumoniae* patients, under the guidance of the infection control unit, we used to wear gowns, masks and gloves. But the same infection control unit is now asking us to wear just flimsy aprons, gloves and simple surgical masks when we are dealing with a more deadly and contagious virus. I am sure they are following the trust and Public Health England's (PHE) guidelines. But we should be allowed to use our clinical judgement in the light of so many health workers becoming victims of the virus. They should challenge unsafe guidelines of the government and PHE and not impose them on us.

Recently, one of my friends declined to work in a bay with a number of COVID-19 patients because he was not given proper PPE to do the job. He was asked to do his 12-hour shift in that bay with minimal PPE protection. His request was simple and clear. Give me an FFP-3 mask, gowns, gloves and eye protection, I will do the job. The ward sister has threatened him with disciplinary action for refusing to work under unsafe conditions.

The staff changing room is a place which gives us the opportunity to share our experiences in different units and wards after a challenging day at work. Everyone is really concerned about the situation in the UK, Europe and globally. There was consensus that the governments acted very slowly to this pandemic and they were indifferent to the lives of health workers and millions of people.

With regard to the PPE everyone was angry. They were so

infuriated about [Health Secretary] Matt Hancock's remarks about the misuse of PPE. A nurse said angrily "he must not have been informed that his PPE deliveries dispatched at the press briefings have not reached us and they have been lost at sea." A health care assistant joined in, "probably he doesn't know that PPE is already rationed here."

One nurse said, "the people from trust management were having a photo opportunity clapping the staff yesterday in front of the hospital. But they cannot provide us proper PPEs to do the job."

A doctor added scathingly, "they came to lecture us about social distancing when we were having our lunch break near the lake a couple of days ago and now they have put up posters there too."

A health care assistant said, "none of these people are involved in direct patient care with COVID patients. I like it when they are not around. Then we can make use of proper PPE without being nagged to use f\*\*\*ing aprons and surgical masks."

Only my colleagues in the ICU and colleagues doing Aerosol Generating Procedures for COVID-19 positive patients are allowed to wear full protective gear at the moment.

I am a member of the Royal College of Nursing (RCN). I was listening to Dame Donna Kinnair, RCN Chief Executive and General Secretary. She was talking about the large number of nurses across the country contacting her about lack of PPE and the dangers they were facing. Instead of just lame whimpering about the PPE, the RCN hasn't raised a finger to challenge government policy on PPE. What else can you expect from a union which sold out our pay struggle two years ago?

After pressure from members, the RCN was compelled to issue a statement saying that we can refuse to treat patients as a "last resort" if adequate PPE is not provided. Their statement says, "Ultimately, if you have exhausted all other measures to reduce the risk and you have not been given appropriate PPE in line with the UK Infection Prevention and Control guidance, you are entitled to refuse to work."

However, they accept the PHE guidelines which do not provide adequate cover when dealing with COVID-19 patients. For instance, WHO recommends health workers wear a medical mask, gown, gloves and eye protection (goggles or face shield) when providing direct care to COVID-19 patients. But PHE guidelines replace the gown with a flimsy apron, and eye protection can be worn on risk assessment.

Matt Hancock is saying that the government will increase patient testing to 100,000 at the end of this month with thousands of tests allocated to staff. However, his pledge has fallen flat in reality. Currently, less than a fifth of his target

is done.

There are dozens of staff members in isolation with suspected COVID-19 in our hospital but they haven't been tested. The "PPE and staff testing" briefing sheet of the hospital says that "our One Dorset Pathology service is able to run some limited COVID-19 testing from the Molecular Laboratory at RBH. The focus will be on processing samples from symptomatic household contacts of asymptomatic staff at RBCH, Poole and Dorset County Hospital. It also states: "Symptomatic staff will NOT be swabbed, since the result is unlikely to significantly reduce their time off work."

"Asymptomatic staff who are self-isolating for 14 days due to a symptomatic household member WILL qualify to have that symptomatic household member swabbed."

A pharmacist told me that the hospital has refused to do any testing on them saying that "they were not frontline enough." But the pharmacists and their assistants normally go around hospital sorting out medication requirements of patients.

The fate of non-coronavirus patients who used to get admitted with health issues like sepsis, strokes, heart failure, angina and heart attacks is something we constantly talk about at work. There is a marked decrease in admissions due to these conditions. Patients with medical and surgical conditions are suffering and dying at home due to fears of contracting COVID-19 in hospital. Referral pathways of GPs and other health practitioners may have curtailed due to the pandemic crisis.

Around 3.4 million people were on waiting lists for elective surgery before the outbreak—most of these surgeries have been cancelled with serious future consequences for patients. A professional in the cath lab [catheter laboratory] of the hospital said they have cancelled hundreds of routine procedures, including ablations for dangerous heart rhythms, routine pacemaker box changes, devices implants and routine angiograms of the heart. He said this will have a massive impact on their well-being and some patients will end up dying prematurely.



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