



testimony



stories from the
coalface

Four nurses and a midwife share their stories of how COVID-19 has had an impact on them and their patients, and how faith in Jesus has seen them through.

the paediatric nurse on secondment

finished my first week of secondment at a different north

London hospital in the COVID 19 adult ICU. My GOSH, what a week! I'm not going to go into too much of what I've seen and dealt with because quite frankly I don't want to talk about it. Just know this is what we wear, so we can go through those doors at the back. Through those doors is a different world. Our hazmat suits literally leave you dripping wet in sweat. Our masks leave marks all over our faces. Gloves on gloves on gloves! But everything is to protect us.

As much as I hate wearing this PPE, I'm so glad it's saving my life so I can help care for my patients. All the patients coming through that door have COVID 19. A lot of them are quite young, and not all of them have an extensive medical history. All of them are VERY sick. Lots of them don't make it. The mortality is so high. Yet some do - we clapped one patient off to the ward yesterday.

Before we paediatric ITU nurses were redeployed to the adult ICU, the nurses in this unit had up to six ventilated patients each. Six! In comparison today, I had two very sick



ventilated patients, and briefly, four when the other nurse went on break.

I never thought six months into being qualified that I would have volunteered to be seconded. However, I did, and I couldn't be more thankful to be able to help ease the pressure off of my adult nurse colleagues. Adult ICU nurses, you are absolute superheroes for what you have had to deal with the past weeks. Thank you for being so kind and welcoming and for having us as part of your team.

Chelsea Patten is a paediatric ITU nurse currently seconded to an adult ICU treating COVID-19 patients. This article is based on an interview she gave for the *voices from the frontline* podcast at cmf.li/2xB5k7O

the missionary midwife

Although there are only four cases of Covid so far known on our island, they are saying that we need to reduce the risk of transmission. So, we're reducing the number of antenatal checks that we are carrying out. This means that we've had to go through all our lists and prioritise who is about to give birth and getting close to term, who needs to have regular pre-natals,



and who has any other concerns that need following up. Additionally, in any contact with patients, we have to wear full PPE which isn't available. Consequently, we've been seeking out a tailor who might make up washable gowns that we can use. The girls living in the same house as me have been making up face masks for us to wear, which is not ideal. However, as the Department of Health said to me earlier, we just have to improvise and do the best we can with the available equipment.

Amongst the nurses and midwives from elsewhere working alongside me, there's been a mixture of fear and anxiety and mixed emotions. People are concerned about family and elderly relatives at home and not being near them. They are worried about how they're doing and how they're going to cope.

There's quite a big missionary community where we are, so we can come together, and we've got good support. There is also a level of fear, but definitely with a focus on God and trusting in him throughout this time.

One of the things to pray for the Philippines is that the outbreak will continue to be at lower levels. We don't know what's going to happen – it could become bigger, but they can't cope if it does. Pray that we'll continue to be vigilant

and wise in the care that we provide. Pray for continued peace and trust and focus on God; that we'll be able to support each other and love each other so that there'll be less anxiety amongst people, especially those anxious about family back home.'

Beth is a missionary midwife in the Philippines

This article is based on an interview Beth did for CMF's *voices from the frontline* podcast mini-series. You can hear the original and subscribe to the series at cmf.li/3cVNFqI

the ITU nurse

Life is not the same in ITU as of now. Mentally we are all apprehensive. It is a different thing, as you know, to assume that you might get an infection from your patient when they are confirmed positive. Yet, you still go and care for them.

There is a dark side to PPE. When you wear a tight mask around your face, a hat, a face shield, a gown, two pairs of gloves, and something to protect your shoes, it is a totally different thing. You have, as nurses, to stay in that side room or unit for twelve and a half hours. It is really draining physically. You feel hypoxic because you can't really breathe normally – and you are



sweating inside. You can't even go to the loo because your patients are terribly sick. They are on maximum life support so you can't take your eyes off that monitor.

Pray for us, that we have strength and wisdom from above to deal with these situations because it is really challenging.

Yet, I have found help in Scripture in a few places that I would definitely love to share with my other colleagues. I was reading through Matthew 8:1-4. After Jesus preached, it was time for him to act, and he responded in a very beautiful way. When I read that he went down and touched a leper and he healed him and spoke to him a few words, that was really encouraging for me. Jesus was defying the norm, just as we are now doing, by caring for the sick, even though they are infectious. Jesus touched a leper, which was not accepted at that time. We are going in and helping the people in need who others fear to touch. That gave me a beautiful understanding of how we can show Christ through our work. Whatever we are doing as Christians in the healthcare professions, we can reflect him.

I have three night shifts back to back, so I was apprehensive, and a bit scared. But the word of God came to my mind. It's that bit where

Jesus says that you shouldn't be anxious about tomorrow because tomorrow has its own worries in Matthew 6:34. What we must do is be the best that we can be today – to help the needy, help the vulnerable. People are scared and worried, and this is the right time to speak the gospel and point them to the word of God, telling them that there is real salvation there.'

Adi is an ITU nurse working in a total isolation unit for suspected Covid-19 patients

This article is based on an interview Adi did for CMF's *voices from the frontline* podcast mini-series. You can hear the original and subscribe to the series at cmf.li/2KZrm7e

the community nurse

The initial impact of COVID-19 hit my community nursing team when the Hampshire hospitals cleared 50 per cent of their beds in preparation for the crisis. Discharge summaries were understandably rushed and often only read 'community nurses to support'. And with those words, we found ourselves standing in caring solidarity with not only the acute new hospital discharges being added daily to our list, but also with patients for whom the crisis has slow but long-reaching side-effects. The



cancer patients whose palliative chemotherapy is now cancelled; those on transplant lists who have been informed their operations are on hold; leg ulcer patients for whom vascular referrals are currently impossible; practice nurse patients too frightened to go to the surgery.

Alongside this, plans were made for an expected increase in palliative Covid patients wishing to die at home or, depending on how bad the crisis became, who may no longer have access to a hospital bed.

But amongst the often anxious preparations, I have seen beauty in the communities in which I nurse. Families and neighbours offering to take on wound care and insulin injections to free up our nursing time; NHS volunteers delivering pharmacy supplies; food being dropped off outside my house and toilet paper outside my patients' homes.

My team is stretched with sickness and redeployment, but not yet stretched to capacity. Nevertheless, it still feels like the calm before the storm. And although we pray the storm won't hit with the force we once feared, whatever comes, our patients can trust the 'community nurses to support'.

Hannah Knight is a Community Nurse in Southampton



Please note that some of these stories were shared with us in early March, ahead of the peak of infections and deaths in April and subsequent changes in NHS and social care policy.

reflections & preparations

How often have you recently thought 'it isn't meant to be like this'? Many times recently, I've found myself thinking that. Yet recently I've also found much beauty in the way life has been. I've been confronted regularly by the changing season and marvelled at the wonder of creation; hearing the birds sing in London has to be my particular favourite. COVID-19 has also caused



COVID-19 has placed many of us in situations we never thought we would be in

me to reflect on my journey so far as a nurse.

This time five years ago, I was in the middle of my elective in Bolivia, (incidentally found through CMF!). I was in a hospital with so few supplies yet with nurses who had so much knowledge and ingenuity. They strived to do the best for their patients, and their genuine care and compassion for each individual began shaping me as nothing else had done to that point in my training.

I came back with such a confidence that I could be a nurse, and such a humbling sense of gratitude for the provisions that I had in this country. Since then there have been a few times I wanted to throw it all in, not namely those first six months where I just felt that I was not a good enough nurse, that I didn't know enough

to look after my patients.

But as time has gone on, I've learnt that I love what I do even in situations which I never thought I would be in, including The London Bridge terror attacks and the Grenfell Tower fire. I now find that I too can provide genuine care and compassion for the many patients I come in contact with in the Emergency Department.

COVID-19 has placed many of us in situations we never thought we would be in. I found myself part of a team of what at my hospital called 'surge nurses' to assist in ITU. I also completed the full induction training and clinical skills sessions to go and assist at the London Nightingale Hospital, which was to be the biggest ITU in the world. However, this was not to be, as thankfully the Nightingale is no longer needed; but we are prepared should it ever be needed again.

Celebrating Easter in lockdown and the season of spring has reminded me that there is hope, that there is new life. I'm also constantly reminded of the verse in Esther that says '*for such a time as this*' (Esther 4:14). Wherever we are placed, it is certainly where we are meant to be for the time of COVID-19. 🌱

Simone Waitt a Staff Nurse in one of London's Emergency Departments