

Interviewee: Anonymous ER Nurse

Interviewer: Jackson Clements

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Abstract:

My interviewee wanted to remain anonymous, but she is a ER nurse that lives in the La Crosse area and works in a hospital. In this interview we discussed how her life as a nurse has changed and how COVID-19 has affected her in her work as well as outside of work. She will go into the changes she is forced to make in order to conduct her job in a healthy and safe manor, for her and the patients that she sees. She also goes into how her social life has changed and how her work sort of restricts her activities due to the pandemic.

JC: Okay, so I'm conducting this interview on December 9, 2020 and right now looking at the Wisconsin Department of Health, its looking at around 422 thousand confirmed cases as of December 9th and I am her with an ER nurse in the La Crosse area who I believe will have a very insightful interview with because of her exposure to the Corona virus. So with that said I would like to welcome our ER nurse. Thank you so much.

AN: Hey, thank you

JC: We appreciate your time and your testimonial that you will be giving for this archive

AN: Course. Thanks for having me

JC: So, first off, I just have to make sure that you have looked at the consents form. So I will quickly read this out very quickly.

So, thank you for your interest in participating in this important oral history project. This project is organized by the public history program in collaboration with McIntyre Library Special Collections and Archives department at the University of Wisconsin Eau Claire, your participation will help us build a resource for future generations to understand the impact of COVID-19 in the Chippewa Valley and Wisconsin. So can I just get a verbal confirmation that you have looked over the consents forms.

AN: Yep. I've looked them over

JC: So then, without further ado, I would love to conduct this interview. So first off, how are you doing overall?

AN: I'm doing well. Yeah. Um, yeah. Its going well. I mean, you know, in that being a pandemic and all. Its going well.

JC: Right, well that's good to hear that you are doing well and during these trying times. So first question that I have for you is how has worked changed for you since COVID started.

AN: Hmm. Good question. Definitely the level of precaution that's taking place with protective equipment, continually wearing masks or N-95 of facial that minimum when entering a patient's room, even if they're not here for COVID like symptoms. On top of we've had our one of our departments in the ER converted to a negative pressure COVID space. So if we do have someone that we suspect of COVID that is now available. And yeah, just a lot of precautions upstairs to have converted a lot of departments that were once administrative into more COVID space to take the patient. So it's a lot more precautions and a lot more policies, policies in place to protect the staff as well as the patients.

JC: Oh, every day, when you go in is there a certain procedure that you have to follow? Like you know, I know in some places of work where its temperature checks.

AN: Mm hmm.

JC: Do you have to go through that as well?

AN: Yep. I checked my temperature every time I go into work I have to go do an electronic sign off saying that I don't show symptoms of COVID, I haven't been exposed to anyone within six feet without my protective equipment. I have to sign this verbal consent form every time I come in the door, as well as getting new uniforms every day, having to verify that those are clean.

JC: An that is only due to COVID that wasn't any part of the procedure before that

AN: Not at all

JC: So it's been quite a big change for you?

AN: Yep, and I actually carry around now a bag with my protective equipment int it including my face shield, my N-95, some masks, that wasn't what I was used to do before I wear a mask around flu season otherwise didn't do all of that stuff.

JC: Right, so how many cases have there been a fair amount of cases at your hospital?

AN: Oh definitely, definitely it seems to be growing more recently with holidays and you know its getting to be the one year mark for this in the United States. So people are getting antsy or anxious wanting to go out. So we have seen a spike recently, specifically with COVID cases.

JC: Unsettling but yes it is where it is when people go around the nation for Thanksgiving.

AN: Yep.

JC: So has you position changed since COVID?

AN: Huh. Do you mean as a nurse or as a healthcare professional?

JC: Um, I guess as both.

AN: Position changed, not entirely. There's definitely a lot more autonomy in my position now due to COVID. If there's someone that for example, the other day we had a patient who came in who was hypoxic was not getting enough oxygen to his extremities, very short of breath was positive for COVID um I was able to initiate paging respiratory therapy getting cardiac monitoring started before the provider really got the chance to be in the room. So yeah its created a lot of autonomy in the staff professionals because of how aggressive it can be at times and patients.

JC: So in your hospital now is there like a separate department that, you know, so let's just say if someone come into your ER and they're showing signs of COVID, does a different department come down and say, okay we'll take it from here and take them to a different area of the hospital.

AN: No, we actually do. Usually we usually do a full workup on them. So we do cardiac monitor and we do chest x-rays, will maybe even do a CT if its warranted for it to see if there's a cause for the symptoms that they're experiencing if they do come back positive for COVID or are already positive for COVID. Typically, its how well are you managing it. Are you getting enough oxygen, your O2 stats dropping when you move or what have you. If it is intense we will look to hospitalizing them. but there's no set team. Specifically , its really just working out, making sure they're safe if they're safe to go home we discharge them and give them instructions on how to care for themselves. But if we find it unsafe for them to return home. We typically have them stay and then the internal medicine team typically will take over from there and manage their care in the hospital.

JC: So, ever since COVID Have your responsibilities increased or decreased?

AN: Um, I would say no, not really. It's a no, I wouldn't say that it's definitely I would say knowledge base has grown since then, especially when it comes to respiratory infection and distress. Before we didn't really see a lot of those kinds of cases, unless it's patients with chronic issues like COPD. We see it in those that kind of crowd, but to see it in 30 year olds in 40 year old seeing this drop in saturation where they're not able to actually breathe on their own. It's new knowledge base in that sense.

JC: So now that you just brought up age, so what would you say the average age and I'm sure you don't have the statistics right in front of you but just from what you've seen what would you say the average age for people with cases coming?

AN: Gosh, it's, it's kind of all over the map. I've seen as young as 30 get hospitalized due to COVID and I've seen as old as 105 the average that I've seen I would say is around the 50 to 60 mark. But due to the holidays and the Halloween and Thanksgiving I have seen recently seen it spikes into the 30 year old 40 year old range.

JC: And you would say that's just because of all the traveling that's been going

AN: That's my estimation, but I'm not for sure on that. But from what I'm seeing and from what I'm hearing also with people going downtown.

JC: Gotcha. So with work have your hours increased or decreased due to this virus or are they keeping it about the same for you.

AN: Um, we're definitely pushing our resources to their limit, especially with the spike recently this fall and into the winter. So we're pretty short. We have I think from what I hear, I have seen least six staff members of in the ER alone that are out due to COVID so we're picking up as much as we can. But, you know, everyone has their limits mentally as well as physically with picking up so we do our best to bend a little short lately, especially with all of that going on.

JC: But when you say that your six employees are out in that they have COVID or are you saying that they are showing symptoms and they are playing it safe.

AN: They have tested positive for COVID obviously they exposure and that with extensive PPE wearing. Also, its just part of the job.

JC: Mm hmm. Well, I wish I would have said this earlier, but thank you for being in the ER for us because, you know, even without COVID your people are amazing. I should know because I've made a few visits myself. But thank you for doing what you do. I forgot to thank you.

So um, but anyway. Moving on to what we were just discussing. So whats the timeframe for your employees when they test positive is that the two weeks that everyone's been hearing or do you guys kind of have a okay if you don't have any symptoms in a certain amount of days, you can come back and get tested?

AN: Yeah, so we typically do the two week protocol that we tell the general public. What we do is if they are asymptomatic then they have to asymptomatic for, like, I think its 24 to 48 hours and then we have to get in contact with employee health to verify that its okay to go back to work through them. We then determine if we can come back or not, or if they want us to wait a little bit longer.

JC: So you do have to jump through a couple hoops in order, just to come back to work, even though they're already so short staff.

AN: Yes, and that's just a safety protocol for the other staff members, especially in as well as the patients that we see, we don't want to contribute to already a big problem.

JC: Right. So moving on, how has the atmosphere at work changed? Has it been a night and day difference from when you started working at the hospital to what you are now?

AN: Gosh, professionally, not really. Everyone's been kind of taking it as it comes. I mean, every once in a while we have a tough case and we are in a tough situation and, you know, we are there for each other. But overall the atmosphere hasn't changed. I have found, however, with new employees being hired into the department. When I see when I look for their faces for our internal computer I don't recognize them if I have to cover, usually have to cover half of their face to kind of figure out who I'm talking to or who I'm looking for.

JC: Nice. Gotta do that to recognize I know I'm gonna have to face

AN: I'm gonna have to relearn everyone's faces and this is all done.

JC: So speaking of new employees. Have you seen kind of a rise in new employees? Just because of so many nurses either getting COVID and now are out for two weeks. So the overall question is have you seen a spike in employments.

AN: Um, overall at the facility. I am not sure on that, but for my department I would say. Not even related to people being out but just changes in life that are happening. Some I have heard people leave due to burn out. Which has been growing issue during this pandemic for health care providers as well as just changes in life situations, get married, has a baby, what have you. The normal stuff.

JC: Have you been close to or have you reached that burnout yet?

AN: It come and goes. Its like, it kind of comes and goes. It depends on the day, depends on the cases. I would say yeah recently have had that. But I've been able to kind of step away find things that, you know, kind of recharge my battery and then I go back into work the next day.

JC: So I think this is going to be the last question that I have for your work unless another one comes up. But what's the most difficult adjustment you've made at work?

AN: Jokingly remembering to bring my face shield into the rooms, because it still hasn't become a part of my person yet, but I think honestly it's the, its just like the toll that it takes after a while because you see how hard it is for family members to go through or see their family member experience COVID and not be able to be there because they have to distance themselves. Just the emotional toll in that sense where you have to be there to kind of encourage mom to be in the room for their child who's tested positive and not doing well or dad has to stay in the car and get updates from mom. That kind of loss of connection with the patient has been especially hard for me.

JC: So would you say you're spending more or less time in the room with the patient?

AN: Um, I would say less time because I mean, you get the cares done you get them stabilized and then you have to move on to the next patient or some, you know, something else happens or you get a admission or someone needs assistance in a patients room that's not doing well. I find myself kind of being in there a little less and less.

JC: Do you miss that time with patients?

AN: Oh yead. its nice to be able to connect with them and you know establish that rapport, as well as just, you know being a human. Its human-to-human care, its not a, you know, nurse to patient. This way I think of it human to human thing.

JC: Well that's all my questions that I have for work so I think now to more of you social life. Now with COVID, so how has you social life changed very much with COVID going on?

AN: Oh yeah, I'm a big summer person. I love going to concerts and festivals and being outside as much as possible and since COVID. A lot of that stuff is sad they get canceled and I haven't really had the energy to go outside to you know go and bike or do all that kind of stuff because I just kind of don't have the energy for it I suppose.

JC: So for you its really just been work and go home cycle repeat.

AN: Exactly and even with tings opening up like some gyms are starting to open up unless I know for sure that I haven't been in a room and there's no possible risk with me exposure potentially exposing someone I don't go to gyms I limit, who I see and interact with because I don't want to contribute again to a growing issue.

JC: Right. So with that said, does your work and maybe not order or tell you to, but do they advise you and give you kind of a set rules, saying you really shouldn't be doing this, you really shouldn't be doing that working in the healthcare field.

AN: I mean, you know, they tell you to do things with caution, they definitely have policies in place about travel especially out of state. Otherwise, the kind of, you know, they look at you, you're an adult, you can make decisions. I've have coworkers that have gone downtown months ago but not anymore because of the numbers. But yeah, just honestly its not a lot of people do because they want to keep the public safe, as well as the staff safe. So really...

JC: So with people wanting to travel. Like, lets just say outside either of Wisconsin or in the nation. Um there's hurdles that you have to jump through just to get authorization, or is it more you can go but when you come back you're going to be tested, quarantine and so forth?

AN: Its strongly from what I hear strongly discouraged if not a violation. I don't know for sure the policy on it but from what I hear its an extensive slap on the wrist if you do travel.

JC: Even if you were to say, hey you know give them a two week notice saying hey I was going to go down to Alabama or wherever. Hmm hey I was planning on doing this and they would even still give you a slap on the wrist for that?

AN: I mean if it was a recreational visit, yes but I feel like if it was out of necessity for home going to see a family member or I need to go do this. They seem a little more lenient but again I haven't experienced it firsthand and haven't heard. I've heard very little on the policy itself. I've been just kind of staying home.

JC: Gotcha. So what do you do outside of work for fun?

AN: Hmm. Got back into running. Its been two years since I've run for fun to get back into that. I picked up photography so I'm taking some online classes for that. Um, I don't know, just kind of doing some odds and end things that I'm like you know what I should have been was saying, I wanted to do this. Lets do it, learning a new part of a new language or, you know, those kinds of things have been putting off for so long.

JC: So with photography, do you do more of like natural photographs or more, whats kind of your genre for photographs.

AN: Yeah, I've been doing some nature photos but friends of mine who are getting married and dong these micro weddings, you know, following the safety protocols with face shield, face masks and social distancing I've done, I've done engagement photos.

JC: Oh cool.

AN: Yeah it's a nice change of pace.

JC: So along with photography do you also do editing with that as well, or is just you kind of taking pictures then

AN: I'm working on editing, that's the new hurdle. In my photography experience

JC: Working out the kinks

AN: Yep. figuring stuff out

JC: So um, has anything good come out of COVID? Would you say? And that could be work wise could be anything

AN: Hmm, I see people on the social media platforms appreciating their families more. I find that to be very reassuring and very awesome as well as people posting pictures of their dogs and cats. I really do appreciate that also. Um you know I think I don't know if I think people are starting to get off their phones and off of technology and actually talk to the person in front of them. Its kind of in that sense, very reassuring and very nice to see.

JC: What about you. Have you kind of gained anything out of COVID and I know you were just talking about other people getting close to their families and talking to people more of you personally and kind of gained anything from this

AN: Huh, that's a very good question. I'd say yeah I gotten a chance to connect with my family more which has been really awesome. Um, and I think that's a really good question other than yeah connecting with family that's kind of the big thing that I've, I feel like I've gained from it other than work knowledge.

JC: Then also photography

AN: Yeah, yeah. New hobbies and things that I've put aside for a while, that's also been a benefit my dog definitely appreciates the multiple blocks.

JC: You have a dog.

AN: I do. She keeps me sane. Or insane, she's a black lab, she's 2, she thinks she's a lap dog so anytime you sit down she's on your lap.

JC: What's your dogs name?

AN: Her name is Kota. She is a little stinker, who is ell she's not little she's like 70 pounds but she thinks she's little, a handful she is. We've discovered the Christmas tree this year and we don't like it apparently she thinks the tree bites back or something because she's afraid of the tree.

JC: Avoided at all costs.

AN: Oh yes, gives it a full like three foot diameter, which in a way she's doing her own social distancing its very cute.

JC: Oh, that's good. So do you and Kota go out on walks a lot, go to the park a lot, go to new places a lot.

AN: Oh yeah, that poor thing has been run around probably all through La Crosse by now, we've gone to Pettibone, we go to I've driven or out over to St. Cloud or St. Charles not St. Cloud St. Charles and taking her on hikes their dogs that continually now.

JC: You get out?

AN: A lot. Try to its beautiful. This area's beautiful. Thing is too, so I see a lot more people enjoying the outdoors or buying bikes from what I hear. Also, fun fact the coulee humane society has been low on their numbers for dogs or cats coming in because of people adopting

JC: Well that's good. Cool, good to hear that you have a nice little someone to come home to. Now with Kota, would you say that she has improved your mental health, a little bit. Just because so many people nowadays. I'm guessing have been struggling with you know different types of mental health issues. Whether it be depression, anxiety, so have you been dealing with those and has Kota kind of been an outlet for you to just kind of escape from it, I guess.

AN: Well, I guess what no one expected to come out of a pandemic was the mental health, taking a dive or taking a hit as it has that is definitely something that's been an issue since the start of this. As for me specifically yeah, she's been my saving grace. There's days where I've come from we're on the verge of tears due to difficult case or difficult patient situation and seeing that wagging tail coming up down the hall it changes the mood around. Yeah, she is in my way I say in the way of saving grace and just how awesome she is. She's very receptive on that kind of stuff to she feels something off, she's right in there, giving you face kisses which is the best

JC: That's good to hear that both of you seem really feeding off of each other. Help each other through this. So um, for going to work, she's home alone, so whenever you walk in the door you're her saving grace as well, would you say?

AN: I'd hope so. I think I'd like to think she says good things about me

JC: When she goes to the dog park?

AN: Yeah, she just talks crazy talk, now I'd like to think so we're fond of each other. I would hope at this point. If not, I give her enough treats to keep her here. No she's, she's awesome. She's great at home by herself. With the hours if my hours do get long I have family, friends, that are close that could drop by and walk her or take her outside. So she's well loved, even if I'm not there or at work. Yeah, I think I'd like to think she likes me

JC: If only they could talk

AN: I know I'd pay 1000 to here for an hour what she's thinking, oh gosh

JC: Um lets see, So I kind of, I would like to kind of go back to your work because a couple questions have popped up. So you said that they're calling you in. Do they ever call you in for positions not in the ER? Because lets just say they're full they're good to go in the ER, but another department is short and they would like you to come in for another department?

AN: Yeah, we do have system wide updates on availability or need in the hospital and I used to be a floor nurse. I get those updates as well even being in the ER. So there's time where they have called or asked, but just for my comfort I have not picked up at the hospital setting, inpatient setting.

JC: So outside of the hospital, are you doing anything else to have a little bit of income. So you know some, I'm not sure how your scheduling works for the ER but are there where its like you have nothing to do, and it'd be nice to either work or I mean obviously you have your free time and for you was very special to you as you know work so hard in the hospital but are there any other areas that you're kind of working with to maybe stay a little more busy?

AN: Yeah, um other than picking up in the ER as much as I can, I work a secondary on call position at a nursing home and rehab facility. When I have days that are where they're full in the ER. They don't need me there, or there's nothing in the hospital really, ill pick up at this other

facility and I'm able to help in that way with short staffing there. I do it as needed, or you know when its needed. Not a full time like I am at the hospital or at the ER.

JC: Would you say there's a significant difference between the two in terms of precautions and just protocols for both settings?

AN: Yeah, um, its very similar, very similar. Precautions are taking place as the equipment is definitely more limited in the nursing home setting compared to you know what it is at a tier two hospital ER, but we manage we follow the protocols, we provide this distancing that is needed, but also providing patient care for our resident care for the nursing home

JC: That's good to hear that they're fairly similar, especially since nursing homes are you know seem to be the places where there can be a lot of severe cases, very quickly just because of how vulnerable our elderly can be.

AN: Yeah, and we do a part of our daily or even shift assessments is to keep an eye on vitals, keep and eye on temperature, if there's any respiratory signs or symptoms, sore throat, we're continually assessing. Just with it like you said how vulnerable the population is

JC: I am kind of running out of questions I've asked questions that I've written down and I'm trying to think of more because I want to try to get as much out of you since your role is so vital and what we're trying to do here. So I guess in the ER, are there kind of like peaks and valleys for you in terms of business where its like okay, if its nine o'clock on a Tuesday, you know, its going to be super busy.

AN: I mean, we're starting to get back to our normal where Mondays are, they're busy like anything else as to can we predict it, not really. We just know that usually the beginning of the week, its busy with you know football games or weekend plans that people kind of push things off, but for you know nothing comes up until the start of the week, or what have you, that kind of stuff. Really, but otherwise nothing to crazy as waxes and wanes go.

JC: I guess as a hospital. Are cases being brought into you from some of the surrounding town and cities where they might not have the capabilities to take care of patients that are experiencing COVID symptoms?

AN: Oh yeah, we've definitely had transfers from other hospitals or even different states we cover a tri state area via ambulance and even more so with helicopter, if that is needed. We get quite a few cases in various places due to COVID or just in general

JC: Okay, so its so you can see anyone from anywhere really it just depends on where they're situated, and if they can handle it or not

AN: Exactly

JC: So um, in the ER I guess have you tried to trying to find the wording for this have you noticed I guess increase cases due trying to put words together and I can't do it right now. Have you just seen increased cases of COVID where it turns out not to be COVID or something else like just the flu or especially since flu season is coming up. Have you seen kind of where you're worried about it COVID and then you do the test and find out its just the flu?

AN: Oh yes, yeah, we've definitely had that where it was a viral infection, but it wasn't COVID it being the flu, like you said. We've had strep throat come in that thought it was COVID. I

mean, there's I mean the thing is with COVID there's so many symptoms to manage or to keep an eye out for that. Really, anything that you come in with we get you tested to make sure that that's not what's causing the issue.

JC: So in your experience, is there one symptom that you've seen a lot, not an immediate indicator, but it's like okay hey they have this symptom we need to immediately check to see if they have COVID?

AN: I mean there's I've gotten to the point now where I can walk into a room and I'm like oh COVID. Kind of looking at them because you can just tell like its, I mean there's multiple things that person presents with body aches, chills, fever, fatigue, shortness of breath, the chest pain, coughing, there's so many things, but now its gotten to the point where most of us I the ER can walk into a room look at the patient and be like pretty darn sure that's COVID

JC: So what's kind of the first symptom that you walk into the room and you see one of the main symptoms? What's the first symptom that you notice?

AN: I mean for me personally, it's the shortness of breath and cough um, but the big one that did the general public knows of and facility wide usually is the common is the body aches or fatigue you honestly you just see it in the eyes, kind of deal where they're just so tired

JC: What about the loss of taste and smell. Do you guys have like a test for that where its kind of you know, I really don't know where to go with that, I guess do you have a test for taste and smell because I have heard just from people at my school and friends and family that the loss of taste and smell is just so significant and its like you notice it right away when you can bite something or cant smell anything so for that?

AN: Not really at that point if you have symptoms like that. We just have a COVID test, I had a patient who came in months ago when this first kind of started. He's only symptom was loss of taste. We COVID tested him and he was positive . Like it affects each person differently when it comes to those kinds of things. Its reassuring patients educating them kind of manage it at home and then I mean its very rare that it doesn't come back but it generally does come back.

JC: So I get some, like you said, the cough and the shortness of breath are your two main ones that you see right away and then your underlying one where it's loss of taste and smell are kind of.

AN: Typically the ER setting that's definitely the first thing I noticed when it comes to more urgent care type case it's the body or the general fatigue like again like you just look at them, you're like you are tired, your body is going to work hard.

JC: Gotcha, well I think I am out of questions so thank you so much for allowing me to do this interview. Thank you this will go up into our archive this will be a very influential piece as you are a valued person in the ER and just valuable person in general for doing your job.

AN: Thank you

JC: I want to express my thanks and thanks from everyone at my school because we appreciated what you're doing and thank you for keeping us as healthy as you can.

AN: Thank you I appreciate it.

JC: Alrighty, and you have a wonderful day thanks again.

AN: You too. All right.