COVID-19: Self-isolating from a trainee’s perspective

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When the phone call came through that a patient had tested positive for COVID-19 there were a few moments of disbelief. We all stood static waiting for the infectious disease and microbiology teams to arrive and guide us through the next steps. The following six hours were a surreal blur of meeting and conference calls involving senior managers, executives and Public Health England. There were numerous people to consider; the COVID-19 positive patient and their journey through the hospital, current patients, discharged patients and visitors. The focus then turned to staff. There are multiple professions exposed by contact with a single case; doctors, nurses, HCAs, pharmacists, physiotherapists, radiographers, porters, cleaners, receptionists, this list goes on. Driving home late that night, it hadn’t sunk in yet that this would be the last drive for the next two weeks.

Those of us who were not at work when the result came through found out about their isolation by a late-night phone call from a consultant or manager. Your first thoughts when receiving such a call include ‘what have I done wrong?’ or ‘do they need urgent cover?’. A very unsettled night followed, waiting until the morning to contact loved ones and obtain more information. Immediate concerns included telling loved ones without causing them to panic and the real possibility of us developing the infection.

During the first 24 hours after the positive result, the criteria for who should self-isolate were frequently adjusted including the degree of contact, distance from and duration of time spent with the patient. There were many other concerns including if there was any risk to contacts of contacts. Since then, more implications and practicalities of self-isolation have gradually come to light.

Staffing
The immediate issue was covering the night shift with staff who didn’t need to commence self-isolation. Subsequently, the medical and nursing rota were re-written for the next two weeks. Additionally, we had to cancel other duties, for example providing medical cover at an event, which resulted in difficulties finding a replacement due to the short notice.

Training
At the beginning of the isolation period we were not clear what form of absence this was and what we needed to do about it. We have received conflicting information from various sources. We now believe that this isolation period will be registered as sick leave. We may need to get sick notes from our own GPs, although we are working with occupational health to find a better solution in this circumstance. Being in different stages of training has different implications. Being employed by a Lead Employer rather than the Trust adds another layer of complexity for some of us. It is possible that regional teaching and national conferences will be cancelled in the coming weeks, which could lead to further training and progression implications in addition to the time out due to self-isolation. Many of these aspects it would appear have not been encountered in training posts on such a potentially grand scale before. Therefore, policies seem to be changing on a daily basis.

Public Health England (PHE)
Our initial impression was that all staff members who had close contact with a positive patient would be contacted by PHE to assess their risk and provide advice regarding the need for self-isolation. However, it became clear relatively quickly that this was not going to be the case. Instead, it seems to have been delegated to the Trust who risk assess their staff based on information from PHE. It was on day three of self-isolation that some of us received our first contact from PHE in the form of a text message at 9.30pm. It required a text response within an hour to confirm. Despite replying, we got a repeat of the same
message one hour later. The next day we got three more repeats before finally getting a different message asking us whether we had any symptoms. Since then we have had a daily text message enquiring about key symptoms. Some isolated people have joined the texting system in subsequent days but some of the cohort is still yet to have any contact from PHE.

If we do develop symptoms we are advised to ring 111. Clearly 111 is under huge strain, as is PHE, and consequently some people have been on hold for an hour or longer before getting through. Once they get through, they are usually advised that a clinician will ring them back. This is also the procedure if you reply to the PHE text stating that you have symptoms. In some cases this call back has been over 24 hours later. The clinician then decides whether you need testing, which is organised at your local pod.

**Communication**

We cannot imagine how we would have coped without the use of messaging groups and social media during these two weeks. It enables quick, clear communication between cohorts and is also a source of entertainment and a morale boost. There is a definite sense of camaraderie in the groups during this unique unfamiliar experience. The number of messages sent each day is incredible. In our messaging group with 9 self-isolating participants there have been over 2500 messages sent in five and a half days. Consequently, our screen time has significantly increased and now just feels normal. Video calls have also become routine, including conversations with multiple participants concurrently. Did you know that different platforms have different limits for the number of participants in one conversation? In some cases, a schedule was needed to accommodate multiple different calls.

![Screen Time Chart]

**Self-isolation commenced at 11pm on Tuesday**

**Home Environment**

The practical implications of self-isolation vary depending on your living circumstances. If you live alone then it is easier as you have your whole home to move around in. If you live with family or friends then you tend to stick to one room, apart from when the rest of the household leave or isolate themselves in another room, when you can visit the kitchen or bathroom. Clearly this is very difficult to understand and upsetting for children whose parents are self-isolating. Having your own bathroom is a luxury in these circumstances. It is fortunate if you live in a flat with a balcony as you can access some outside space. If you do not, then the only source of fresh air is opening the windows.

**Deliveries**

With Internet shopping, family and friends it is in theory relatively easy to maintain supplies. However, with some supermarkets now providing bagless deliveries this results in all items being left loose outside your front door. Further, it is difficult to get age-restricted items delivered, for example medicines or alcohol, as the driver needs to see the recipient and their ID. In addition, with panic buying currently gripping the nation, certain items are sold out and more difficult to obtain. Being medics, several of us have also had thermometers and pulse oximeters delivered for our own piece of mind and monitoring.
Due to the massive amount of media surrounding the current pandemic some delivery drivers are understandably anxious. They can make it very clear they don’t want you to go anywhere near them, even when you had no intention to, which is a very strange experience leaving you feeling even more isolated. Others, conversely, cannot understand why you can’t open the door!

Exercise
Being confined to a relatively small space significantly affects your daily physical activity. Some of us were lucky enough to have exercise equipment already in our homes, for example an exercise bike, and some have had it delivered, for example weights. The Internet has enabled us to try new exercise regimes and formats that we may not have tried before, e.g. Pilates. After a few days, you can certainly feel the need to complete some form of workout due to developing stiff aching muscles, even if you do not normally perform regular exercise.

Mental health and wellbeing
Whether it be watching a birthday or a funeral on a video call, or cancelling a holiday, the impact of self-isolation is significant. It can become frustrating when isolated in a confined space and loved ones will often take the brunt of this. Further, they are also worried about us developing the infection. Anyone with pre-existing mental health problems is at risk of deteriorating quickly due to the isolation and boredom. We have received excellent practical and emotional support from our department and colleagues that has had a significant positive impact. The regular texts, calls and thoughtful deliveries from friends and family are heart-warming and very much appreciated. This experience has prompted much reflection and appreciation for other people having to self-isolate abroad or on a ship, and for our patients who can spend weeks isolated in a side room.

General impact
It may be a common perception that self-isolating is a great opportunity to get lots of jobs done around the house. This may be the case in some respects but it initially takes time to accept the situation you find yourself in. Then, you need to cancel all plans and appointments, and complete relevant documentation and communications in relation to your job. Subsequently, you find that your day is pretty much dominated by COVID-19. Even if you try to watch something completely unrelated on the television it is often mentioned, for example during the Commonwealth Service or a sports match. Streaming services are certainly useful, as are older forms of entertainment e.g. jigsaws and books. Most activities require some pre-planning, for example cooking a new recipe requires a food delivery and decorating requires another delivery. Life takes a slower pace.

To conclude, our top tips for isolation:
1. Plan a daily routine with a variety of activities and stick to it (avoid the tempting midday nap!)
2. Create messaging groups with other self-isolators
3. Exercise regularly
4. Plan your deliveries so that you have a selection of food, drink and activities (time slots are at a premium)
5. Prioritise your own mental health and wellbeing; consider mindfulness apps and yoga. Mental health charities have good advice on their websites.
6. Use your time productively:
   - Write a list of things you want to achieve over the two weeks
   - Update your portfolio, finish writing your manuscript, read the most recent journal articles, complete accredited online CPD and upload the certificates, revise if you have a future exam
   - Do the household chores, sort out your bills and emails
   - Try an indoor hobby you’ve been thinking about doing for a while but never had the time to do
   - Use it as an opportunity to catch up with old friends
7. When people offer to send a package, please ask if they can kindly ensure it does not require a signature on delivery!
8. If caring friends or family send board games, please ask them to consider the number of players the game requires!