

# 1.0 INTRODUCTION

In March 2020 the Health & Social care system (HSC) faced one of its greatest challenges as COVID-19 Pandemic took hold in Northern Ireland. As the nation moved into lockdown, teams in HSC system were challenged to adapt current practices to ensure patients, clients, relatives, carers and colleagues were kept safe. Within the Public Health Agency a regional group known as the Infection Prevention and Control (IPC) Cell was formed with representation from across all areas of HSC system (Appendix 1). The Regional IPC Cell has been established to oversee the co-ordination of infection prevention and control across the HSC systems, Primary Care, including services provided by community, voluntary and independent sectors care providers. One of the greatest changes to practice was the implementation of new policy on Personal Protective Equipment (PPE), with many staff embracing these practices for the first time. In advance of further waves of the pandemic the IPC cell recognised the importance of the staff experience and engaged with 10,000 More Voice Initiative to support learning and identification of key messages.

The 10,000 More Voices Initiative has been commissioned and funded by the Health and Social Care Board (HSCB) and the Public Health Agency (PHA) to provide a person centred approach to improving and influencing experience of health and social care services. This initiative supports exploration of people's experience through analysis of their stories- identifying key elements of positive experiences and understanding what needs to be improved through Sensemaker® Analysis. The following report outlines the analysis of stories shared by staff regarding the wearing of PPE during the first wave of the COVID-19 pandemic.

## 2.0 PROJECT OUTLINE

### 2.1 Aim

To explore the lived experience of HSC staff within acute and community settings/sectors, inclusive of services in the independent sector.

### 2.2 Objectives

1. Develop a system to enable feedback from end users around the quality of PPE across all HSC and Independent Sector.
2. To explore the narrative of staff in relation to wearing PPE, inclusive of the journey from March 2020.
3. To analyse core concepts of training, information sharing, confidence and support.
4. Present key areas of learning and reflection to better inform protocols in relation to PPE going forward.

### 2.3 Audience

The project was open to all staff working on the front line across each HSC trust and independent sector.

**“.... Initially it was hard to get standard masks, but now the supply is very efficient, for the supply of masks, gloves, hand sanitiser and disinfectant wipes. Within the trust we are required to wear masks when entering and leaving the building and when leaving our offices walking along a corridor etc. We are not required to wear them in our own offices...”**

**“...Initially the big question was, where is all the PPE? Understandably the limited supply went to hospitals but what about community staff, had we been forgotten about? At last the PPE arrived!...”**

**“...In my current role, which is in a Health Centre setting - face-to-face contact with clients ceased at the start of lockdown. Only in recent weeks, following the directive from Government that PPE should now be worn in work settings has this now been implemented ... the wearing of PPE is something which quickly becomes normal and provides reassurance of more security when encountering other staff colleagues and patients entering the same Health Centre facility (who are attending other appointments). A good supply of PPE has been received by my Department for when face-to-face contact resumes again with client...”**

Despite the positive messaging that current PPE is available and within guidelines It is important to note that only 52% (n=382) of responses were confident that the PPE protected them. The elements evident in the narrative are concerns raised about the effectiveness of Fit Testing, the use of PPE past the expiry date and a change in the quality of the PPE provided. Also highlighted in the stories is a lack of process to escalate concerns regarding the quality of the PPE provided in the first wave.

**“...the wearing of PPE is very important however I do wish the quality was better. Plastic gowns which make you sweat more, gloves which rip quite easily and fluid resistant masks which slip down your face do not make for a pleasant experience. Imagine also having to wear a FFP3 mask which has 2 different expiry dates on them, some of which have an expiry date of 2014, not very reassuring...”**

**“...The mask we were being given were of very poor quality, straps breaking, leaving us very vulnerable as they didn't give us a tight fit around our face. The number of staff who suffered real anxiety re their own safety was huge!!...”**

**“.... Face masks do not always adequately fit staff members, and some were passed on FFP3 masks with a 40% pass rate during the fit test, which was unacceptable...”**

**“.... You also did not feel protected as the gowns did not always close properly at the back and were so thin they tore easily. There were no long gloves and people had to tafe gloves to their gown to stop them rolling down. My gloves rolled up and apron pulled up on several occasions exposing my skin when working with COVID patients in ICU...”**

**“... it took weeks of form filling to convince people above us that PPE wasn't good enough... this was time we didn't have and we were left feeling that our opinion didn't count and that it was accepted by infection control... for weeks no one listened...”**

**“...The fact that it took a month of complaints sheets about the ill-fitting ear loop masks to have loop holders provided...”**

**“...It is awful and there are not enough masks to use them in the recommended way and we have been forced to reuse single use items... The whole experience has been mismanaged and chaotic...”**

**“.... Initially, it felt like PPE was being stockpiled - we were told to wipe & reuse visors for time which didn't sit well with my colleagues. There has been variations in quality of PPE - aprons have become thinner & at one stage we were using aprons that weren't tie-able... so difficult to get out of...we ended up stepping out of them...felt a bit like wearing a bin bag...”**