

CLASS



WAR

DAILY

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FIGHTING FOR LIFE

A first-hand account from a paramedic on the front line: staff without protection and NHS management unprepared for the pandemic



HAVING WORKED IN THE NHS on the front line as a medic for fast approaching 20 years, I've been exposed to all sorts of pressures, but nothing quite like what we're experience now.

In normal circumstances we barely tread water, with low morale, underfunding, poor staffing levels and high workloads. So when the Covid-19 virus hit, needless to say we were unprepared.

Over 80 per cent of the London Ambulance Service NHS trust have less than two years' experience and many are very young, fresh from university and quite often have just left home. A culture of bullying from management mixed with harsh working environments and poor staff welfare means the working life of a paramedic is about five years, leaving a broken young person quite often with mental health disorders and £30,000 of student debt. Paramedics have never had any sort of financial support to qualify to do a job that at the start pays less than a bus driver.

Currently in London we have over a third of our front-line staff off sick. Testing kits have only started being distributed this

week, leaving staff at home worried about health and potentially spreading infections to the people they live with. They want to come to work and support their community but are unsure of their Covid-19 status. But our trust isn't about just about front-line paramedics: we currently have no mechanics and are relying on the AA to service and repair our vehicles. The call-takers and dispatchers, just like the front-line staff, don't have the luxury of keeping two metres apart, having to work in close proximity with colleagues, so are sick of management asking retired (and therefore high-risk) staff to come back to work. Not to mention the huge amount of non-patient-facing staff we rely on to make an ambulance service work. During the norovirus outbreak, staff were sitting at their desks vomiting into buckets while they worked, frightened to go off sick.

When we were first exposed to Covid-19, our vehicles were taken for a deep clean after each possible Covid-19 patient, and we were wearing masks and gowns (PPE) that had to be tested to fit correctly. But that's all changed since. No more deep cleaning – a wipe-down between patients is enough now, and I failed my mask-testing session as we only had large sizes left. This means that technically I can't go to

confirmed cases of Covid-19. But patients aren't tested until they're in hospital, so you can see where this leaves me. We go to work wearing a one-size-fits-all surgical mask and an apron that blows up into your face. This equipment was previously used for cleaning the vehicles – we joke that people making sandwiches get better protection. We should be tested for masks every three years and carry them as part of our kit PPE, but I've never been tested. Meanwhile the call volume is so high that our rest breaks have been suspended, meaning we don't always eat, leaving us more physically vulnerable to the virus. Most shifts are 12 hours plus.

The advanced PPE, which includes a white boiler suit, FFP3 mask and goggles, is reserved only for confirmed cases of coronavirus – but remember, there's no testing in the community, you get tested up on the ward and in situations where paramedics have to perform invasive procedures such as full CPR. Chest compressions – during which breath is forced from a patient's body – alone are not considered invasive enough to warrant advanced PPE, according to the the guidance from our management.

The World Health Organisation [WHO] says paramedics should wear a full gown which covers their arms and below their knees when helping patients who might

have the virus into an ambulance and taking them to hospital. Quite right too – we are so vulnerable, with one London paramedic recently put on a ventilator and others critically ill. The majority of patients we treat are coughing and have all the symptoms of Covid-19 but are not confirmed cases as they haven't been tested so are not counted on the government figures. And now we are turning up at the homes of patients who have self-isolated, only to find they have been dead for days. These patients then have to be wrapped up in plastic, with a bag over their head and sealed up ready for the undertaker to collect. It's horrendous for relatives to see. We are also seeing an increase in suicide within the community, as the fear and isolation is exacerbating existing conditions.

The unions are moderate and have signed us off to work in these conditions; I just don't know what to say about that. I feel they haven't fought for staff at all.

And there's the impact on the community: patients are waiting for hours for treatment at home with ambulances taking in my experience up to 16 hours to arrive.

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Nearly everyone I see has Covid symptoms and we're wondering what the hell is happening to all the rest of our patients: the elderly fallers, the strokes and heart attacks, the sick children. A+E is quite often empty as patients are too frightened to go. The patients we do take have to travel alone unless they are children or vulnerable in which case they can be accompanied by their carer. So without patients die in hospital without their family nearby. When I'm taking vulnerable patients in and the family is waving them off, I feel that's probably the last time they will see their relative.

I don't think the community
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> is completely aware of how bad this virus is, going by how full the parks are on sunny weekends. We must self-isolate, because that is evidenced-based protection, not because the government says so. At the same time, you can't blame people for going out. The majority of my patients are the poorest people, the most disadvantaged. It's not uncommon to see a family in temporary housing confined to one room, a single mother and several young children in bunk beds. They won't have the luxury of other rooms or a garden. I feel the advice comes from privileged people with large houses and big gardens.

The support from the public is overwhelming. We are really proud to support our communities, but it does all get a bit much. Big companies like Costa have delivered drinks to the ambulance stations and people have bought food – very nice, but we are doing the job we are trained to do. It's a vocational role and you wouldn't

do it just because you “fancy” doing it. We are all working overtime to cover unmanned shifts so, ironically, we are all earning a half-decent living at the moment when others are not. So we would rather these gifts went to the homeless, who are no longer getting any support from passersby, and to zero-hours workers.

Our hearts go out to our working-class colleagues who are keeping everything going. The bus drivers and transport staff, the shop workers, the bin men – the list is endless, the unsung heroes who get no PPE who are getting Covid-19 and in some cases not surviving. They are the backbone of our society; I hope at the end of this their position will be reevaluated. The first episode of clapping for the NHS coincided with me telling a family that our resuscitation attempt on their relative was futile; it was a very uncomfortable situation. I also wondered how many clappers had voted for this government that not so long ago had

cheered at blocking a pay rise for NHS staff. We continue to get a one per cent annual pay rise when on April 1st the latest parliamentary pay deal will mean MPs' salaries have risen by 17.7 per cent since 2010 – almost exactly in line with the 18 per cent increase in the cost of living.

I'm a non-judgmental person – I have to be, I treat people with kindness and compassion no

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matter what they've done; I see the bigger picture. But when the prime minister went to an NHS hospital to be treated, I nearly blew a gasket. This man whose party had waged a vicious war with junior doctors, whose Brexit nonsense has meant nurses supporting the NHS from Europe have practically stopped coming (recruitment has dropped from around two thousand a month to less than 40), whose ideology is to underfund and strip the NHS of all its assets to sell property off to developers. The Brexit bus lie, promising £350 million a week to the NHS. The same Boris Johnson who said in September 2019 that patients should

pay for NHS treatment to stop them abusing it. But when he faces an emergency, he needs to rely on the NHS as there is nowhere else to go. There is no private emergency care, no private A+E, and very few private intensive care beds. And when they do have medical emergencies in their Harley Street hospitals, they call for NHS paramedics to come sort it out. I've seen various royals, Thatcher and all sorts of celebs sitting in A+E, although they have had preferential treatment. I really was so angry – I thought Johnson should have been booted out and taken his chances in the private sector. But no doubt he is sitting in bed at St Thomas' Hospital grinning like an idiot being charming to the staff that he and his class have systematically abused for years.

On a more positive note, working in the community I've seen mutual aid replace charity and friendships in communities growing as people support each other, proving authority redundant. We have all seen that happen and no doubt because you are reading Class War you are doing the same for your local community. Let's hope that our communities continue to grow and strengthen long after this crisis is over and that the key workers, the working class, are recognised as the heroes they are.



At 8pm last night, thousands of loyal voters stood at their front doors and shouted in unison to declare that they had caught STDs from the prime minister.

“It was like the whole country came together,” a teary-eyed Carrie told Sky News, who showed the event live from different locations across the UK.

“I knew I wasn't the only one,” declared Deirdre Rashid, a retired actress from Salford. “I only met Boris once and we didn't even go to bed! He's that potent,” she went on.

Dot Cotton, a retired laundrette operative, claimed that she'd opened up for Boris during a soap powder shortage in 1997. “He walked in and I immediately noticed he didn't actually have any washing.” She drew

on a fag before continuing: “He took his clothes off and put them on a lukewarm, easy-iron spin and I knew then that I wouldn't be able to resist.” The relationship took an ugly turn, however. “Lukewarm may be a popular cycle but it doesn't get rid of yeast,” she reflected.

The prime minister, who lies stricken in St Thomas' Hospital because he didn't take the coronavirus seriously, was unavailable for comment. However, during the 2019 general election campaign he was repeatedly asked during a Radio 5 Live interview just how many women he had infected. He refused to comment on each of those occasions but was willing to lie about being a fan of buses, which he claimed he made cardboard models of.

