**Interviewer:** so looking at the pathway that confirmed and suspected covid cases were going through, explain to me how it looks like and how it was planned, a path way like the stages which patients, either confirmed or suspected cases were going through, from the time they arrived at the hospital to the time they get discharged?

**PF:** alright, so I will answer it in two parts,

**Interviewer:** Mmmm

**PF:** by the time the pandemic was just starting

**Interviewer:** Mmmm

**PF:** it was a whole different issue, all the patients were just going to the ATC, so we would find out later on that they were confirmed

**Interviewer:** Mmmm

**PF:** but right now, things changed because we realized that a lot of health workers were contracting the virus from the patients, because they were not segregating them, so now the tents were established at the main entrance of the hospital

**Interviewer:** Mmmmh

**PF:** all patients, before they go through the hospital to the ATC

**Interviewer:** Mmmm

**PF:** they are screened first, and if they have any signs and symptoms for covid-19, they are kept at the tents, their samples are collected, so they await for covid results before they proceed to the main hospital, basically that’s how the pathway is like now,

**Interviewer:** so looking at what you have explained now, if you are aware, what will happen to the covid case?

**PF:** okay, if we have a confirmed case

**Interviewer:** Mmmmh

**PF:** they are sent to a designated ward for covid-19, that is if they have severe or moderate signs and symptoms

**Interviewer:** Mmmmh

**PF:** they are sent to the ward

**Interviewer:** Mmmmh

**PF:** if they are okay

**Interviewer:** Mmmmh

**PF:** they are sent home for self-isolation

**Interviewer:** okay

**PF:** sure

**Interviewer:** alright, so from what you have just explained, looking at the pathway, so like the different stages that patients always go through, the way you look at how the systems are at which stage do you think things are working well or things would really work well, at which stage, the hospital will probably need to improve?

**PF:** from my opinion, I think generally during the day, maybe from 7:00 am

**Interviewer:** yeah

**PF:** from 7:00am to 4:00 pm, things are really working a bit well

**Interviewer:** Mmmmh

**PF:** because we have these cleaners at the main gate

**Interviewer:** Mmmmh

**PF:** but after that we don’t have these cleaners, so everyone goes through the hospital, yeah, so it is hard to catch suspects, yeah

**Interviewer:** Mmmmh

**PF:** on that, the hospital must have to improve yeah, so that we should catch a lot of suspects

**Interviewer:** aah, what guide lines were you using in the general management of Covid cases, eeeeh…

**PF:** so the general guidelines we have been using are the ones that were proposed even to us aaah….The ministry of health through the covid-19 task force, so basically those were the guidelines, they keep on changing, those are the guidelines we are using in the ministry of health, now if they are in the ministry of health, how do they suit the context, we make sure to say: I will give you just an example, they told us to say: in the beginning they told us that we had two swabs, so we were running out of swabs now and then, so the ministry said that now change the guidelines then we began collecting 1 swab, so us because we were running out, so they said you will be collecting one swab because it suited our meeting, yeah, of course there might be some guide lines that really don’t suit our environment, we just try to bend in so that we should fit in

**Interviewer:** yeah

**PF:** sure

**Interviewer:** so… alright were these guidelines, do you think Queen Elizabeth had specific guidelines just for Queens, or they just depend on whatever is communicated or sent by the ministry of health?

**PF:** no, I think there are some specific guidelines that queen Elizabeth central came up with, so we will be following these provided by the ministry of health

**Interviewer:** okay, and in terms of knowledge, how knowledgeable is staff generally on these guidelines or protocols that have been developed and how accessible are they to the staff?

**PF:** I know that training all staff in queens Elizabeth central hospital

**Interviewer:** Mmmmh

**PF:** these are from junior staff, ground staff

**Interviewer:** yeah

**PF:** aaah, administrative staff, everybody, at least I know they have been trained, on general Covid management at Queen Elizabeth central hospital

**Interviewer:** yeah

**PF:** so I feel like, at least I can say all staff members are knowledgeable about covid-19 management at Queen Elizabeth

**Interviewer:**  how about… because, people go for trainings

**PF:** yes

**Interviewer:** but then we have the documents

**PF:** yeah

**Interviewer:** so how accessible are these documents, if there are any changes how is it communicated to the staff?

**PF:** alright, like for us, we have our WhatsApp platform,

**Interviewer:** yeah

**PF:** that’s where our manager usually sends us updated documents

**Interviewer:** okay

**PF:** and then for general staff members, we have been conducting refresher trainings, so that’s where we are able to refresh people

**Interviewer:** aright, so in terms of preparation and response strategies that were put forward on handling and managing the covid-19 cases, aaam.. How prepared were you as individual if we were to have higher numbers of covid-19 cases?

**PF:** personally I should say: I wasn’t really prepared, but it was just out of interest, I was just excited to be part of this… but then, after we started collecting the samples, doing the testing, I think I became more prepared for higher numbers, yes, I can say I am fully prepared as of now.

**Interviewer:** how about in terms of the hospital, how do you look at the hospital in terms of… how did it prepare in terms of numbers of covid cases?

**PF:** I would say it tried, but I wouldn’t say fully tried, maybe I would rate it out of 100, it seems that like 60, 70 percent

**Interviewer:**  Mmmmh

**PF:** because I still feel we have some gaps that is; if today it happens that maybe we have let’s say: 100 severe cases, we will hardly manage, they tried but I wouldn’t say: they fully tried

**Interviewer:** which specific areas do you feel like these areas probably they ought to have been done more?

**PF:** so, firstly I would say: on staff members, because we are only a handful staff member who were fully trained on managing the patients, covid-19 patients

**Interviewer:** okay

**PF:** actually we had to borrow or maybe ask for other facilities to help us

**Interviewer:** yeah

**PF:** so staff members

**Interviewer:** Mmmmh

**PF:** secondly some supplied medical equipment, I don’t think we have enough of those bed numbers

**Interviewer:** Mmmmh

**PF:** assuming we had a number of those beds to accommodate the big number

**Interviewer:** Mmmmh

**PF:** I think that would help, those are the specific areas that I can say for now

**Interviewer:** okay

**PF:** sure

**Interviewer:** alright, and you mentioned that there is a task force responsible for covid-19 at queens, what was the set-up like for the team, I mean who was involved, who were the key people in terms of their position not names but their position?

**PF:** we had someone from the clinical side and some members from the diagnostic side

**Interviewer:** yeah

**PF:** and the from the environmental health side,

**Interviewer:** yeah

**PF:** basically that was the composition of the whole team

**Interviewer:** alright, so you also mentioned about almost every member like the staff members at Queen Elizabeth undergoing Covid-19 trainings, what was it there specifically in the training regarding the section of prevention and control measures, what was the criteria?

**PF:** so I can say it was really a comprehensive training, because it involved like all the clinical management and management of staff at the infection part, so it was really, I can say a comprehensive training that we encompassed almost everything

**Interviewer:** because it involved like all the medical management, diagnostic part and all the environmental health, I should say the public health, how readily available were the PPEs when staff needed them?

**PF:** personally I would say there was really no time where I failed to do my work maybe because of PPE

**Interviewer:** PPE

**PF:** I can say that PPE was there, maybe because some of us were front liners yes, I can say I didn’t have any problem but I am not really sure about other cadres that were maybe not really front liners, so, for us I think it was readily available throughout

**Interviewer:** okay,

**PF:** sure

**Interviewer:** so because you have mentioned that you are not aware of the other members, but my following question was about ability

**PF:** Mmmm

**Interviewer:** to follow all the procedures that they use, there is infection prevention and control measures, how do you differentiate

**PF:** Mmmm

**Interviewer:** let’s say: because you can especially for those who were the front liners, how do you differentiate the use of PPE before we had cases

**PF:** Mmmmh

**Interviewer:** and the time these cases started, the use of PPEs, the use of hand wash, the donning of the PPEs, the disposal of the equipment, how do you differentiate these two periods, so the time when you registered the case and

**PF:** registering

**Interviewer:** Mmmmh

**PF:** I think for registering any case, I would say it was very hard for most of us to use PPE properly, most of us don’t work and properly hand wash and the use of PPE

**Interviewer:** Mmmmh

**PF:** but soon after we registered the cases, it was like most of us we were so conscious, you know like putting on masks you know

**Interviewer:** Mmmmh

**PF:** handwashing regularly, so I think that is the difference I noted between these two periods

**Interviewer:** okay, you also mentioned of some hospital having some short falls in terms of preparation for higher numbers of covid-19 cases, looking at the structural set up, how supportive is it to handle the number of covid-19 cases, so I am looking at for example dedicated isolation rooms, or spacing in the rooms in the wards, how supportive were infrastructural set up, to handle the covid-19 cases at queens?

**PF:** so I will say: from the experience compared with number we had for queens, I think the infrastructure was really supportive, with the number we had

**Interviewer:** yeah

**PF:**  so we had about two wards that were specifically for severe cases

**Interviewer:**  yeah

**PF:**  for covid and I really didn’t see that both wards were full to capacity that we didn’t have any other spare

**Interviewer:** so I can say that the infrastructure part was supportive and if we were to have higher numbers, let us talk about more than 100 or more than 200 like probably it is happening in other countries, how supportive is the infrastructural set up of our hospital?

**PF:** of course that’s a bit tricky for me because, because I am really not sure about which other wards the hospital can decide to clear to say: okay we will use this ward

**Interviewer:** Mmmmh

**PF:**  so am not really sure about the number of wards we have at queens

**Interviewer:** Mmmmh

**PF:**  so I am not really sure

**Interviewer:** okay, so in terms of capacity or adequacy number of staff, how prepared was the hospital, of course you can speak for the lab

**PF:** Mmmmh

**Interviewer:** but like in general how was the hospital prepared to handle large numbers in terms of human resources?

**PF:** so in terms of human resources I can say: okay.. we need to begin from the time when the pandemic just started

**Interviewer:**  yeah

**PF:** a good number of maternal health workers, didn’t want to be front liners

**Interviewer:** Mmmmh

**PF:** they were afraid I don’t know, so it means that, it meant automatically the number of being reduced

**Interviewer:** yes

**PF:** secondly, there were those big issues to say: those with issues like asthma, thy shouldn’t be front liners to reaching the number’s favor, and again there was no really motivation and it was a demotivation to many including even the numbers, so in terms of human resources, I can say it was only a handful of people in the beginning, but now after a few months, there were some motivation to some health workers to say: if you are working you will be getting this, then people started coming in, the health workers, so I can say that the numbers are really good in terms of human resource, so we will be able to handle even a …

**Interviewer:** alright, so like form experience like in reality, let us talk about rationing care is making sure that everyone who needs care is given appropriate care that is required

**PF:** Mmmmh

**Interviewer:** but now, let us keep imagining of having a higher number of covid cases in our set up, how would care be rationed, of course you can talk from the laboratory experience, yes, like how do you ration the testing of samples

**PF:** yeah

**Interviewer:** I mean you have 500 cases and probably I don’t know whether you have enough staff or testing equipment, how you ration to make sure that every sample is tested or in this case how do the hospital ration provision of care to the participants?

**PF:** so from my experience I would say: still some services were limited, though the rationing as you have said that not everybody received the best care that they wanted

**Interviewer:** Mmmmh

**PF:**  there

**Interviewer:**  yeah,

**PF:** because as I said that the human resource part during that time it was really limited, we were coming in shifts to avoid being clouded in our department

**Interviewer:** Mmmmh

**PF:** so I really can’t say: … what I can say is that I think only those with critical who needs critical care might receive critical care, some patients who are just moderate might only be poetized, that’s what I can say

**Interviewer:** that similar situation in the lab, the way you test samples or….

**PF:** or you look at the seriousness of somebody’s condition and any sample that comes in, so for the lab I can say: we were doing that

**Interviewer:** okay

**PF:** yes, because that’s when we had a… when people were able to test within an hour we were having results, so we were prioritizing, saying: this patient is here so we are giving the results but as of now, the equipment we are using cant release the results within an hour, it takes about 6 to 8 hours

**Interviewer:** Mmmmh

**PF:** so there is no longer rationing saying it needs critical care

**Interviewer:** yeah

**PF:** so you have to wait, for all the samples to be enough for a plate, I can say so

**Interviewer:** Mmmmh

**PF:** so basically we are not there

**Interviewer:** what changed the use of the one you were using to release the results so quickly and there?

**PF:** so it is because I hear it was a donation, like the cartilage we were using were just donated once, so after they were gone they were gone

**Interviewer:** alright, so on the same how could the VIPs or people with higher social status be treated in this context, so when you are considering the rationing carewhen caring for those who were critically ill or make sure that everyone at least receives equal care now that you have the VIP cases, how could this happen ?

**PF:** so actually that is happening quit a lot and as I said that the equipment that allows us to ration in a nutshell so everybody is being treated as equal as it stands

**Interviewer:** Mmmmh

**PF:** so as we all wait for the samples whether you are VIP whether you are not, the samples will be ran at once

**Interviewer:** but from your experience, how would it look like in a ward where patients receive care from the clinical nursing staff,

**PF:** so what I have noticed, this is form my experience, because basically we have the same, maybe I can tell you this, we have the same resources for patients so it’s just about who is more sick than the other that I have seen in the wards, yeah, so care I think it is okay, I haven’t seen a biased

**Interviewer:** Okay, so considering the level of preparedness, individual and the institution at large, if you can just explain to me your perceived risks to covid-19 infections, looking at the risk that you received, you as an individual of maybe being affected with Covid-19, how you rate yourself, what was your attitude, perception towards…on average

**PF: (laughs)** basically I would say: I always feel like, every time I go to the hospital, I am at high risk especially being a front liner

**Interviewer:** Mmmmh

**PF:** I feel like I am at risk, and then me I just follow the basic of standard operating procedure, specifically like putting on like PPE, to make sure that every time I am working on Covid issues, or I am in hospital in general, I am in my PPE, sure

**Interviewer:** alright and how has that changed your work, how has your work changed with covid-19?

**PF:** it has changed me because right now I am too conscious, so hand washing, I make sure that every time I am in the hospital I wash my hands, without the covid, I wasn’t doing that, so it has really changed my mind, the way I look at it

**Interviewer:** and do you feel you are sufficiently protected when working at the hospital or you are protected from infection?

**PF:** yes, I feel I am sufficiently protected, because I have been given everything I need in terms of PPE

**Interviewer:** Alright, from the beginning, what was your greatest fear or concern, before we probably had covid-19, when we started registering, what was your general fear of concern?

**PF:** my general fear because I had this picture of the western countries, Asian countries

**Interviewer:** Mmmmh

**PF:** so I was saying: we are also going into the same direction, like seeing dead bodies and all that but basically that was my greatest fear to see a lot of deaths

**Interviewer:**  yeah

**PF:**  because of Covid-19

**Interviewer:** I understand, probably everyone had his or her own fear usually when you have these fears, sometimes you communicate to the managers or to the hospital, how was.. did the hospital mitigate those fears that staff had, so I will talk from my lab perspective?

**PF:** so we usually communicate our issues through the manager

**Interviewer:** Mmmmh

**PF:** the manager is the one who takes these fears to the administration, specifically for the general wards for covid\_19

**Interviewer:** Mmmmh

**PF:** and I can say most of the challenges that we presented were solved in that perspective yes

**Interviewer:** so let us go back to the risk of infection, and why did we go…need risk allowance?

**PF:** I will answer you it is from my personal view,

**Interviewer:** Mmmmh

**PF:** yeah, so personally I feel like, with the coming in of Covid, the workers, I can tell you, the workers were almost abort

**Interviewer:** Mmmmh

**PF:** so, and even the risk was getting high, this is form me personally

**Interviewer:** Mmmmh

**PF:** yeah, because I have been working longer hours before, working over night

**Interviewer:** yeah

**PF:** so I think and feel that I needed risk allowance,

**Interviewer:** so what is the relationship between risk reductions?

**PF:** Mmmmh

**Interviewer:** and receiving financial incentives in terms of risk allowance, what do you see as a relationship between?

**PF:** this one I can just say it is a motivating factor, I don’t think with the money then my risk has been reduced no, and it is just a motivating factor

**Interviewer:** okay

**PF:** sure

**Interviewer:** alright, so about testing procedures, what has been your experience so far, aaah… you know about the nasal swabs, and aural swabs, what did people say about the procedures

**PF:** basically in short it is irritating and discomforting, some sort of discomfort

**Interviewer:** Mmmmh

**PF:** yes, the majority of patients, they complain about that, even personally, I being a front liner, we are required to be tested every two weeks, so I know the feeling, it’s really irritating

**Interviewer:**  alright, what would be your recommendation, in terms of testing?

**PF:**  testing?

**Interviewer:** Mmmmh

**PF:** but because I feel this is the best, I feel this is a gold standard of testing protocol, so I think, if we need to be helped in the hospital, we still need to undergo some trash procedures, like this one

**Interviewer:** Mmmmh

**PF:** so I wouldn’t really recommend rapid test because they are not very good, I will still go for PCR

**Interviewer:** Mmmmh

**PF:** only that maybe, but then, for Covid, you know from research that virus are usually harbored in the nasal pharynx

**Interviewer:** Mmmmh

**PF:** so it is still the same procedure, yeah sure,

**Interviewer:** I mean if you are given an opportunity to choose, what other testing procedures would you recommend from the lab perspective like trying to maybe, if you want to do other new testing

**PF:** yeah, if I understand your question, but I don’t know as of yet, I haven’t really read anywhere of other testing procedures, yeah, I am not really sure, maybe if I can have another idea that maybe there is another testing results then I can really compare, but at the moment there is nothing, sure

**Interviewer:** Mmmmh, and there are some scientist researchers trying to develop other testing forms that they take from you, like saliva

**PF:**  yeah

**Interviewer:**  what would you say about that?

**PF:** that one I think will be a welcome idea, I would love have such testing forms that don’t bring any discomfort to the patient

**Interviewer:** Mmmmh

**PF:** I would love that

**Interviewer:** okay, lastly, what are your priority recommendations in improving the level of preparedness and response strategies of any future epidemic or covid if we were to have a high challenging case, what would be your priority recommendations?

**PF:** aah so, this s specifically for the hospital

**Interviewer:** that the hospital has and as you as an individual, health care workers working at queens, what would be your priority recommendation?

**PF:** aaah, I have seen that maybe we were slow to respond to this pandemic, like something it’s like we did them later on, because it is a new pandemic, we are still learning about it, I am not sure,

**Interviewer:** Mmmmh

**PF:** but I feel like in future if we will have a new pandemic, we should respond fast

**Interviewer:** okay

**PF:** to maybe minimize the spread and for example I would say: let’s say for the screening at the gate, it took for about several months

**Interviewer:** okay

**PF:** while other workers were still being infected by patients, yeah-yeah

**Interviewer:** Mmmmh

**PF:** so we need to be a little bit faster in responding and even this is also true for the tents, training of health workers

**Interviewer:** Mmmmh

**PF:** trainings came on even later, for most of the people,, people weren’t really sure of covid, but they were afraid maybe because they didn’t have knowledge in time, so I will recommend those two

**Interviewer:** alright

**PF:** sure

**Interviewer:** thank you so much, unless if you have any additional comments, but these were my questions

**PF:** aah, okay, it’s okay

**Interviewer:** so I will stop

**The End**