

Transcription of Interview with Layne Williams by Matthew Williams

Interviewee: Layne Williams

Interviewer: Matthew Williams

Date: 03/14/2021

Location (Interviewee): Hackettstown, New Jersey

Location (Interviewer):

Transcriber: Matthew Williams

Abstract: Layne Williams is a Physical Therapist Assistant who was working in a hospital during the pandemic. Her role shifted during the early months of the pandemic and she found herself doing any job that was needed to help with the increased numbers of patients coming into the hospital. She recalled the surreal feeling of walking into her first Covid positive patient's room and how the mentality of healthcare providers shifted as more information came out about Covid. She also discussed the challenges of being a healthcare provider while living with her husband who is not in healthcare. Her job certainly exposed her to increased risks and those risks spilled over to impact her home life. However, her overall impression from the pandemic is that it showed what the healthcare field is capable of achieving when challenged.

Matthew Williams 0:03

Okay, so the date is March 14, 2021. The time is 3pm. This is Matthew Williams; I am here with Layne Williams. We're doing an oral interview for the Covid-19 Journal of the Plague Year Archive. How are you doing?

Layne Williams 0:22

Good, very good.

Matthew Williams 0:24

Excellent. And I want to start by getting -making sure that I have your consent to record this oral interview, and also to post the interview and the transcription of the interview to the Journal of the Plague Year Archive.

Layne Williams 0:38

And you do.

Matthew Williams 0:39

Thank you. So, I want to start by asking a couple of background information questions, specifically before the pandemic had began. So where do you live and what is your occupation?

Layne Williams 0:52

I'm in the northeast part of the country -Hackettstown, New Jersey. And my occupation is physical therapy assistant, in an acute care setting.

Matthew Williams 1:07

And when we talk about -you know- outside of work before the pandemic, what were some of the things that you like to do on your day to day basis or some of the hobbies some of the things you enjoyed before the pandemic?

Layne Williams 1:21

Gardening; going out to eat and going on vacations. Visiting with friends and family.

Matthew Williams 1:42

And how about when you talk about -and I know this is a hard question to answer- but what did a normal day look like pre-Covid at work?

Layne Williams 1:53

Okay, normally I would go in from eight[8:00am] to 4:30[4:30pm], and would either be seeing inpatient or outpatients, straight through the day, with a half an hour lunch.

Matthew Williams 2:12

And, I want to talk about when you first heard about, try to remember when you first heard about Covid, and what your initial reactions were to it and those early days of last year.

Layne Williams 2:27

When I first heard about it, it was probably beginning of January, and I said “Oh, this is a China problem and we don't, we don't have to worry. We don't have to worry about that. We should keep an eye on it, though, but there's not going to be a problem.”

Matthew Williams 2:46

Do you remember how you might have heard about it in January?

Layne Williams 2:49

Probably the news. I'm sure it was the news.

Matthew Williams 2:54

And, when it comes to like, work professionally, did you have any professional thoughts about - you know initial thoughts- when you heard about it; did you think that there was any chance that you were going to start seeing patients and that it was going to affect our health care system?

Layne Williams 3:09

Not in, not in the beginning, when we first heard about it in December and January in China. I just didn't think it was going to impact this at all.

Matthew Williams 3:20

And now kind of shifting into work. You know, was there any change or effect to your hours or your schedule, because of the COVID-19 pandemic?

Layne Williams 3:33

My, my what I did, and my schedule completely changed 100%. Our -because I did outpatients also in the in a hospital setting that was closed down for, probably the middle of March to

probably June, so there were no outpatients at all, we saw inpatients, including COVID inpatients, every day. But because there were too many of us, because again outpatient was closed down, that our managers and hospital looked for other places, other things for us to do, because they were jobs that were never even heard of before COVID that now somebody had to fulfill. So I specifically filled the screenings and initially in the ER, in the ER entrance, because that was the only entrance that was open. I did that, until probably June. All 12 hour shifts, evenings, overnights 12 hours, I never did a 12 hour until then, and was all sitting in the, in the lobby of the ER screening everybody that came into the hospital.

Matthew Williams 5:15

Was the movement to screening from your normal position, was that a choice? Were you given a choice as to where you were going to go, and if you were, was there anything that went into your specific choice?

Layne Williams 5:30

I had a little bit of a choice, because we would sign up for shifts. But if I didn't take them, I had nothing, there was nothing else for me to do. That -the, my managers were really good about this and was trying to give everybody who wanted to, to do this, an opportunity to make up hou-, to make up hours, because we were short hours. So I was treating we went back and forth we treating COVID inpatients, treating regular patients and then manning the ER delivering for pharmacy. I did all of it. Some people did not want to be exposed to Covid and they chose not to. I did everything that that was open to me any hour of the day, to make up 40 hours or plus.

Matthew Williams 6:36

And so you did not have a loss of hours during the pandemic?

Layne Williams 6:38

Very, very few yes.

Matthew Williams 6:42

That is good to hear, I know a lot of people..

Layne Williams 6:44

Yes, I know a lot of people were, I would have been furloughed yes, so. But there were these different jobs available and I, I took all of them.

Matthew Williams 6:56

So, in terms of your feelings about working during a healthcare crisis, an unprecedented healthcare crisis like this, initially, in the early stages of this, do you remember, do you recall what your feelings towards working in healthcare during that? And then, you know, and then I'm going to ask you about how it shifted, you know, throughout the year. But early on, do you remember your feelings about working in healthcare doing this?

Layne Williams 7:22

In -generally in health care, we will get through this, things were thrown at us so fast, and it literally changed every hour, but we have to find a way to do this, and we have to keep

everybody alive and, and just try to figure this out. Specifically, I remember the first time that I went into a COVID unit, and it was probably end of March. And all I can say is: it was like a movie, and it was absolutely surreal like, I was in somebody else's body and I'm walking around, and it was because of what I had on and just, it was at that time it wasn't an entire floor, it was half the floor. It was small and quiet and there were things that I've never seen around in the hospital. It just didn't even look like the same hospital. So that I remember, and I remember that to that to this day.

Matthew Williams 8:45

What, when you think about your feelings walking in there, for your own personal safety, things like this, how did, you know, how did that feel at that, at that moment for that first time that you walked into a room?

Layne Williams 8:57

Like I don't want to get this, so I listened to the nurses who were already there exactly what to do, how to put the equipment, I never had on, and I was very, very careful. And it changed how I -no it didn't change the way how I treated the patient- but it changed the way I kind of moved myself, but I still got them up, and we walked in, and I was just very aware of what I had to clean when I got out, and I didn't want to make them any more sick and I certainly didn't want to make myself sick.

Matthew Williams 9:48

How, in terms of the progression then across the year, where we now have more information about COVID and all of this, how has the changes occurred to your field?

Layne Williams 10:04

Okay. Well, in general, all of us are much more relaxed. I go into it now, because I'm still seeing COVID patients, well I did a week ago, a little more knowledgeable. I kind of know I'm not going to like drop dead after I, you know close, the door or that day or whatever. The patients are less sick; they-, we had patients that were less sick the second wave so that was a little bit more encouraging. So I felt less anxious than I did in the beginning.

Matthew Williams 10:51

Well that's good to hear, that's excellent to hear. I want to shift a little bit towards home life, family life during the pandemic and so, how many how many individuals are living in your household currently?

Layne Williams 11:04

Two.

Matthew Williams 11:05

And how many, including yourself work in healthcare?

Layne Williams 11:08

One, me.

Matthew Williams 11:11

Now, working in healthcare during the pandemic, how would you say that that has affected your, your home life?

Layne Williams 11:21

A lot, we- because it's my husband and myself, we split rooms. I didn't sleep in the same room; we have an electric toothbrush that we share, we didn't do that. I had towels, there were no more towels, there was -we shared nothing. I have never cleaned a doorknob as much as I did then. I literally sat six feet apart. We moved furniture in the living room. It just probably until the, I want to you say June, until the summer until the weather, there was absolutely no physical contact at all I can tell you that. Because I didn't, because we shouldn't have because, why do I want to get him sick? Different now – and, and- different even before the vaccine, it was, got more relaxed in the summer, because I wasn't treating COVID patients. But as soon as I started treating COVID patients again in in November, it started all back up again, but it was shorter, because then I got the first shot in the beginning of January. And then, and then knowledge, you know, the contact thing wasn't with the, you know, they proved that it really, it was, it was more airborne and droplet than it was in contact. You know, I don't have to worry about, it's getting it from a surface. So just pure knowledge made that easier.

Matthew Williams 13:08

Did you have any post shift routines that you developed during the pandemic to try to keep your whole household safe?

Layne Williams 13:16

Yes. I came home, as soon as I came home from the hospital, I took a shower at night every night. And I never did that, before I would shower in the morning, but I would go downstairs-and this and you're going to hear this. I did go in the house, but I went downstairs and got completely naked and put my clothes separate and then came up and took a shower immediately. I still do that now when I'm treating COVID patients even, when I'm not, I don't, I don't necessarily take a shower every day right because my skin is going to fall off right, right?

Matthew Williams 14:02

I had heard a very similar post routine from another interview I've done and, you know, immediately disgowning and taking off everything and jumping into the shower so.

Layne Williams 14:12

Yes, yeah, and, and so many people, yes. And, and just there were people and we've heard this from the stor-, especially New-, because I'm close to New York City, there were people who didn't even go home, you know, they were in hotels, and I know two people who, they had heated garages, and they slept in the garage.

Matthew Williams 14:34

Were there any, you know, conversation, considerations for you to do something similar, especially at the height of it in the beginning?

Layne Williams 14:43

No. I thought about it, but no, I didn't. Perhaps, if I was treating 12 hours a day, which, which we we're not because we're not nurses, if I was a nurse, and I was treating 12 hours a day, and only in the COVID unit, I actually might have thought about that. But the problem is because it went on so long, I mean, that's, that's, that's, expensive, and our garage is not heated, so you know it got, it got easier in the, when the warmer weather, but I would have thought about that not coming home if I-, with nurses. And I have friends that did not go home, right.

Matthew Williams 15:29

With, you had mentioned your vaccine, that you had gotten the vaccine, and I think you said early January so, what was that experience like, getting the vaccine, you know?

Layne Williams 15:41

It was it again, we were we were all together. I, it was the first round, I actually was very-, that was available to us. I was apart of and there were a lot of people and from doctors and security, and it was just we were all there and all had stories, and it was good. It just felt good that we were, they were we were doing this, to help everybody. In the beginning, there were a few people that I knew that weren't going to get it, but, but the majority of people, including doctors, and, and from every-, it's good to see them that they had the confidence to do this, also. And we, and we were all sat in six feet apart in chairs and, you know, for our 15 minutes, I had to hang around for a half an hour because they wanted to watch me a little longer, but uh yeah it was it was good.

Matthew Williams 16:57

And no, no problematic reactions to the vaccine?

Layne Williams 17:02

No. I was, my arm was really, really sore the first vaccine, and then the second vaccine, very tired, headache, body aches, but I went to work, and I was able to do that. There were a few colleagues, especially the colleagues that had had COVID; they had more severe symptoms including vomiting and fever. I had neither.

Matthew Williams 17:30

Wow! Well that's good to hear, so I have just two more questions for you. The first one is really, you know, what -if you could- what advice would you give your pre-pandemic self? In terms of how to approach this entire pandemic experience.

Layne Williams 17:49

Yeah. It'll get better. And I can't say that don't be afraid of it because we, we were afraid of it because we didn't know what it was. I think, yeah it will get better.

Matthew Williams 18:20

Well, it definitely did.

Layne Williams 18:22

Yes, it did get better.

Matthew Williams 18:23

Still getting better. And then you know, my final question is, is there anything else that you'd like to share that I haven't asked you about today?

Layne Williams 18:33

Well, I told you about the experience, the first time, and I will probably remember that forever. The first time I walked in, and it was like -if you've ever seen the movie Outbreak- I didn't see the other one; they were all talking about, but another movie, but I forget what it was, it was-, and we weren't in respirator suits, but we pretty much were plastic from top to bottom. So that and, I am very proud of my management and my department and really, the hospital that we got through this, and we know we can pretty much do anything. There were mistakes and because we -and we didn't make them on purpose- but, but we didn't know -and to take for zero percent - of no knowledge to, just do it, you just do it. And you have to just do it.

Matthew Williams 19:46

And do you think that we're, you know, how do you think we're prepared in terms of [unintelligible]?

Layne Williams 19:51

Well, I know, I know, equipment, we have to be prepared, because I do know that it's now mandated that we have that. Shame on us that we weren't because we should have been because because we knew this was this could happen. I mean I kind of knew, but I mean other smart, you know, epidemiologists, and they, they knew this could happen, and we were not prepared. And hopefully we, I know we are prepared for, for protection now because we have to be. We, they have to go in every month and show them that we have a three-month supply. Now is a three-month supply enough? I don't know, but it's a whole lot better than we had before. So hopefully we'll go through this and through other studies we will learn and actually do and be as prepared, as you can.

Matthew Williams 20:51

Right, yeah. Great! Thank you very much for your time today. We appreciate it.

Layne Williams 20:56

You're very welcome.