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HUMANITY

Code Angel: a reflection from the frontlines

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"*Code Angel. Code Angel*". Signifying the death of a resident, another tragic victim and heart-breaking loss to the COVID-19 pandemic, I have lost count of the number of times I have heard *"Code Angel"* broadcast over the PA system of an unnamed long-term care (LTC) center—the site of one of the worst COVID-19 outbreaks in the province—both in terms of active cases and deaths. Unfortunately, this is not the story of a single LTC home.

It is easy to think of these losses simply as bodies, but by removing ourselves emotionally and compartmentalizing, we engage in self-protection and self-preservation. Yet, these bodies are more than that—that is, that *was*, someone's father, mother, grandparent, great-grandparent, sibling. The list goes on, but their life does not.

In the early phases of the pandemic, the loss of humanity was especially evident. As a Community Paramedic, I have had the privilege of working alongside other dedicated first responders and healthcare workers, witnessing the full spectrum of the disease progression. I have also felt the burden of this responsibility: holding a dying hand, accompanying families on visits ensuring they donned and doffed personal protective equipment (PPE) appropriately, or calling families, with voices muffled through masks. This is a weight we all carry, a weight that will take a long time to lighten.

Initially, our job was straightforward and simple, but of the utmost importance. We were responsible for completing COVID-19 nasopharyngeal swabs used to cohort positive and negative patients, and theoretically break the chain of disease transmission and stop the spread.

As the pandemic progressed, so did our role. We pivoted from cohorting patients to providing patient care. This involved rounding on every single patient in the home to establish a baseline, but very quickly, often within days, many had widely deviated from their baseline. When we met on Day 0, they were happy, chatting, showing pictures of their family. Within a few days, they were a shell of the person they once were. Though rare, nothing was more exciting than to learn of a patient who, once near death, had bounced back and was doing much better.

We would arrive early morning for an inter-disciplinary huddle with our team at the LTC home: the Community Paramedics, the local staff from the home, and members from the local hospital, who arrived to support the local staff in clinical roles, infection prevention and control roles, and as a force multiplier. Importantly, there were administrative and clinical discussions.

Administratively, staff reported on new, ongoing, resolved, and pending cases, as well as who had gone to the hospital, and who had passed in the night. Names were literally scratched off a list—just more bodies.

Clinically, we discussed who was sick and had deteriorated, and who needed intervention. Many required IV rehydration or medication, but more often than not, they required a conversation with their family to establish goals of care, as well as interventions to keep an inevitable death dignified, pain-free, and comfortable—a task we have unfortunately had plenty of practice performing.

While entering patient rooms, their level of cognition and awareness was vast and varied. Some patients were blissfully unaware of the world and the danger around them. Others had notes from their families posted on their walls, explaining to them how there is a virus going around and that they are not allowed to visit. Visits that could not occur in the preceding days or weeks, and, unfortunately, likely never happened again. COVID robbed families of goodbyes.

For the more alert patients, the fear, loneliness, awkwardness, and sadness was palpable. These patients were the ones

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spry enough to walk the halls (but could not due to COVID restrictions), to watch the news, to understand the gravity of the situation, and to watch friends and roommates pass—forced to sit in silence, bracing themselves for the unknown. These were the patients that would ask "am I next?" and sometimes, the only thing you could do was smile with your eyes, hold their hand, and wish them the best, while both of you recognized the likely inevitably of their unfortunate demise. Both praying you were wrong.

Through our frequent visits, from our initial visit up until their very last moment, we often established a deep rapport and strong connection to these patients. We became surrogate family members in a time when real family members were locked out, and patients were locked in. Being the only link to the outside world, family members took solace knowing we were there for their family members when they could not be.

We shared in the fear, the hope, and the grief of loss with local LTC staff. Staff members who felt like they were losing a family member who they have intimately cared for over many years, and in the pre-vaccine days, felt guilt and remorse of transmitting this virulent and fatal disease to the most vulnerable.

The sense of responsibility was compounded by rampant misinformation and lack of understanding of this novel pandemic, which impacted more than those locked inside the LTCs. This pervasive fluidity impacted society at large. The patients were scared, and staff were scared, with several wondering out loud if the disease is spread through the skin or ears. I cannot help but empathize with my coworkers who moved their kids to their parents' homes to protect them from exposure, and who rented RVs to isolate them from their immunocompromised spouses or premature newborns.

At the end of the day, we doffed our PPE—a N95 respirator sealed tightly to our face, a face shield, non-breathable gowns, and gloves. Using our chapped and soaked hands, we bring a bottle of water up to our bruised faces to take our first sip of water in hours, tried to replenish our lost fluids, and went home both physically and mentally exhausted, only to do it all over again the next day, the next week, the next month, the next year.

Until tomorrow morning, when we arrive and scratch off a few more names from our list.

"Code Angel. Code Angel."

Back to work.

Declarations

Conflicts of interest Zach Cantor receives sponsorship from Zoll Medical Canada for the production of a podcast unrelated to this manuscript.