



## **Helpful points for health care workers during times of Crisis**

It is important to remember that all crisis work requires the person to be able to step out of it for a break. Most people can manage short bursts of occupational stress but long lasting can create some challenges re: depression, anxiety, PTSD.

### **Tips:**

- It is more helpful to reframe it as occupational stress rather than trauma. In traumatic situations, for a large cohort of people, it will not develop into a mental health disorder.
- Sleep allows the processing of the day and if we are not getting adequate sleep, we cannot go into dream state – this allows all of the important processing of the days emotional charge and events. Nightmares are interruptions in this process and can occur during these times.

The brain is always working to process the day at night time so sleep is the most important self-help at this time.

- All of the possible scheduling of breaks, sleep, good diet and respite from the stressful event is needed. If not possible, rotating staff to increase opportunities for sleep and extended time away from the stressor.
- Try not to be heroic all the time – this is often the most difficult for those in the helping profession. Say to yourself: “I allow myself to take a break, there are others to take over for this short while” “I will be more helpful on my return”. Give permission to all team members to do this, as much as possible currently. Senior members must model this behaviour to allow others to.

Schedule protected time away from clinical area, team discussion, WhatsApp groups, email etc. If you wear a bleep, rotate - identify a team time that you are not the rapid response person. Organisation of workload important to avoid ‘cognitive load’ on staff.

Hospital Department Basics:

1. Identification of a ‘War Room’ - planning central to allow centralised communication.
2. Management are visible and available.
3. Regular communication bulletins and open forums.
4. Have runners/ trainers in PPE areas.

Developed by Marie Carey, Lecturer Mental Health WIT and BABCP accredited Cognitive Behavioural Psychotherapist, in response to a colleague request for a tool to assist staff working on the front line with COVID-19

5. Promote peer support.
6. It's okay to say you are not okay - Senior staff to model this.
7. Rotate workers from high-stress to lower-stress functions.
8. Small pre-brief and debrief the day.
9. Partner inexperienced workers with their more experienced colleagues.
10. Psychological first aid - drop in sessions for staff with employee wellbeing if you have it.
11. Ensure the basics: Breaks, Facilities (food trolley in staff room), Sleep, Days off. Manage visitors.

Hospital Department Basics - Source: *Intensive Care Society* (2020) **ADVICE FOR SUSTAINING STAFF WELLBEING IN CRITICAL CARE DURING AND BEYOND COVID-19**

- Grounding Techniques can be accessed from TherapistAid.com © 2018 Therapist Aid LLC.
- See **Worry Guidance on Living with Worry and Anxiety amidst Global Uncertainty** document compiled by Psychology tools 2020 Limited. to help with COVID 19 Worry.
- Finally, the Occupational Health Dept of each hospital can be a source of advice and guidance for activating stress management protocols.

Posters resources to put up in your Crisis Department or designated team room:

<https://www.ics.ac.uk/ICS/Education/Wellbeing/ICS/Wellbeing.aspx?hkey=92348f51-a875-4d87-8ae4-245707878a5c>

**ADVICE FOR SUSTAINING STAFF WELLBEING IN CRITICAL CARE DURING AND BEYOND COVID-19**

The anticipated needs of staff will vary across each of the phases, consider the following support mechanisms:

Phase	Needs and risks	Needs and resources identified	Key messages
<b>Pre-brief</b>	Anticipatory anxiety about whether to stay, whether to look directly looking towards the patient.	Accessed a calm or corner - the team use in a job role or room. Reassurance and clarity. Discussion about whether any team member is feeling unwell. This is OK to say. Reassurance that support is available. Reassurance that staff are not alone.	Reassurance that support is available. Reassurance that staff are not alone.
<b>In-brief</b>	Real-time anxiety about the patient, the team, the situation, the patient's condition, the patient's safety.	Reassurance that support is available. Reassurance that staff are not alone. Reassurance that support is available. Reassurance that staff are not alone.	Reassurance that support is available. Reassurance that staff are not alone.
<b>Debrief</b>	Reflection on the patient, the team, the situation, the patient's condition, the patient's safety.	Reassurance that support is available. Reassurance that staff are not alone. Reassurance that support is available. Reassurance that staff are not alone.	Reassurance that support is available. Reassurance that staff are not alone.
<b>Post-brief</b>	Reflection on the patient, the team, the situation, the patient's condition, the patient's safety.	Reassurance that support is available. Reassurance that staff are not alone. Reassurance that support is available. Reassurance that staff are not alone.	Reassurance that support is available. Reassurance that staff are not alone.

Source: Intensive Care Society (2020) [www.ics.ac.uk](https://www.ics.ac.uk)

**SELF-CARE DURING COVID-19**

**Most importantly this is unprecedented: It is okay to not be okay**

- Seek information updates at specific times during the day once or twice. The sudden and more constant stream of news reports can cause anyone to feel worried. Get the facts. [www.gov.uk](https://www.gov.uk)
- Feeling stressed is an experience that you and many of your colleagues are likely going through. It is normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak.
- Managing your psychosocial wellbeing during this time is as important as managing your physical health.
- Take care of your basic needs and ensure rest and respite during work or between shifts, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends.
- This is an unprecedented scenario, don't try to learn new strategies, use the ones that you have used in the past to manage times of stress.
- This is likely to be a marathon - pace yourself
- Consider your psychological energy levels - you will need to "fill up" after "emptying the tank"
- Be aware of your "boundaries" - it might take longer to think things through and make sense of things if you are feeling overwhelmed
- Beware dramatic language that might panic your colleagues.
- Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs.
- Some workers may unfortunately experience assistance by their family or community due to digital or face-to-face contact, staying connected with your loved ones including through digital methods is one way to maintain contact. Turn to your colleagues or team leader for social support - your colleagues may be having similar experiences to you.

**STOP, BREATHE, then THINK: slowing your breathing slows the stress cycle and re-engages your frontal lobe - then you can think.**

Source: Intensive Care Society (2020) [www.ics.ac.uk](https://www.ics.ac.uk)

**AM I OK?**

- 1 Do you regularly feel **DISCONNECTED** from the relationship of caring for the patient, family, and colleagues?
- 2 Do you regularly feel **EMOTIONAL EXHAUSTION** - like you have nothing left to give?
- 3 Do you regularly feel **A LACK OF FEELING OF ACCOMPLISHMENT** or feeling **INEFFECTIVE** in what you do?

If you answered YES to all three, consider talking to your line manager or someone you trust about the impact of your work. You may want a referral to your local employee wellbeing service.

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