This is unprecedented, it is ok to not be ok.

Be kind to yourself

- Stress is a normal reaction and not a reflection of your skill
- Beware of “bandwidth” - it may take longer to think and make sense of things

Take breaks

- From watching, reading or listening to news about COVID19
- Limit seeking updates about COVID19 to twice daily to avoid information overload

Take care of you

- Managing stress/psychosocial well-being is as important as managing physical health
- Prioritise sleep, nourishing food, physical activity
- Avoid unhelpful coping strategies such as tobacco, alcohol or other drugs

Connect with others

- Some clinicians may experience fear or stigma from non-medical persons
- Stay in contact with your loved ones, via appropriate socially distanced contact or through digital methods
- Turn to your colleagues for support, as they’re likely to be having similar experiences to you
- Beware of using dramatic language that may cause anxiety for friends, family or colleagues

It’s likely this will be a marathon not a sprint, so pace yourself

Suggested Phases of Staff Wellbeing in COVID-19 Pandemic Response

Public Health Screening Phase

Staff at risk from large numbers of infectious patients
Rare patient at risk

ISSUES AND IMPACT	SUGGESTED APPROACH
Sudden overwhelming change in ED workload, workflow and staff roles	Maintain visibility & availability of management to increase sense of control & that the team is in safe hands
Maintaining business as usual	Engage organisation leaders to enact escalation plans and establish “command central”
Trying things out, lost time, repetition and frustration	Regular, concise, communication updates via regular bulletins and open forums
Information overload with constant communication	Share work rapidly to avoid duplication
Inability to think, feeling overwhelmed	Provide support to poorly resourced colleagues eg satellite centres
Tension in working relationships	Support managers who are making plans and holding the stresses
Communication errors	Consider & plan for vulnerable staff
Occupational violence with public anxiety	Make security plans to ensure staff safety
Rapid re-training/skill acquisition e.g. PPE	

“Calm before the storm”

Staff at risk from large numbers of infectious patients, building psychological risk
Occasional patient at risk through change in business as usual or COVID

ISSUES AND IMPACT	SUGGESTED APPROACH
Public anxiety may decrease ED core business (unwilling to attend) placing community at risk	A time for increased reassurance, training, escalation planning
Experience fear or stigma when out in public	Institute pre-brief and debrief for shifts
Staff anticipatory anxiety increases and “readiness” burnout	Re-establish and check communication lines, regular updates are key
Workforce issues are building through public health measures, illness, re-distribution	Check in with individual staff, establish needs e.g. childcare, family concerns and invite feedback into planning processes
Moral distress through change in care to “business as usual” and inequity in healthcare building	Give staff time off
	Promote peer support, senior staff model “it’s ok to say you’re not ok”

"The storm"

Staff at risk from large numbers of infectious patients, psychological risk
Multiple patients at risk through COVID19, other illness & systems factors

ISSUES AND IMPACT	SUGGESTED APPROACH
Biggest risk period	Rotate workers from high to low stress functions
Staff fear infection of self and implication for families	Partner inexperienced or rotated staff with more experienced colleagues
Overwhelming workload	Psychological first aid drop-in centres or telehealth consults
Full adrenalin, automatic pilot	
Exhaustion	Provide rest area for staff within hospital but separate to ED
Moral distress as healthcare rationed	

Recovery and Long Term

Staff psychological risk
Patients at risk due to depleted healthcare resources, diminished trust
Staff and patient risk returning towards baseline

ISSUES AND IMPACT	SUGGESTED APPROACH
Exhaustion	Debriefing • Organisational • College • Leadership
Post-traumatic stress	
Moral distress through inability to operate business as usual	Group and 1:1 sessions
	Recognition and thanks
Ongoing PTSD	Reward eg time off
Reflection and learning	Monitor for PTSD • On edge, hyperarousal, poor sleep • Flashbacks, re-experiencing • Avoidance of reminders

Adapted from Intensive Care Society www.ics.ac.uk, Dr Julie Highfield