## Optimising staff preparedness, wellbeing, and functioning during the COVID-19 pandemic response

<table>
<thead>
<tr>
<th>Pandemic Stage</th>
<th>Technical Capacity</th>
<th>Staff Challenges</th>
<th>Staff Own Actions</th>
<th>Interventions for Staff</th>
<th>Corporate Actions Senior Execs/Managers</th>
</tr>
</thead>
</table>
| **Preparation for Covid-19** | • Planning and anticipating  
• Gaining insights and information  
• Practical Preparation ie PPE and fit testing  
• Encourage simulation (“dry runs“) of safety protocols and procedures, to facilitate embedding knowledge to increase safety | • Anticipatory anxiety vs. possible denial - potential for conflict  
• If PPE/fit testing delayed > more stress  
• May feel overwhelmed at prospect  
• Physical/emotional signs of tension  
• Information overload vs. lack information  
• Realisation reduced/absence agreed leave  
• Reasonable identification of limits to practice  
• Potential fear of reprisal relating difficult decisions  
• May already be struggling due to work or unrelated issue  
• Be aware of the Stress Response Curve*  
• Concern over transmission to vulnerable relatives | • Optimise ‘Personal batteries’  
• Make Personal Wellbeing Plan*  
• Home contingency planning  
• Self-isolation planning  
• Work within own competencies but learn new skills to help others  
• Focus on what can be reasonably undertaken  
• Try to anticipate likely individual challenges both professional and personal.  
• Make a Safety Plan* - See StayingSafe.net | • Encourage self-care  
• Good advice regarding COVID-19 safety protocols  
• Start regular supportive meetings with colleagues  
• Commence End of Shift huddles* and regular supportive Team Review Meetings*  
• (see full details below)  
• Optional 1:1 Coaching for senior staff  
• Ensure staff are aware of range of support options available including occupational health.  
• May need counselling support – by telephone/videolink (avoid over-medicalisation)  
• “Marathon not a sprint”: maximise regular rostered short periods of leave and annual leave whenever possible  
• Clear communication channels with clear escalation if needed | • Develop regular communication channels e.g. daily emails at same time: use same wording format  
• FAQs updated daily with option to feed into process  
• Develop Media Plan: focus on certainty, transparent, honest  
• Remove non-urgent business-as-usual tasks ASAP and extend deadlines (e.g. non-essential mandatory training, job planning, appraisals, KPI)  
• Ensure active monitoring of staff wellbeing and PPE availability are standing agenda items in COVID-19 Management Meetings  
• Managers need support and coaching to avoid inadvertent overbearing approach.  
• Harness/accept pro-bono offers of coaching  
• ‘Open door’ policy in person/remotely  
• Senior staff highly ‘visible’ and approachable  
• Involve chaplaincy services |
### Early phase

- Single/small number of cases
- Potential for fast shifting caseloads (empty ITU suddenly filling)
- Full technical capacity
- Vigilance regarding sufficient resources
- Some ethical dilemmas

- Anticipatory anxiety heightened
- Increased psychosomatic symptoms
- Increased awareness of own symptoms
- May feel overwhelmed by responsibilities
- Possible denial/some on overdrive
- Most will be coping with the ‘new normal’
- Potential fear of reprisal relating to difficult decisions

- Build new teams
- Learn new self-care strategies
- Actively use [Personal Wellbeing Plan](#)*
- Work within own competencies, but learning new skills to help others

- Informal peer-support
- Create ‘buddy’ support
- Pair up experienced with inexperienced staff
- Start support forums (in-person and on-line)
- Consider real time & regular weekly support
- [End of shift huddles](#)*

- Regular supportive [Team Review Meetings](#)*
- May be able to access Liaison/psychology
- Home-based tasks when staff well and self-isolating, to support sense of being useful

- THIS SECTION WILL BE EXPANDED SHORTLY

### Mid-phase

- Many new cases daily
- Strain in technical capacity due to insufficient equipment and staff sickness, covering for colleagues, redeployment anxiety

- Distress and worry increase
- Some staff not coping and already overwhelmed
- Many habituated to ‘new normal’
- Some on ‘overdrive’
- Starting to deplete personal reserves:

- Focus on ‘circle of influence’
- Focus on supportive teamwork
- Practice developing psychological and cognitive strategies
- Conscious attempts to establish a routine for

- Prioritise drinks/food/rest/sleep
- Strategic comfort breaks and rest periods (and avoid caffeinated drinks prior to shift) to optimise comfort whilst conserving stocks of PPE

- Consolidate supportive meetings
- Ensure regular ‘offload’

- Regular communication channels and consistent Media Plan as above
- Encourage home-based tasks when staff well and self-isolating, to support sense of being useful
- Provide increased levels of supervision and ensure no one is pressured into a role that provokes overwhelming anxiety and stress
- Active monitoring of staff wellbeing and PPE availability standing agenda item COVID-19 Management Meetings

- Managers need support and coaching to avoid inadvertent overbearing approach
- Remember ‘marathon not a sprint’
# Optimising staff preparedness, wellbeing, and functioning during the COVID-19 pandemic response

| Peak-phase | Case overload ++++  
| Distressed due personal impact  
| Likely to have affected family/friends  
| ‘Altruistic Distress’  
| Feeling overwhelmed +++  
| May feel unable to cope ++  
| Staff ‘running on empty’ & burnout ++  
| Potential work conflict due to excess stress  
| Potential fear of reprisal relating difficult to decisions  
| Focus on ‘circle of influence’  
| Focus on supportive teamwork  
| Use psychological, cognitive and self-compassion strategies constantly  
| Conscious attempts relax/sleep hygiene  
| Avoid ‘overdrive’  
| Prioritise drinks/food/rest/sleep  
| Strategic comfort breaks and rest periods (and avoid caffeinated drinks prior to shift) to optimise comfort whilst conserving stocks of PPE  
| Compassionate management  
| ‘Buddy system’ every shift  
| Opportunistic support  
| Regular supportive Team Review Meetings*  
| Support ‘off load’ time built into shift  
| May need 1:1 or small group support  
| | Consider additional practical support for staff to allow to stay at work  
| Redeploy some staff to support staff caring for COVID-19 patients  
| Managers need support and coaching to avoid inadvertent overbearing approach  
| Remember ‘marathon not a sprint’  
| | Active monitoring of staff wellbeing and PPE availability standing agenda item COVID-19 Management Meetings  
| Regular communication channels and consistent Media Plan as above  
| Ensure successes are shared, no matter how small  
| Consider additional practical support for staff to allow to stay at work  
| Redeploy some staff to support staff caring for COVID-19 patients  
| Liaise with external bodies as required  
| Managers need support and coaching to avoid inadvertent overbearing approach.  

## Challenging ethical decisions will need support process from regulatory organisations, professional bodies and senior staff  

### ‘Running on empty’ and starting to burnout  

- ‘Staying strong’ for patients  
- Potential fear of reprisal relating difficult to decisions  
- Relaxation/sleep hygiene  
- Avoid excess caffeine/alcohol  
- Formal ‘buddy’ each shift  
- May need intensive support  
- Clear communication channels with clear escalation if needed  

*This section will be expanded shortly*
# Optimising staff preparedness, wellbeing, and functioning during the COVID-19 pandemic response

<table>
<thead>
<tr>
<th>Tail off phase</th>
<th>Technical capacity OK</th>
<th>Staff ‘running on empty’</th>
<th>Focus on supporting self and others</th>
<th>Compassionate management</th>
<th>Active monitoring of staff wellbeing and PPE availability standing agenda item COVID-19 Management Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>NB timeline is not yet unknown</td>
<td>Minor ethical dilemmas</td>
<td>Many with burnout</td>
<td>Use psychological and cognitive strategies when required</td>
<td>Regular supportive Team Review Meetings*</td>
<td>Regular communication channels and consistent Media Plan as above</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Potential retrospective guilt</td>
<td>Focus on compassion self and others</td>
<td>Watch and wait and refer/Occupational Health</td>
<td>Ensure share successes, no matter how small</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Potential fear of reprisal relating difficult decisions</td>
<td></td>
<td>More formal psychological help if and when required</td>
<td>Liaise with external bodies as required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post COVID-19</th>
<th>Full technical capacity</th>
<th>Expect a delayed response</th>
<th>Focus on supporting self and others</th>
<th>Compassionate management</th>
<th>Managers need support and coaching to avoid inadvertent overbearing approach.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NB timeline is not yet unknown</td>
<td>Still reduced staff functioning/reduced numbers</td>
<td>Potential retrospective guilt</td>
<td>Use psychological and cognitive strategies if required</td>
<td>Prioritise annual/study leave</td>
<td>Open door on offer as needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mitigate staff distress and/or burnout</td>
<td>Focus on compassion self and others</td>
<td>Watch and wait and refer/Occ Health</td>
<td>Plan team building activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fear reprisal for difficult decisions</td>
<td></td>
<td>More formal psychological help if and when required</td>
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</tr>
</tbody>
</table>

**IMPORTANT**
- This is an unprecedented situation that none of us have previously had to contend with.
- We must remember that all of us, however junior or senior, may be feeling out of our depth, which is an entirely normal and reasonable response.
- However, with planning and preparation and working as a collective we can support each other to do our very best.
- We will need to be creative, pool resources and also consider harnessing non-NHS people for support tasks and tasks to optimise our performance.
Optimising staff preparedness, wellbeing, and functioning during the COVID-19 pandemic response

GLOSSARY

*End of shift huddles
  - A quick check in, facilitated by senior clinician: what went well, what to do differently, self-care reminder, safety net for anyone who may need more support that day

*Team Review Meetings (formerly called debriefs)
  - For the purpose of this document, a Team Review Meeting refers to a semi-formal structured, regular and facilitated meeting where teams are given the opportunity to come together to reflect on the experience of working together, build a shared understanding of what has happened, foster connection, give mutual support and think about their self-care needs. If regular meetings are not possible a one-off Team Review Meeting is to be encouraged.
  - Ideally, they should be facilitated by at least one suitably qualified professional (i.e. psychologist, psychiatrist, trained mental health nurse or other) although COVID-19 may mean flexibility is required across all aspects of provision.
  - The primary process is for compassionate support and not as a treatment intervention. However, it is important that at least one facilitator has a background in psychiatry or psychology and is able to recognise signs of PTSD should they emerge, so they can signpost on and ensure the team review is delivered safely.
  - Where possible there should be two facilitators, with one being already known to the team (e.g. senior clinician, team psychologist).
  - Team reviews must always be optional, and no staff member should be compelled to attend.
  - We will be producing a “Guide to delivering a debrief” as soon as possible (promoting a Team Review Meeting structure least likely to exacerbate PTSD, whilst still being supportive and helpful if run correctly)

*Safety Plan
  - The mental health equivalent of putting on a car seat belt: a set of strategies, emotional and social support in the event of emotional distress. See StayingSafe.net

*Personal Wellbeing Plan
  - The mental health equivalent of an MOT, designed to maximise wellbeing and build emotional resourcefulness to help mitigate tough times. New website soon.

*Circle of Influence (based on Covey’s work)
  - This can potentially be adapted to clinical settings to reduce cognitive load when working in a high pressure or crisis situation.
  - Encourage staff to think about the things that they can control, those they can influence and those they can neither control nor influence.
    - If staff start to become overwhelmed encourage them to focus on what is directly under their control at that very moment, and to encourage breaking down units of time or tasks into manageable chunks.
    - This can be applied to focussing on individual patient tasks if they start to become overwhelmed by unmanageable clinical workload or emotional distress
Optimising staff preparedness, wellbeing, and functioning during the COVID-19 pandemic response

*Stress Response Curve:

- Terms such as ‘stretch and strain’ can be useful to consider in understanding of the dynamics of the state people are in, and what has become widely known as the Nixon Curve [P. Nixon 1979] has also been called the Stress Response Curve.
- The term “stretch” is often used when someone is working and functioning at a high level whilst generally coping and efficient. At this time a person may be experiencing what might be termed “good stress”.
- However, as the stress increases, accumulates or develops multiple layers, this good stress can become distress (bad stress).
  - At this point people may be seen as strained, and though initially they may appear to be functioning and coping, the truth is they may rapidly descend into someone developing psychological, emotional and physical signs and symptoms which may lead to them becoming unwell, experiencing crises and burnout with even the smallest additional stresses.

NOTES FOR EXECUTIVE TEAMS & SENIOR MANAGERS

- Senior leaders to include active monitoring of staff wellbeing and in COVID-19 Management meetings through engagement with stakeholders in Organisational Development/Occupational Health, Psychology, Liaison Psychiatry and faith leaders.
- Consider canvassing and harnessing pro-bono offers of coaching.
- Communication is KEY
  - Focus on certainty with transparent, honest and consistent style with same wording format.

IF YOU HAVE BEEN EMAILED THIS DOCUMENT...

- This guidance is an evolving project: there will be expansions and additions soon.
- The latest version will always be downloadable from https://www.lindadykes.org/covid19 and announced from our Twitter account @HCW_Welfare

COMMENTS OR SUGGESTIONS?

- Message Dr Alys Cole-King on Twitter - @AlysColeKing or to our Twitter account, @HCW_Welfare, which will continue until the pandemic is over.

V1.0  19/3/20  Co-ordinated by Alys Cole-King on behalf of multiple authors – see Appendix
Optimising staff preparedness, wellbeing, and functioning during the COVID-19 pandemic response

APPENDIX – Contributors

As this is an interim document: multiple drafts have been flying around the contributing team, and this list will be updated as new contributors participate (or if we have accidentally missed anybody out!)

Project Coordinator

| Dr Alys Cole-King | Consultant Liaison Psychiatrist/Clinical Director 4Mental Health |

Contributors

| Dr Tania Bugelli | Consultant Psychiatrist in Liaison, Associate MD Q&S GCH; Chair Faculty of Liaison Psychiatry RCPsych Wales |
| Prof Brian Dolan | Director, Health Service 360 |
| Dr Linda Dykes | Consultant in Emergency Medicine & GPwSI Ambulatory Care, BCUHB, North Wales |
| Dr John Glen | Consultant in Anaesthesia & ICM, Ysbyty Glan Clwyd, North Wales; Consultant & Clinical Lead H61 Air Ambulance, EMRTS Cymru; Hon Senior Lecturer, University of Bangor |
| Dr Emma Hosking | Consultant Anaesthetist & Hospital Medical Director, Ysbyty Glan Clwyd, North Wales |
| John Jackson | MBACP Accredited |
| Matthew Joyes | Assistant Director of Patient Safety and Experience, BCUHB, North Wales |
| Dr Peter Ilves | Training Director, 4Mental Health |
| Prof Matthew Makin | Medical Director, North Manchester General Hospital (Regional Infectious Diseases Centre) |
| Prof Iain Moppett | Professor or Anaesthesia & Perioperative Medicine; Honorary Consultant Anaesthetist, Nottingham |
| Dr Esther Murray | Psychologist, Barts and the London School of Medicine and Dentistry |
| Dr Albert Persaud | Co-Founder, The Centre for Applied Research and Evaluation - International Foundation (CAREIF) Centre for Psychiatry; Barts and The London; Queen Mary's School of Medicine & Dentistry |
| Prof Nicholas Procter | Chair Mental Health Nursing, School of Nursing and Midwifery, University of South Australia |
| Dr Amrit Sachar | Liaison psychiatry consultant & mental health lead for North West London Diabetes Transformation Programme |
| Prof Michael Sharpe | Professor of Psychological Medicine, University of Oxford |
| Dr Kate Stannard | Consultant Anaesthetist, Maidstone & Tunbridge Wells NHS Trust |
| Dr Chris Subbe | Consultant Acute Physician BCUHB; Improvement Science Fellow, Health Foundation |
| Dr Ben Thomas | BCUHB Associate Director, Medical Ethics |
| Sadie Thomas-Unsworth | Senior Clinical Psychologist, Psychological Health Services, University Hospital Bristol |
| Professor Graham Towl | Durham University, UK |
| Andrew Walraven-Thissen | Critical Incident Manager |