

A Guide to Support the Well-being of Healthcare Personnel During a Time of Crisis



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Executive Summary

The Uniformed Services University's (USU) National Center for Disaster Medicine and Public Health (NCDMPH) collaborated with the Consortium for Health and Military Performance (CHAMP), the Center for Deployment Psychology (CDP), the Center for the Study of Traumatic Stress (CSTS), Walter Reed National Military Medical Center (WRNMMC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide medical personnel with resources aimed at improving their well-being during stressful situations or events.

Within this compendium are hyper-linked articles from CHAMP on stress management, nutrition, physical activity and spiritual fitness.

CDP provides suggestions on the importance of maintaining a regular sleep pattern, the incorporation of a routine exercise schedule and recommendations regarding caffeine intake.

CSTS provides information on the mental health and behavioral impact when responding to outbreaks as well as approaches to providing emotional support to family members during unusual events.

WRNMMC Sleep Clinic provides recommended sleep aids and wake-promoting agents for healthcare workers during a time of crisis.

SAMHSA provides tips on managing stress while returning to the work environment.

As our nation continues to face unprecedented challenges like the pandemic of the 2019 novel coronavirus, we hope that the expertise presented in this guidance document will be of continual use in various healthcare facilities.

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COVID-19

RESOURCES FOR HEALTHCARE WORKERS

This information is also available online at hprc-online.org/total-force-fitness/tff-strategies/resources-healthcare-workers.

In fighting the COVID-19 pandemic, frontline healthcare workers—medical and hospital staff—and emergency responders are working beyond the call of duty to care for the ill and protect the health of others, while still trying to care for their families. The Consortium for Health and Military Performance (CHAMP) at the Uniformed Services University initially created the resources here for Military Service Members. We salute your dedication and courage, and we hope these resources can now help you navigate through the challenges while you serve on the frontlines of the battle against COVID-19.

SLEEP

Sleep is a scarce commodity for those working around the clock to remedy a crisis. These tips can help you to get the best rest when you can sleep and provide options to recover your energy when you can't, so you can deploy when you're needed most.

- **Strategic napping.** When regular sleep is in short supply, naps are a critical recovery tool you can leverage to help you be at your best mentally, physically, and emotionally.
- **How sleep impacts your performance.** Explore strategies to help combat sleep debt.
- **Why prioritize sleep?** Learn how sleep impacts your performance and how to get better sleep on the frontline.
- **Manage your sleep with shiftwork.** Explore how to get better sleep when you work irregular schedules.

NUTRITION

Fueling properly can be a challenge, especially now. These tips can help you make better decisions about your current nutrition needs, so you can bring your best self to the fight.

- **Nutrient timing for night shifts.** Learn how to fuel your body during irregular work schedules.
- **Caffeine for performance.** Learn how to leverage caffeine for your physical and mental performance. Also, get [caffeine facts](#) about sources and amounts of caffeine in different beverages.
- **High-performance foods.** Use this guide to make healthy, high-energy food choices (and avoid low-performance foods) to keep you fueled for long shifts.
- **Nutrition to boost mental performance.** Learn what and how to eat to support your mental performance—crucial during demanding situations.
- **Refuel, rehydrate, recover.** Refuel with the right nutrients to help your body repair and replace nutrients lost through physical exertion and the stress of caring for others.

DIETARY SUPPLEMENTS

- **Nutrition and supplement suggestions for immunity.** Operation Supplement Safety (OPSS) suggests what might help boost your immunity on the COVID-19 frontline.
- **Avoid “quick fixes” for COVID-19.** There are no FDA-approved treatments to treat, prevent, or cure COVID-19. Learn how to watch out for fraudulent product claims.

HOPE for those on the COVID-19 frontline

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PHYSICAL ACTIVITY

Physical fitness might end up on the back burner when you're overworked and stressed out. When you can, being active for 15–20 minutes at a time can help maintain your resilience making it easier to cope with high work and stress loads.

- **Physical activity for your mind.** Regular physical activity helps build and maintain physical and mental resilience, so you can deal with everyday stressors and reduce the impact of extreme stressors.
- **Keep moving, with little to no equipment or space.** The Navy Operational Fitness and Fueling System (NOFFS) has workouts you can do in small spaces, with little to no equipment. HPRC also has tips on [limited-equipment resistance training](#).
- **Breathe to relax and de-stress.** When your time is limited, you can practice this breathing exercise anywhere in just 2 minutes to reduce your stress level.
- **Breathe to control your feelings.** Explore breathing exercises further, including through videos, to gain control over how you feel physically and emotionally.
- **Regular physical activity for health and performance.** Learn what counts as the moderate- to vigorous-intensity exercise you need to keep going.

STRESS MANAGEMENT AND RESILIENCE

With rapidly changing and volatile circumstances, persistent stress and anxiety, and depleted reserves, the psychological toll of COVID-19 on healthcare workers is far-reaching. These stress-management resources might help bolster your psychological health and resilience through this crisis.

- **Escape the downward spiral of anxiety.** When anxiety gets in the way of purposeful action, this skill can help you break out of catastrophic thinking.
- **Cultivating hope: Avoid “always” and “everything” traps.** Get unstuck when you're caught in a negative spiral of hopelessness and helplessness.
- **Grab control of your feelings.** Learn how to manage and regulate your emotions, now more than ever.
- **Relaxation strategies to deal with stress.** Read about several relaxation techniques and resources you can use to pump the brakes on your stress.

- **Mindfulness on the frontline.** Practicing mindfulness can help you relax, lower your blood pressure, sleep better, become more focused and alert, “tune in” to your body, and improve your relationships.
- **More resources to cope with anxiety and depression.** Learn more about where to get help with anxiety and depression.

FAMILY RELATIONSHIPS

For frontline workers, managing family dynamics can be extra challenging. Learn how to maintain strong connections with those you care about the most.

- **How to deal with separations.** Understand some of the basic challenges of temporary separations, and learn strategies to overcome them as a family.
- **How to discipline your kids while you're away.** Get some simple tips to stay involved with your children, set boundaries, and keep them headed down the right path while you're physically separated.
- **Parenting alone during your partner's absence.** This resource is for the parent whose partner is away from home on the COVID-19 frontline.
- **Keep in touch during a crisis.** These tips can help you address the challenges of communicating with your partner and family while you're apart.

SPIRITUAL FITNESS

Spiritual fitness can help you maintain and apply your core beliefs, values, and spiritual practices to help you navigate the current challenges facing healthcare workers.

- **Grow your gratitude.** Learn how to cultivate a sense of appreciation that can help you and your family through these tough times.
- **Grow through trauma.** Others like you who experienced trauma report how they grew mentally, emotionally, and spiritually after difficult experiences.
- **Does everything happen for a reason?** Learn how your beliefs about the world affect how you can make sense of problems and address them—including what you notice and what you might miss.
- **Optimizing spiritual fitness during challenging times.** Read 3 spirit-strengthening messages for healthcare workers during this crisis.

FIGHT COVID-19 WITH BETTER SLEEP HEALTH: A GUIDE FOR HOSPITAL WORKERS

In the face of a global pandemic, the health and safety of hospital workers is critical to our ability to mitigate the impact of a new coronavirus, COVID-19.

Hospital workers often get less than the recommended 7–9 hours of sleep per night and may need to work around-the-clock hours. Increased demand on healthcare systems will alter schedules further.

Sleep and circadian disruption can have negative health and safety consequences including impaired immune function and increased accidents and errors.

Sleep is a tool that you can utilize to help your body fight off infection, maintain health and perform at its best, which will have a positive impact on the health and well-being of your patients.

As a hospital worker, you can take steps to ensure healthy sleep from the moment you wake up by following the guidelines below:

Make Sleep a Priority

- **Upon waking, get at least 15–60 minutes of bright light.** Natural sunlight is best, or any bright or blue-enriched light source (e.g., light box, bright indoor lights). This signals to your biological clock that it's time to start the day.
- **Exercising closer to wake-time can signal daytime and improve sleep quality.** Avoid intense exercise close to bedtime and when you are sick.
- **Take naps and consider “banking” your sleep.** Even short naps (<20 minutes) can improve alertness, performance, and memory. Longer naps (>60 minutes)

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or extending sleep can make up for lost sleep or prepare you for anticipated sleep loss with a difficult shift.

- **Use caffeine judiciously.** It can help keep you awake when tired, but those effects remain for hours and can interfere with your ability to fall sleep. Therefore, try not to consume caffeine within ~6 hours

of your desired bedtime. Also, caffeine may become less effective when consumed too often, which means it won't be as useful at times when you really need it.

- **Limit alcohol before bed.** It may be sedating at first, but it disrupts your sleep quality.
- **Keep a regular sleep and wake-time schedule** as much as possible, even on your days off. This helps keep your sleep and circadian systems in sync and minimizes a physiological “jet-lag.”
- **Create a regular bedtime routine** of quiet activities, like taking a warm shower, reading, brushing your teeth and ending with relaxation exercises, to get your mind and body ready for sleep.
- **Limit alerting activities close to bedtime**, especially light (e.g., screens), caffeine, exercise & work.
- **Optimize your sleep environment.** Keep it DARK, cool, quiet & comfortable. Use eye masks or dark-out curtains, and turn your screens off to foster a biological night.

Source: Information provided by the Chronobiology, Light and Sleep Lab within the Department of Psychiatry at Uniformed Services University of the Health Sciences.

Please take care of your patients by taking care of yourself.

shutting of inpatient psychiatric units and hospitals and outpatient clinics. Pharmacies may be closed or their supply chains interrupted, resulting in patients not receiving their medications. Problems with transportation infrastructure may make it difficult to get to appointments.

- **Loss of hospitals and care facilities.** Many chronically mentally ill live in supported environments, including psychiatric hospitals or other skilled facilities, group homes or shelters. In the aftermath of a disaster, these facilities may close or be understaffed; residents may be forced to either relocate and/or be underserved.
- **Increased demand for mental health services.** Demand for mental health services often increases in

the wake of a disaster due to the mass trauma that has occurred. This greater need for services for many new people may result in a diversion of resources away from care for the chronically mentally ill.

Disaster preparedness and planning.

- Assist those with chronic mental illness and their families to develop a disaster plan including emergency contact information and a supply of medications.
- Identify group residences and shelters that house serious and chronically mentally ill persons in order to facilitate evacuation, rescue or safety check at the time of a disaster.

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NUTRITION & DIETARY SUPPLEMENT SUGGESTIONS TO SUPPORT IMMUNITY

This information is also available online at opss.org/article/nutrition-and-dietary-supplements-immunity.

STAY FUELED AND WELL HYDRATED

Drink water!

VITAMIN C

Buffered L-ascorbate (1,000–5,000 mg), divided throughout the day, can be used to boost your immune system. As a powerful natural anti-oxidant and anti-viral, vitamin C can help protect you when you're under stressful conditions. Goats and other animals that make their own vitamin C can make up to 13 times their normal amount when under stress.

VITAMIN D

Vitamin D (400–4,000 IU) is especially important when you can't go outside into the sunshine. Vitamin D can strengthen your immune system and help reduce the rates of respiratory infections (400 IU is likely the maximal dose for children). It is important to note that, across the nation and among Military Service Members, blood vitamin D levels are typically below the recommended levels. Upper limits of intake are controversial, but 4,000 IU is reasonable.

ZINC

Zinc (20–30 mg) is essential for optimum immune function. Zinc supplementation might protect against respiratory tract infections, so it can only help at this time. The upper limit for zinc is 40 mg.

MAGNESIUM

Magnesium (200 mg)—as magnesium citrate, glycinate, or ascorbate—is critical because it participates in many immune-response pathways. Also, magnesium helps maintain an optimum pH balance, which helps protect cells from viral invasion. Average magnesium intakes across the country are less than recommended, so supplemental magnesium can only help. The upper limit for supplemental magnesium is 350 mg.

MULTIVITAMINS

Taking a multivitamin can be useful when you aren't eating a well-balanced diet. Multivitamins often contain vitamin C, vitamin D, zinc, and magnesium, so it's important to check how much of each nutrient is in a product. If you combine a multivitamin with a single-nutrient supplement, make sure the combined amount of each ingredient doesn't exceed daily upper limits. (Look for %DV on the label.) We also suggest you look for a product that has been third-party certified by NSF or verified by USP.



Remember: More isn't necessarily better—and might be worse! And avoid taking other supplements you don't normally use.

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Sleep Tips

Getting good sleep is essential for both physical and emotional healing. While sleep is often disrupted following a stressful event (like being dispersed and providing care during a pandemic), there are strategies to help you get back on track. Practicing good sleep hygiene now may help you avoid larger health problems later.

- **Get back to a regular sleep schedule. Maintain a consistent wake and bed time.** You may not feel entirely rested in the morning initially, but resist the urge to lounge in bed or doze. Keeping a consistent schedule helps your body reset its circadian rhythm.
- If you can, **avoid naps** as you readjust to your regular schedule. If you must nap to avoid fatigue on the job, limit it to 30 minutes or less.
- Be careful with your **caffeine intake**. Avoid the urge to increase your caffeine use and stop drinking it after lunch. The half-life of caffeine is 5-6 hours and can therefore impact your sleep even 10 hours after you last ingested it.
- Be mindful of drinking **alcohol**. It's a good idea to keep an eye on alcohol use after any stressful event, and it's important to recognize that it can disrupt your sleep hours after you drink it. Although some people find that alcohol helps them fall asleep faster, the quality of your sleep suffers as the alcohol is metabolized. Stay within healthy guidelines for alcohol consumption and avoid drinking after dinner to reduce the impact of alcohol on your sleep.
- **Exercise** can both reduce stress and contribute to healthy sleep. Initiate or return to a regular exercise routine as part of your healthy lifestyle, whether that includes yoga, jogging, or tai chi. But be mindful of your timing: avoid exercising within 2-3 hours of bedtime, as it will increase your core body temperature and interfere with good sleep.
- **Develop a wind-down routine.** Devote the last 2 hours of your day to relaxing and preparing for bed. Discontinue activating behaviors such as watching the news or reviewing finances. Instead watch a comedy or practice a relaxation exercise. Develop a nightly routine that includes things like brushing your teeth, activating the "do not disturb" feature on your phone, and/or changing into pajamas. Having a nightly routine will train your mind and body to prepare for sleep.
- **Don't worry in bed.** In the weeks immediately following a stressful event, it's normal to feel anxious and revisit the event. Allow yourself to process those thoughts and feelings, but avoid doing so in bed. Over time, this will condition you to feel and think anxiously in bed. Only get in bed when you're ready to sleep, and get out of bed if you are feeling anxious or stressed. Practice a relaxation exercise before you get back into bed.

Allow yourself some time to process your experience and readjust to your "normal" life. Remember that it's common to feel on edge for a few weeks after a stressful event and don't judge or criticize yourself for this. But if you continue to experience trouble sleeping for more than a few weeks, reach out to your medical provider for help.

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WARNINGS ABOUT “QUICK FIXES” FOR COVID-19

This information is also available online at opss.org/article/warnings-about-quick-fixes-covid-19.

A lot of information is being pushed out about COVID-19, but not all the information on the Internet is true. Follow the precautions below before you use any product, including dietary supplements, marketed for preventing or treating COVID-19.

Be aware of fraudulent products that claim to treat, cure, or prevent COVID-19.

THESE INCLUDE:

- Dietary supplements
- Unapproved drugs
- Over-the-counter tests
- Devices
- Vaccines

At this time, no reliable evidence suggests any product is effective at preventing or treating COVID-19. The Food & Drug Administration (FDA) and the Federal Trade Commission (FTC) have already issued warning letters to companies advertising their products this way.

Now more than ever it is important to know how to choose a dietary supplement without harming your health.

- Choose a product that is third-party certified.  
- Use the **OPSS scorecard** to screen dietary supplements for safety.
- Use the OPSS **Ask the Expert** feature if you're unsure about a product.
- Seek out other resources at <https://opss.org> and <https://ods.od.nih.gov>.

For information about safe supplements to support immunity, read the **OPSS article** for guidance on what might be helpful. Avoid performance-enhancing supplements that might compromise your performance or health!

FOR MORE INFORMATION, VISIT:

- **Coronavirus Update: FDA and FTC Warn Seven Companies Selling Fraudulent Products that Claim to Treat or Prevent COVID-19**
- **Beware of Fraudulent Coronavirus Tests, Vaccines and Treatments (FDA)**
- **Coronavirus and “Alternative” Treatments (NIH)**

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MENTAL HEALTH AND BEHAVIORAL GUIDELINES FOR PREPAREDNESS AND RESPONSE TO CORONAVIRUS AND OTHER EMERGING INFECTIOUS OUTBREAKS

Several global infectious disease outbreaks, such as Coronavirus (COVID-19), can help inform psychological and behavioral responses to these events as well as appropriate interventions. Since the highly lethal pandemic outbreak of influenza in 1918, there have been few global threats from infectious agents. SARS outbreaks in Asia and Canada, as well as H1N1, MERS, Ebola virus and Zika virus have provided important lessons to inform preparedness and response.

Like many crisis and disaster events, pandemics result in a predictable range of distress reactions (insomnia, decreased perceptions of safety, anxiety), health risk behaviors (increased use of alcohol and tobacco, work/life imbalance manifested by extreme over-dedication in the workplace to alleviate distress), and may also result in psychiatric disorders, such as PTSD, depression, and anxiety.

Infectious outbreaks have unique characteristics that increase fear and uncertainty, due to the imperceptibility of the infectious agent, uncertainty about infection, and early stage symptoms that are often easily mistaken for more well-known, benign illnesses. As a result, pandemics manifest unique individual and community responses, including scapegoating and blaming, fear of infection, and high levels of somatic (physical) symptoms. Community response to outbreaks is governed by perception of risk (not actual risk) with a variety of factors impacting community distress, including: fear of infection, concerns about adequate supplies and efficacy of prophylactic and treatment medications, and the emergence of pathogens that are difficult to detect or treat, spread in novel ways, or cause unfamiliar or extreme symptoms will increase community distress.

Most large-scale community disasters result in predictable phases of community behavior that unfold over time. After an event such as an earthquake or hurricane, community members typically come together to help with rescue efforts and bond over the shared adversity caused by the catastrophe. This “honeymoon” phase is often helpful for people to begin

Community response to outbreaks is governed by perception of risk (not actual risk) with a variety of factors impacting community distress...

the process of recovery. In contrast, recommendations during infectious outbreaks include avoiding public places, social distancing, limiting contact with potentially infected individuals and other measures that diminish social connections and amplify feelings of isolation. In

some cases, the requirement for quarantine furthers feelings of isolation for individuals directly effected as well as their families, friends, and community members.

Front-line health workers are particularly vulnerable to negative mental health effects of treating outbreak victims, and may experience high levels of traumatic stress reactions, including depression, anxiety, hostility and somatization symptoms. They are directly exposed to the illness and resultant community distress, typically working long hours due to high rates of patients presenting compounded by illness in some providers, and the need to balance the duty to care for patients with concerns about their own well-being and that of their family and friends.

Effective public mental health measures will address numerous areas of potential distress, health risk behaviors, and psychiatric disease. In anticipation of significant disruption and loss, promoting health protective behaviors and health response behaviors will be imperative. Areas of special attention include: (1) the role of risk communication; (2) the role of safety communication through public/private collaboration; (3) psychological, emotional, and behavioral responses to public education, public health surveillance and early detection efforts; (4) psychological responses to community containment strategies (quarantine, movement restrictions, school/work/other community closures); (5) health care service surge and continuity; and (6) responses to mass prophylaxis strategies using vaccines and antiviral medication.

The first step in preventing undesirable psychological, emotional, and behavioral response is an effective public health program of risk assessment and communication, public health prevention, and consequence management. These

are necessarily premised on having effective political and community leadership, appropriate pre-event organization, and staffing and funding.

Being alert to the interrelationship between psychological, emotional, and behavioral responses and their effect on other elements of the response plan must also be emphasized. While planning can be based on assumptions that public health efforts to stop an outbreak will be successful, the importance of managing the consequences of failure and the subsequent behavioral response to failure is crucial. This can extend from failure to deliver support and services, to failure of a vaccine to prevent illness, to failure of therapies to work.

Recommended steps in response to a pandemic flu outbreak are divided into four phases: preparedness, early outbreak response, later response and recovery, and mental health intervention planning.

PREPAREDNESS

1. **Education.** Public education must begin immediately, before a pandemic occurs, and be embed into existing disaster public education campaigns, resources, and initiatives (e.g. HLS's www.ready.gov, Red Cross, CDC public education and preparedness <https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/national-strategy-planning.html>, and HHS <https://www.cdc.gov/flu/pandemic-resources/index.htm>). This should focus on facts, to include what is known, what is not known, and how individuals, communities, and organizations can prepare for a potential outbreak. As we know from the SARS and other outbreaks, public education impacts threat awareness, threat assessment, and preparedness behaviors in every phase of an event. Public education in advance of an outbreak should be inclusive of the varying degree of threats, to include those of reasonably low threat potential to those with the highest potential.
2. **Leadership preparation.** Leadership preparation includes ensuring that public officials understand which members of the population will be most vulnerable and who will need the highest level of health services, including mental health services. This includes identification of those groups who may be at greatest risk for problems related to contagion, such as those with psychiatric illness, children, elderly, homeless, and those with losses. Ongoing negative life events also increase one's risk for mental health for negative mental health impact of an outbreak. In addition, health risk behaviors such as smoking, drug use, and alcohol use may increase in times of stress, putting some people at increased risk.
3. **Sustaining preparedness measures.** Maintenance of motivation, capital assets, equipment, and funding to continue preparedness efforts over the long term must be considered, not just to focus on immediate needs. It is also important to remember that if responses are under-supported and fail, the community anger and lowered morale may complicate the ability of a community to

respond to an outbreak, as well as the recovery process once an outbreak has ended.

4. **Leadership functions.** Leadership functions require identification of community leaders, spokespersons, and natural emergent leaders who can affect community model protective health behaviors. Special attention to the workplace is imperative as corporations have public education resources to potentially reach large populations. The media and celebrity groups constitute important leaders in most modern societies and have a critical role in providing leadership in communication.

EARLY PANDEMIC RESPONSE

1. **Communication.** Wide dissemination of uncomplicated, empathically informed information on normal stress reactions can serve to normalize reactions and emphasize hope, resilience, and natural recovery. Recommendations to prevent exposure, infection, or halt disease transmission will be met with skepticism, hope, and fear. These responses will vary based on the individuals' and the local community's past experiences with government agencies. In addition, compliance with recommendations for vaccination or medication treatment or prophylaxis will vary greatly and will not be complete. The media can either amplify skepticism or promote a collaborative approach. Interactions with the media will be both challenging and critical. The public must clearly and repeatedly be informed about the rationale and mechanism for distribution of limited supplies (e.g., prophylactic or treatment medications). Leadership must adhere to policies regarding such distribution, as abuses of policy will undercut public safety and public adherence to other government risk reduction recommendations.
2. **Tipping points.** Certain events, known as 'tipping points', will occur that can dramatically increase or decrease fear and helpful or health risk behaviors. Deaths of important or particularly vulnerable individuals (e.g., children), new unexpected and unknown risk factors, and shortages of treatments are typical tipping points. The behavioral importance of community rituals (e.g. speeches, memorial services, funerals, collection campaigns, television specials) are important tools for managing the community wide distress and loss.
3. **Surges in demands for health care.** Those who believe they have exposed (but have not actually been) may outnumber those exposed and may quickly overwhelm a community's medical response capacity. Planning for the psychological and behavioral responses of the health demand surge, the community responses to shortages, and the early behavioral interventions after identification of the pandemic and prior to availability of vaccines are important public health preparedness activities.

LATER RESPONSE AND RECOVERY

1. **Community structure.** Maintenance of community

is important. Community social supports — formal and informal — will remain important. In-person social supports may be hampered by the need to limit movement or contact due to concerns of contagion. Virtual contact — via phone, web, and other remote resources — will be particularly important at these times. At other times local gathering places — places of worship, schools, post offices, and grocery stores — could be points of access for education, training and distribution. In as much as allowed, instilling a sense of normalcy could be effective in fostering resiliency. In addition, observing rituals and engaging in regular activities (such as providing tasks for community action) can supplement needed work resources, decrease helplessness and instill optimism. Maintenance and organization in order to keep families and members of a community together is important (especially in event of relocation).

2. **Stigma and discrimination.** Under conditions of continuing threat, the management of ongoing racial and social conflicts in the immediate response period and during recovery takes on added significance. Stigma and discrimination may marginalize and isolate certain groups, thereby impeding recovery.
3. **Management of fatalities.** Mass fatality and management of bodies, as well as community responses to this, must be planned for. Containment measures related to bodies may also be in conflict with religious beliefs, rituals of burial, and the usual process of grieving. Local officials should be aware of the potential negative impact of disrupting normal funeral rituals and processes of grieving in order to take safety precautions. Public health announcements should include (if known) how long the virus remains in the corpse and what should be done with the bodies. In a pandemic, funeral resources can be overwhelmed and mortuaries may not want to handle contaminated bodies. Careful identification of bodies must be ensured and appropriate, and accurate records maintained.

MENTAL HEALTH INTERVENTION PLANNING

1. **Efforts to increase health protective behaviors and response behaviors.** Individuals under stress will need reminders to take care of their own health and limit potentially harmful behaviors. This will include taking medication, giving medications to elderly and children, infection prevention measures, and when to go for vaccination.
2. **Good risk communication following risk communication principles.** The media can either

amplify skepticism or promote a collaborative approach. Interactions with the media will be both critical and challenging.

3. **Good safety communication.** Promoting clear, simple, and easy-to-do measures can be effective in helping individuals protect themselves and their families.
4. **Public education.** Educating the public not only informs and prepares, it enlists them as partners in the process and plan. Education and communications will need to address fears of contagion, danger to family and pets and mistrust of authority and government. The tendency to expect or act as if these are not present can delay community wide health protective behaviors.
5. **Facilitating community directed efforts.** By organizing communal needs and directing action toward tangible goals, this will help foster the inherent community resiliency toward recovery.
6. **Utilizing evidence-informed principles of psychological first aid.** These basic principles include:
 - » Establish safety; identify safe areas and behaviors. Provide accurate and updated information.
 - » Maximize individuals' ability to care for self and family and provide measures that allow individuals and families to be successful in their efforts.
 - » Teach calming skills and maintenance of natural body rhythms (e.g., nutrition, sleep, rest, exercise). Limit exposure to traditional and social media as increased use enhances distress.
 - » Maximize and facilitate connectedness to family and other social supports to the extent possible (this may require electronic rather than physical presence).
 - » Foster hope and optimism while not denying risk. Encourage activities that restore a sense of normalcy.
7. **Care for responders and healthcare workers to maintain their function and workplace presence.** This will require assistance to ensure the safety and care of their families. First responders will be comprised of a diverse population, to include medically trained personnel to bystanders with no experience. Healthcare personnel will experience increased stress while having to manage concerns about their own safety and, potentially, stigma from family, friends and neighbors.
8. **Mental health surveillance.** Ongoing population level estimates of mental health problems in order to direct services and funding. Surveillance should address PTSD, depression and altered substance use as well as psychosocial needs (e.g., housing, transportation, schools, employment) and loss of critical infrastructure necessary to sustaining community function.

PSYCHOLOGICAL EFFECTS OF QUARANTINE DURING THE CORONAVIRUS OUTBREAK: *What Healthcare Providers Need to Know*

Quarantine is defined as the separation of individuals who may have been exposed to an infectious disease from the rest of the population to determine if they are ill and to reduce their risk of infecting others. During the coronavirus (COVID-19) outbreak, quarantine has been used as a public health strategy to reduce disease transmission. COVID-19 quarantine efforts have ranged from the mass quarantine of entire cities in China, to isolation in government-run

Described here are the psychological effects of quarantine, as well as strategies for how healthcare providers can care for their patients' and their own mental well-being during periods of quarantine.

facilities, to self-isolation at home. While quarantine can broadly serve the public good, it is also associated with psychological challenges for those quarantined, their loved ones, and the healthcare workers caring for them. Described here are the psychological effects of quarantine, as well as strategies for how

healthcare providers can care for their patients' and their own mental well-being during periods of quarantine.

Stressors of Quarantine and their Psychological Effects

Stressors during quarantine include:

1. **Frustration and boredom related to the isolation of quarantine**, which involves loss of one's usual routine (e.g., regular home and work activities, shopping for necessities) and limited social and physical contact with others.
2. **Inadequate supplies and access to regular medical care**, including food, water, or change of clothes as well as masks, prescriptions, and thermometers.
3. **Insufficient information**, such as lack of, or delayed, information from public health authorities, often due to poor coordination among health and government officials; unclear guidance; confusion about reasons for quarantine; and perceived lack of transparency.
4. **Longer durations of quarantine** (i.e., 10 days or longer), as well as extension of quarantine length.
5. **Fears about becoming infected and/or infecting others**, which can manifest as increased attention to and worry about one's health and physical symptoms, and may be particularly concerning for pregnant women and parents of young children.

Stressors following quarantine include:

1. **Financial loss.** Absence from work, healthcare costs, and other unanticipated financial burdens can result in socioeconomic distress, particularly among those with lower incomes.
2. **Stigma from others.** Stigmatization and rejection by neighbors, co-workers, friends, and even family members can manifest as being treated differently or with fear and suspicion, being avoided or excluded from leisure, workplace, or school activities, and experiencing stigmatizing comments. Stigma can be exacerbated if quarantined individuals are members of a particular ethnic or religious group.
3. **Getting back to one's "normal" routine.** Returning to usual work and social routines may take anywhere from several days to several weeks or even months. Knowing that it might take time to get back into regular routines can help with concern, anxiety, and frustration.

Promoting Psychological Wellbeing During Quarantine

1. **Use communication as an intervention.** Clear, understandable, and practical communication can reduce adverse psychological responses and increase behavioral adherence. Provide rapid, repeated,

- and developmentally and culturally appropriate communications about the nature of the disease, the reasons for quarantine, and other essential information.
2. **Facilitate communication with loved ones.** Knowledge of loved ones' conditions can have a powerful impact on the emotional health of quarantined individuals and improve adherence to recommended quarantine. For example, knowing that loved ones are safe, healthy, and well-cared for can reduce stress, while increased stress should be anticipated when information is lacking or in cases of worrisome news. Before quarantine, allow sufficient time (within the limits of public health concerns) for patients to make arrangements, reassure their loved ones, and say goodbye. During quarantine, facilitate the use of technology (e.g., phone and video calls, social media) to keep loved ones in contact with each other.
 3. **Prepare for quarantine.** Households and facilities under quarantine will need adequate food, household supplies, and medications to last for the duration of the quarantine. Once quarantine is imposed, there may be limited ability to move about and shop as usual. Obtain necessary resources in advance of quarantine if possible, e.g., by making this part of a family's or organization's disaster preparedness planning.
 4. **Reduce boredom and isolation.** Planning for activities during quarantine can help reduce boredom and lessen the focus on symptoms and feelings of being isolated from family and friends. As above, facilitating access to the internet and social media is important to maintaining social networks and remote communication while in quarantine. However, media exposure should be monitored, as too much exposure and exposure to unreliable sources can increase stress.
 5. **Take care of yourself.** Healthcare providers are also vulnerable to experiencing the psychological effects of quarantine, and this can be compounded by the stress of caring for sick and distressed patients. Make sure your own basic needs are met, including: eating, drinking, and sleeping; taking breaks at predetermined intervals; checking in with colleagues and loved ones; and ensuring that your family and organization are safe and have a plan in place for possible quarantine. If you are likely to work with infected individuals, have frank discussions with your family about the risk to you and to them and steps being taken to minimize that risk. Plan for the possibility that you may be quarantined separately from them if they are not exposed.
 6. **Keep quarantine as short as possible.** When advising patients on length of time in quarantine, restrict the length to what is scientifically reasonable and take care not to adopt an overly cautious approach. In addition, do not extend quarantine length unless absolutely necessary, and if this occurs, provide patients with up-to-date information as soon as possible.

Resources

Centers for Disease Control and Prevention (CDC).
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Center for the Study of Traumatic Stress (CSTS):
<https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response>

Brooks, SK et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. Published online February 26, 2020.
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext#%20](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext#%20)

PSYCHOLOGICAL FIRST AID: HOW YOU CAN SUPPORT WELL-BEING IN DISASTER VICTIMS

People often experience strong and unpleasant emotional and physical responses to disasters. Reactions may include combinations of confusion, fear, hopelessness, helplessness, sleeplessness, physical pain, anxiety, anger, grief, shock, aggressiveness, mistrustfulness, guilt, shame, shaken religious faith, and loss of confidence in self or others. A variety of helpful interventions can assist individuals and communities to recover.

Following a disaster, governments and relief organizations play an important role in reducing distress for both victims and the broader society. Ensuring equitable distribution of resources (such as food, clothing and shelter) and prompt access to healthcare increase trust and improve outcomes. Adhering to ethical principles when providing interventions and relief efforts enhances community well-being.

When interacting with individuals affected by a disaster event, there is consensus among international disaster experts and researchers that Psychological First Aid (PFA) can help alleviate painful emotions and reduce further harm from initial reactions to disasters. Your actions and interactions with others can help provide PFA to people in distress, by creating and sustaining an environment of (1) safety, (2) calmness, (3) connectedness to others, (4) self-efficacy—or empowerment, and (5) hopefulness. Consider the following suggestions:

DO:

- Help people meet basic needs for food & shelter, and obtain emergency medical attention. Provide repeated, simple and accurate information on how to obtain these (safety).
- Listen to people who wish to share their stories and emotions; remember there is no wrong or right way to feel (calming).

Following a disaster, governments and relief organizations play an important role in reducing distress for both victims and the broader society.

- Be friendly and compassionate even if people are being difficult (calming).
- Provide accurate information about the disaster or trauma and the relief efforts. This will help people understand the situation (calming).

- Help people contact friends or loved ones (connectedness).
- Keep families together; keep children with parents or other close relatives whenever possible (connectedness).
- Give practical suggestions that encourage people towards helping themselves and meeting their own needs (self-efficacy).
- Direct people to locations of available government and non-government services (hopefulness).
- If you know that more help and services are on the way, remind people of this when they express fear or worry (hopefulness).

DON'T:

- Force people to share their stories with you, especially very personal details (may decrease calming).
- Give simple reassurances like “everything will be ok” or “at least you survived” (often diminishes calmness).
- Tell people what you think they should be feeling, thinking or doing now or how they should have acted earlier (decreases self-efficacy).
- Tell people why you think they have suffered by giving reasons about their personal behaviors or beliefs (also decreases self-efficacy).
- Make promises that may not be kept (decreases hope).
- Criticize existing services or relief activities in front of people in need of these services (diminishes hope and calming).

CARING FOR PATIENTS' MENTAL WELL-BEING DURING CORONAVIRUS AND OTHER EMERGING INFECTIOUS DISEASES: A GUIDE FOR CLINICIANS

As our world becomes increasingly interconnected, the potential for rapid and far-reaching spread of new infectious diseases is a growing threat. Especially in the early stages of an emerging infectious disease outbreak such as Coronavirus (COVID-19), there is frequently a great deal of uncertainty about the nature of the disease, its spread, and its scope and impact. This may lead to significant and understandable emotional distress, even among those who have not been, and don't know if they will be, directly exposed to the disease.

During emerging infectious disease outbreaks, both

Especially in the early stages of an emerging infectious disease outbreak, there is frequently a great deal of uncertainty about the nature of the disease, its spread, and its scope and impact.

medical and mental health clinicians are likely to encounter patients who are experiencing various levels of emotional distress about the outbreak and its impact on them, their families, and their communities. Providers should acknowledge uncertainty about emerging diseases and help patients understand that there is often an emotional component to potential health concerns.

In addition, providers should consider the following recommendations for promoting patients' mental well-being during emerging infectious disease outbreaks:

- 1. Stay informed.** Obtain the latest information about the outbreak from credible public health resources, such as the Centers for Disease Control and Prevention (CDC), in order to provide accurate information to your patients.
- 2. Educate.** Healthcare providers are on the front lines of medical intervention and in a position to influence patient behaviors for protecting individual, family, and public health. Patient education plays a critical role in both containing the disease and mitigating emotional distress during outbreaks. Depending on the nature of the outbreak, this can range from education about basic hygiene such as hand-washing and cough etiquette to more complex medical recommendations for prevention, diagnosis, and treatment. Let patients know what you, your office, or your organization is doing to reduce the risk of exposure.
- 3. Correct misinformation.** In this age of social media, misinformation can spread quickly and easily, causing unnecessary alarm. If patients present you with inaccurate information related to the outbreak, correct their misconceptions and direct them to vetted public health resources.
- 4. Limit media exposure.** Today's 24-hour news cycle can make it difficult to turn away from the TV, radio, or news feed, but research has shown that excess media exposure to coverage of stressful events can result in negative mental health outcomes. Use trusted media outlets to gather the information you need, then turn them off—and advise your patients to do the same.
- 5. Anticipate and counsel about stress reactions.** Emotional distress is common in the context of uncertain and potentially life-threatening situations, such as outbreaks.
 - A good first step for mitigating your patients' stress is to acknowledge that it exists and help normalize it ("I see that you're stressed, and that's understandable. Many people are feeling this way right now.")
 - Teach patients to recognize the signs of distress, including worry, fear, insomnia, difficulty concentrating, interpersonal problems, avoiding certain situations at work or in daily living, unexplained physical symptoms, and increased use of alcohol or tobacco. This will help them become more aware of the state of their mental health

and head off distress before it becomes harder to manage.

- c. Discuss strategies to reduce distress, which can include:
 - i. Being prepared (e.g., developing a personal/family preparedness plan for the outbreak).
 - ii. Taking everyday preventive measures (e.g., frequent handwashing).
 - iii. Maintaining a healthy diet and exercise regimen.
 - iv. Talking to loved ones about worries and concerns.
 - v. Engaging in hobbies and activities you enjoy to improve your mood.
- d. If a patient is experiencing severe emotional distress or has a diagnosable mental illness, refer for specialized mental health care.

- 6. **Take care of yourself and your loved ones.** Healthcare providers are not invulnerable to experiencing their own emotional distress during outbreaks, and this distress can be compounded by caring for sick and distressed patients. Make sure your basic needs are met, including: eating, drinking, and sleeping; take a break when you need one; check in with loved ones; practice the strategies to reduce distress listed above; and monitor yourself for stress reactions too. Make efforts to ensure that your office and/or organization has a viable plan to monitor the course of the outbreak and take rapid and appropriate action if needed.

Source of Credible Public Health Information during Emerging Infectious Disease Outbreaks
Centers for Disease Control and Prevention (CDC).
<https://www.cdc.gov/>

GRIEF LEADERSHIP: LEADERSHIP IN THE WAKE OF TRAGEDY

In a world where we learn about traumatic events quickly and suddenly through television, social media, or newspaper coverage, many people can be suddenly and deeply affected by grief over the loss of loved ones, friends or relatives. Leaders play critical roles in the recovery of communities and individuals after disasters. Leaders identify the way forward, and hear and understand the present emotions and needs of their community. They communicate and reflect the community's feelings and shared experience in order to lead the community in recovery.

Understanding how people react to tragic events and the roles leaders play in recovery is critical to effective leadership. In the aftermath of traumatic events, many children and their parents, even those not living in close proximity to the event, want to hear guidance from their community's leaders. In this acute phase, leaders must attend to many responsibilities, including effective communication to people who have questions, seek reassurance, and want to take action.

As shock and horror turn to sorrow and mourning, leaders are responsible for identifying the timing of when a community is ready for the next step forward and how best to speak the language of each community to help individuals, families and care providers.

Understanding Traumatic Grief

People vary in their reactions to experiencing or learning about traumatic losses. Most will do fine over time, while for some the immediate reactions can last longer than normal and interfere with their return to their work and families. In the short term, many people experience transient, but powerful, grief symptoms. Early grief can include:

- Waves of sadness
- Intrusive images of the traumatic event and lost loved ones
- Withdrawal from close relationships with family and friends

Leaders play critical roles in the recovery of communities and individuals after disasters.

- Avoidance of activities that are reminders of the event
For some people, grief can be delayed. For others grief may not ever be evident.

Communicate Effectively with Your Community

Worry and distress can spread within and among communities, resulting in rumors and distortion of the facts of the event. Therefore, special attention should be given to optimizing communication with members of your community and with those outside of your community. Formal and informal leaders can be role models for the importance of sharing grief, communicating hope, identifying facts, managing rumors and providing support to others as needs change over time.

Immediate Responses

- **Be visible — Make public announcements and appearances**

By providing useful and accurate information, leaders can re-establish a sense of safety and enhance the community's trust in leadership.

- **Provide Accurate, timely information on what is known, what is not known, and when more information will be communicated**

Press briefings, use of social media and community meetings can reassure families and dispel rumors. Always say when more information will be available.

- **Understand that people process information differently in high stress situations**

Keep messages as simple as possible, repeat frequently, and emphasize positive messages (people tend to focus on negative information when stressed).

- **Use multiple channels of communication**

People seek information from multiple sources depending on culture, ethnicity, geography, community composition and history. TV, newspapers, radio, ministers, teachers, firefighters and local places of gathering (e.g. post office, grocery, PTA) provide channels for communication.

■ **Speak calmly and encourage working together**

Leaders promote calmness, empathy, optimism, a can-do attitude and collective healing and recovery. Direct communication between parents and children is important. Return to school nearly always calms children but can be stressful for parents.

■ **Know the status of existing and available resources**

Monitor emerging needs, support fellow community leaders and structures (such as schools, health, public safety).

■ **Provide policy and guidance without micromanagement**

Provide support to workers and volunteers with a framework for organizing and communicating policy. Recognize you cannot be “at the front” everywhere and others must make the tactical decisions. Foster initiative and cooperation.

■ **Organize memorial services and sites recognizing the diversity within the community**

Respect the desires and needs for families who have sustained losses. The timing of services is important.

■ **Attending funerals is important**

Tears and grieving in public by leaders gives permission to others to express grief and humanizes unthinkable tragedies.

Recovery

■ **Focus on future goals**

Reorient the community to future objectives, enhanced preparedness, and “we can do it.”

■ **Acknowledge those from within and outside the community who want to and do help**

Establish a climate of healing and community support.

■ **Provide common goals for future direction**

Redirect energy into needed recovery projects and respectful remembering and rebuilding efforts.

■ **Avoid blaming**

Blame directed towards groups or individuals leads to stigma, anger, and desire for retribution. Redirect energy to providing support and future needs.

Growing

■ Work to return community activities to normal, but tolerate if recovery is slow.

■ Recovery takes time, is not linear, and is influenced by future events that are always unknown.

■ Set and celebrate achievable goals.

■ Community rituals provide an opportunity for individuals and families to heal and reflect on their experience in their own style. These can cross racial, cultural and socioeconomic divides.

■ Beware of identifying a “we and they”.

■ Be alert to the fault lines such as racial or socioeconomic differences of the community. These tend to expand and become areas for conflict.

■ Expect community disappointment and anger after the initial sense of togetherness. Help the community understand the changing trajectory of recovery.

■ Take care of yourself. You need supporting staff, friends, family who remind you to rest and can objectively advise you about things you do not see or do Not recognize the importance of. Keep your advisors informed and listen to their perspectives.

Resources

Center for the Study of Traumatic Stress	www.cstsonline.org
National Child Traumatic Stress Network	www.ncstn.org
American Academy of Child and Adolescent Psychiatry	www.aacap.org
American Academy of Pediatrics	www.aap.org
American Psychiatric Association	www.psych.org
American Psychological Association	www.apa.org
American Red Cross	www.redcross.org



Center for the Study of Traumatic Stress
Department of Psychiatry
Uniformed Services University
4301 Jones Bridge Road, Bethesda, MD 20814-4799
www.CSTSONline.org

TAKING CARE OF YOUR FAMILY DURING CORONAVIRUS AND OTHER EMERGING INFECTIOUS DISEASE OUTBREAKS

Infectious disease outbreaks, including Coronavirus (COVID-19) that was first identified in China in December 2019, create a call to action for individuals and families to take responsibility for their health. Although leaders in science, medicine, and government closely monitor and seek solutions for

... the best way to protect one's family is through staying informed, practicing good basic hygiene and preventive measures, engaging in strategies to help manage stress, and learning ways to involve your children in family health care.

disease outbreaks, the best way to protect one's family is through staying informed, practicing good basic hygiene and preventive measures, engaging in strategies to help manage stress, and learning ways to involve your children in family health care.

Staying Informed

Reliable sources of information during an infectious disease outbreak help ensure family members are taking appropriate steps to stay healthy and address uncertainty about where to find accurate information. Up-to-date, accurate recommendations regarding disease prevention, self and family care, and travel guidance can be found at the following websites:

- Centers for Disease Control and Prevention (CDC): www.cdc.gov
- American Red Cross: www.redcross.org
- Local American Red Cross chapter: www.redcross.org/where/chapters.asp

Information about infectious diseases for children:

- CDC: www.cdc.gov/childrenindisasters/index.html
- American Academy of Pediatrics: www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/default.aspx
- Schools are a reliable source of up-to-date health information about specific school recommendations and emergency plans. Plan for childcare in the event of school closure, which may involve taking leave or finding alternate care plans.

Good Basic Hygiene and Preventive Measures

- Avoid close contact with people who might be sick.

- Viruses spread mainly person-to-person through coughing or sneezing of infected people.
- Cover your nose and mouth with a tissue or sleeve when coughing or sneezing, and dispose of the tissue after use. If a tissue isn't available, cough or sneeze into your elbow, not your hands.
- Avoid touching your eyes, nose, or mouth. Germs spread that way.
- Wash your hands regularly with soap and warm water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand-sanitizer.
- Wash your hands after coming home from public places, such as a school or playground.
- Clean frequently touched household surfaces with a disinfectant spray or wipes.
- If you get sick, stay home from work or school and limit contact with others to keep from infecting them.
- Eat a balanced, nutritious diet and get enough sleep every night.
- Engage in exercise for overall good health, and it may help reduce stress too.
- Make sure everyone in your house has received a flu shot. Because we are more familiar with the flu, people might not worry as much about it; however, it is an important preventive behavior.
- Provide additional support to children with special needs.
- Taking precautions to stay healthy is particularly important for at-risk groups, such as very young

children, older adults, and people with weakened immune systems or other health conditions.

Strategies to Help Stay Calm

Uncertainty and concern about catching an infectious disease, and protecting oneself and one's family, can increase feelings of stress. There are effective ways for individuals and families to manage stress and concern:

- Stay up-to-date about developments related to the infectious disease outbreak by using a reliable and accurate source of health-related information, such as the CDC or the Red Cross.
- Stick to your usual daily routine.
- Focus on positive aspects of your life and things that you can control.
- Seek social support from family members and/or friends and maintain social connections.
- Engage in relaxation techniques for stress reduction.
- Engage in physical activity and other enjoyable activities.
- If you or a family member is feeling overwhelmed, seek support from your health care provider or religious leader.

Ways to Involve Your Children in Family Health Care

Including your children in your family's health care plan will lead to better understanding, counter fear of the unknown, and help children and adolescents feel a sense of control.

- Ask children what they have heard about infectious disease.
- Provide age appropriate, accurate information and clarify any misinformation or misunderstanding they may have.
- Encourage children to share their concerns, and let them know that parents and teachers are available to discuss thoughts and feelings.
- Parents' behaviors have a significant effect on children. Keep conversations calm and focused on the facts. Emphasize efforts that are being taken to contain the infectious disease.
- Model health-promoting behaviors for your children. For example, teach them to wash their hands with soap and water, reciting a nursery rhyme (e.g., Humpty Dumpty) that helps them understand how long they should wash.
- Educate the entire family about good health habits. Talk about what each family member can do to help others outside of the immediate family.
- When appropriate, include children in family plans and preventive behaviors.
- Address any misconceptions children may have that could result in stigmatizing people with connections to the country from which the viral outbreak originated.



Tips for Supervisors of Disaster Responders:

HELPING STAFF MANAGE STRESS WHEN RETURNING TO WORK

Many people who are involved in disaster response work find that it has a unique blend of stressors and rewards, both of which are powerful parts of the response experience. Upon completing a disaster response assignment, many responders find their return to regular duties to be a complicated, prolonged, and difficult process. In addition, coworkers who maintained the ongoing operation of the office during the response period may have experienced unwelcome demands, causing them to experience stress, as well. Supervisors can help manage the stress of returning disaster response team members and encourage them to gain perspective on their experience, contributing to their employees' personal and professional growth. This tip sheet can help supervisors ease the transition for disaster responders returning to work, recognize and reduce potential difficulties in the workplace, and enhance positive consequences for all of their staff.

STRENGTHENING STRESS MANAGEMENT SKILLS BEFORE AND DURING A DISASTER RESPONSE

The ideal time to strengthen stress management skills, both for you and your employees, is before a disaster occurs. These skills are also important for employees who stay behind when

their coworkers are engaged in offsite disaster response work. You can offer the following self-care tips to your employees, and practice them yourself, to prevent and manage stress in your workplace both before and during disaster response and recovery efforts:

- Maintain a healthy diet, and get routine exercise and adequate rest.
- Spend time with family and friends.
- Pay attention to health concerns, and schedule routine checkups to ensure you are ready when called for an assignment.
- Keep up with personal tasks (e.g., pay bills, mow the lawn, shop for groceries). This can help you avoid having to complete last-minute tasks that can take away from time spent preparing for your response assignment.
- Think about your goals for upcoming assignments, and how you can apply lessons learned from past assignments to future situations.
- Reflect upon what your disaster response experiences have meant personally and professionally.
- Get involved in personal and family disaster preparedness activities.

TIPS FOR SUPERVISORS OF DISASTER RESPONDERS: HELPING STAFF MANAGE STRESS WHEN RETURNING TO WORK



PREPARING YOUR ORGANIZATION FOR RETURNING EMPLOYEES

Supporting your returning employees starts with organizational policies and priorities. You can work with other leaders of your organization to:

- Create an atmosphere where people can be open with supervisors about their experiences, feelings, and concerns.
- Create structured forums for responders to present their lessons learned or recommendations for organization-wide preparedness activities.
- Optimize liberal or flexible leave policies for returning employees.
- Be candid about the complex and potentially difficult job that supervisors and managers face—meeting both individual needs and the need to maintain ongoing work.

HELPING YOUR RETURNING EMPLOYEES TRANSITION TO ROUTINE WORK

Upon returning to their duties, some employees may face difficulties readjusting. Many of these challenges typically subside over time as staff return to previous routines. If these difficulties do not subside, refer to the **When To Suggest That Your Staff Seek Help** section of this tip sheet. A few potential difficulties are described below, along with some tips on how you can help.

Unrelenting fatigue. Sometimes excessive stress results in never feeling rested. Some employees may experience extreme fatigue, even when they are getting a sufficient amount of sleep each night. Encourage your employees to get a medical evaluation if the problem persists.

Pace change. Disaster responders grow accustomed to the rapid pace of the disaster

environment, and for some employees, returning to a more typical rhythm of work may be challenging. It may appear as though people are moving at a much slower pace than they remember. Encourage returning responders to refrain from judging colleagues or criticizing the difference in the pace of work in your organization compared to their disaster work.

Cynicism. During disaster work, responders often see the worst in individuals and systems, and it is easy to become cynical. These feelings are expected, and they typically diminish over time. Try to help your team members regain perspective by reviewing the successes and positive results from their assignment.

Dissatisfaction with routine work. Saving lives and protecting our fellow citizens' health and safety can be rewarding and energizing, but most work does not provide such dramatic and immediate reinforcement. As a result, some returning team members may perceive their daily work routine as lacking in meaning and satisfaction. Ask about the positive things your employees learned and experienced during the disaster response, and find ways to incorporate these things into their work. For example, you may consider giving them a role in your company's emergency response planning.

Easily evoked emotions. Sometimes the combination of intense experiences, fatigue, and stress leaves disaster responders especially vulnerable to unexpected emotions. For example, they may cry easily, be quick to anger, or experience dramatic mood swings. These are fairly common reactions that typically subside over time. You can help responders cope with their emotions in the following ways:

- Provide support and education to all your staff members, and allow them to discuss their experiences with you in order to determine the best way to decrease these reactions in the workplace.
- Encourage returning employees to be aware of and monitor their reactions.

- If strong emotions become disruptive in the workplace, consider the following strategies:
 - Discuss the options of additional leave.
 - Help disaster responders locate a stress management or responder stress training course.
 - Encourage them to seek professional help. Some disaster responders are concerned about being stigmatized when seeking mental health or substance misuse support services, so it is important for you to create a “safe place” without judgment for employees to discuss accessing support services if needed. Check out the **Helpful Resources** section of this tip sheet for more information on finding support services.

Sharing experiences. Though returning employees may want to share their experiences with others, some may feel uncomfortable doing so. You can help ease team members’ worries by taking the following actions:

- Consider facilitating group meetings that provide a structured opportunity for your employees to share experiences, especially coping skills, with others who have had similar experiences. Encourage returning employees to reflect on their experience in terms of the following:
 - How did they function in the stressful disaster environment?
 - What unrecognized skills or talents did they discover?
- Caution staff to take care when discussing disturbing scenes. Others may be upset by graphic descriptions of the disaster environment.

Difficulties with colleagues and supervisors.

Returning employees may not experience a “welcome back” from their colleagues that meets their expectations. Some coworkers may resent the additional workload they had to carry as a result of employees’ absence, or they may resent the recognition that the disaster responders

receive upon their return. Consider taking steps to avert these difficulties:

- Be sure to show proper appreciation for the impact that everyone feels when one or more employees are on assignment and others are not.
- Remind staff that everyone is a part of the response effort, not only those directly deployed but also those who remain in their regular posts providing coverage for those in the field.
- Be aware that, if the returning staff were exposed to potentially contagious illnesses while on the disaster assignment (or coworkers *believe* this to be the case), returning staff may be isolated or stigmatized. Accurate information, delivered to the entire team by an unbiased source (such as a local medical expert), can help ease this type of situation.

CHECK YOURSELF: HOW ARE YOU FEELING NOW THAT YOUR EMPLOYEES HAVE RETURNED?

You also need to be aware of your own reactions and adjustments as a result of your team’s disaster assignment and return. Seeking support from other supervisors you work with (or friends in similar positions) can help you prepare for and adjust to the return of your team members. Planning for every possibility is important—consider taking the following actions:

- Be prepared with resources and referrals for staff members who may require help addressing severe or prolonged stress symptoms that are affecting their work.
- Know what types of interventions you can employ if you witness team members degrading others who are seeking help.
- Be sure to apply self-care recommendations to yourself, especially if you are starting to identify with returning staff members’ descriptions of stress symptoms, such as sleep problems, stomach ailments, or irritability.

**TIPS FOR SUPERVISORS OF DISASTER RESPONDERS:
HELPING STAFF MANAGE STRESS WHEN RETURNING TO WORK**

Helpful Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane--Rockville, MD 20857
Toll-Free: 1-877-SAMHSA-7 (1-877-726-4727)
SAMHSA Store: <https://store.samhsa.gov>
Email: info@samhsa.hhs.gov

Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)
Toll-Free: 1-800-308-3515
Website: <https://www.samhsa.gov/dtac>
SAMHSA Behavioral Health Disaster Response Mobile App
Website: <https://store.samhsa.gov/product/PEP13-DKAPP-1>

Department of Veterans Affairs*
National Center for Posttraumatic Stress Disorder (PTSD)
PTSD Information Voicemail: 1-802-296-6300
Website: <https://www.ptsd.va.gov>

Federal Occupational Health*
Employee Assistance Program for Federal and Federalized Employees
Toll-Free: 1-800-222-0364
TTY: 1-888-262-7848
Website: <https://foh.psc.gov>

Treatment Locators

Mental Health and Substance Abuse Treatment Facility Locator--Toll-Free: 1-800-662-HELP (1-800-662-4357) (24/7 English and español); TTY: 1-800-487-4889
Website: <https://findtreatment.samhsa.gov>

MentalHealth.gov
Website: <https://www.mentalhealth.gov>
MentalHealth.gov provides U.S. government information and resources on mental health.

Hotlines

National Suicide Prevention Lifeline
Toll-Free: 1-800-273-TALK (1-800-273-8255)
TTY: 1-800-799-4TTY (1-800-799-4889)
Website: <https://www.samhsa.gov>
This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.

SAMHSA Disaster Distress Helpline
Toll-Free: 1-800-985-5990 Text "TalkWithUs" to 66746
Website: <https://www.samhsa.gov/find-help/disaster-distress-helpline>

Workplace Helpline
Toll-Free: 1-800-WORKPLACE (1-800-967-5752)
Website: <https://www.samhsa.gov/workplace>

**Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*

WHEN TO SUGGEST THAT YOUR STAFF SEEK HELP

Stress is an anticipated reaction to situations like disasters and other traumatic events, and many signs of stress typically diminish over time. Returning employees may need more support, however, if they exhibit one or more of the following symptoms:

- Disorientation (e.g., appearing dazed, experiencing memory loss, being unable to give the date or time or recall recent events)
- Depression (e.g., feeling continuing sadness, withdrawing from others)
- Anxiety (e.g., feeling constantly on edge or restless)
- Acute psychiatric symptoms (e.g., hearing voices, experiencing delusional thinking)
- Inability to care for self (e.g., not eating, bathing, or handling day-to-day life tasks)
- Suicidal or homicidal thoughts or plans; feelings of hopelessness or despair
- Problematic use of alcohol, illicit drugs, or prescription medication
- Evidence of domestic violence, child abuse, or elder abuse

If you think any of your employees are experiencing persistent or severe stress, suggest that they talk with a primary care physician (especially if they have been exposed to an infectious disease or potentially toxic materials), seek assistance from your organization's Employee Assistance Program, or seek help from a licensed mental health professional. You can also download SAMHSA's new Disaster Behavioral Health App and access resources specific to the post-deployment phase, including tips for re-entry (for responders, supervisors, and family members). Find additional supports and services in the **Helpful Resources** section of this tip sheet.



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(Revised 2014; previously NMH05-0218)

Redeploying Healthcare Workers

Supporting Healthcare Workers Redeploying after Crisis Response

General recommendations for health care workers

It is important to strengthen stress management skills before and during a disaster response. If this was lacking for the current disaster response, after action review should include a plan to address for the future.

Organizational policies and priorities to support redeployment

- Create an atmosphere where responders can be open with supervisors about their experiences, feelings, and concerns.
- Create structured forums for responders to present lessons learned/recommendations for future preparedness activities.
- Give specific advice regarding commonly faced readjustment issues such as sleep, coping with emotions related to disaster response, ways to find support and support others, and managing conflicts.
- Optimize liberal or flexible leave policies for returning employees.

What to expect from the workforce

Returnees may experience:

- **Extreme fatigue** - encourage extra rest for all responders; medically evaluate if fatigue is persistent.
- **Adjustment period** - as they return to the normal pace versus crisis response pace, normalize and validate. Reflect on the different demand characteristics of the situation.
- **Cynicism** –disappointment, loss and blame are common responses and there are always examples of people and organizations at their worst. Help workers regain perspective by focusing on successes and positive outcomes. Ask about lessons learned and experiences endured. Incorporate lessons learned in collaborative, transparent way, when planning for the future.
- **Emotional sensitivity, intense emotions** - expect it, provide support and normalize this reaction as typical and temporary. Help workers cope and contain. Offer extra leave if necessary, and/or stress management learning opportunities. Create safety for those who need additional support, including professional help. Characterize appropriate help seeking as a positive community value.
- **Provide opportunities for sharing experiences** - those with similar roles often feel validated discussing shared experiences. Sharing across roles is important as well and can engender empathy, understanding, and cohesion. Nevertheless, sharing across roles must be strategic and it is vital to ensure that both types of disclosure are given adequate support and space. Be mindful of graphic discussion, which may cause distress for some.
- **Difficulties with colleagues and supervisors** – be aware of the “we” versus “they” between those who responded and those who stayed behind. Appreciate the impact of the crisis on everyone. Identify and discuss important roles played by both sides. Remind staff that everyone is a part of the response effort. If present, address/quell misinformation directed at returnees regarding fears of contagion by providing information from an unbiased, trusted source.

For Leadership

- Be prepared with resources and referrals for those who may require additional help.
- Have a plan for managing counterproductive responses (e.g., degrading help seeking, or criticizing/judging another's role in the crisis response).
- Be sure to apply self-care recommendations to yourself, especially if you are starting to identify with returning staff members' descriptions of stress symptoms, such as sleep problems, stomach ailments, or irritability.



About NCDMPH

MISSION: The mission of the National Center for Disaster Medicine and Public Health is to improve our Nation’s disaster health readiness through education and science.

VISION: NCDMPH will be the Nation’s academic center of excellence leading domestic and international disaster health education and research efforts. In collaboration with partners, we create and translate science and education to improve readiness.

Located at the Uniformed Service University, the National Center for Disaster Medicine and Public Health (NCDMPH) serves as both a federal organization and an academic center, allowing the National Center to serve as bridge between both federal agencies and academia. NCDMPH is listed as an implementing organization in the [National Health Security Strategy 2019-2022](#), and has an important role to play in preparing the public health workforce for the safety and security of the nation going forward. NCDMPH educational activities include events and webinars designed to meet the needs of the disaster medicine and public health community.

For additional information please visit: <https://www.usuhs.edu/ncdmph/research-education>

Additional Resources Available at:

Consortium for Health and Military Performance (CHAMP):

<https://www.hprc-online.org/total-force-fitness/hope-covid-19>

Center for Deployment Psychology (CDP):

<https://deploymentpsych.org/covid19-bhresources>

Center for the Study of Traumatic Stress (CSTS):

<https://www.cstsonline.org/covid-19/supporting-healthcare-workers>

Walter Reed National Military Medical Center (WRNMMC):

https://tricare.mil/mtf/WalterReed/Health-Services/M_S/Sleep-Clinic

Substance Abuse and Mental Health Services Administration (SAMHSA):

<https://www.samhsa.gov/>