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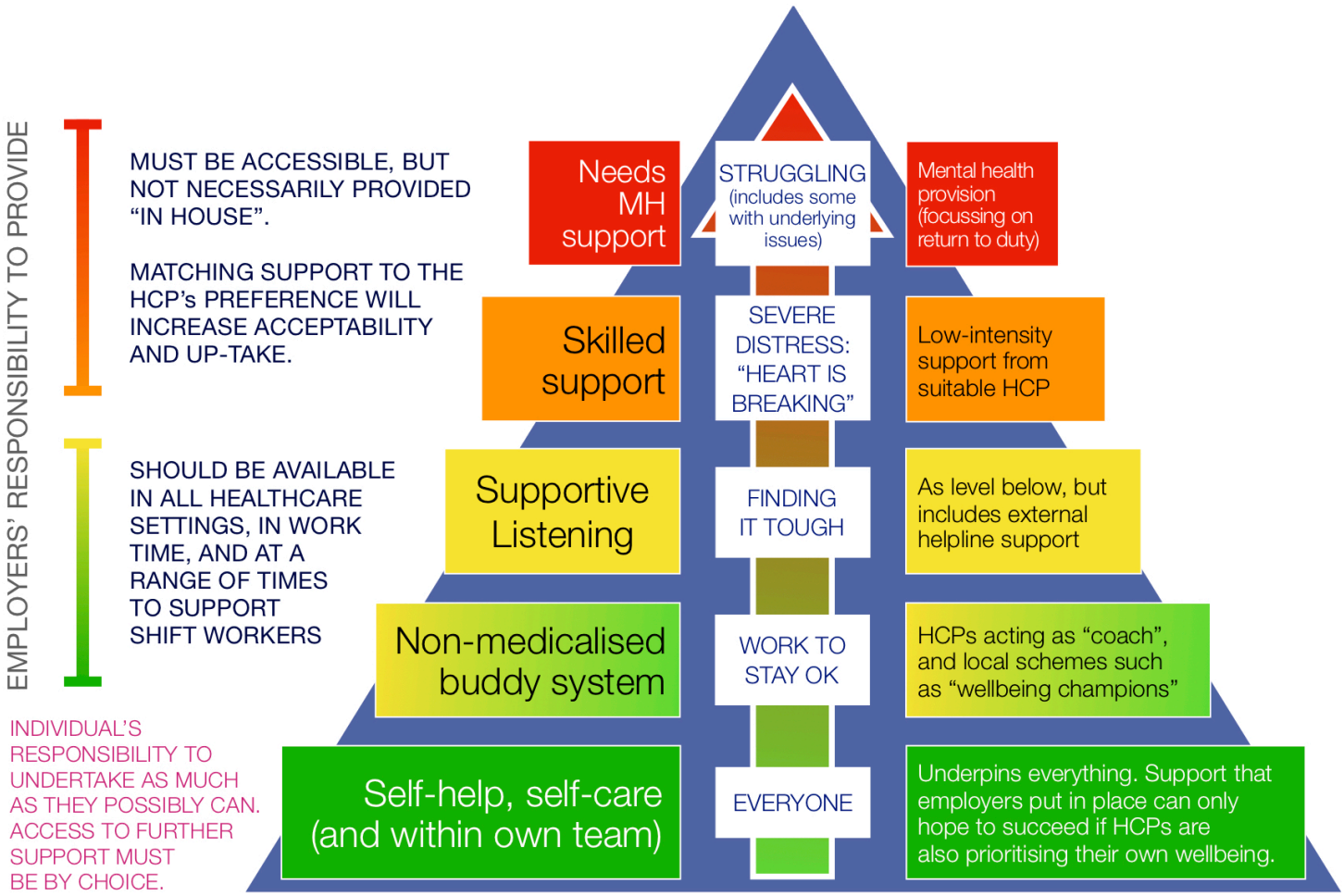
Staff wellbeing during COVID19:
A structured approach for healthcare organisations

Responding to the COVID-19 pandemic - especially if demand is high or overwhelming - is inevitably challenging for everyone concerned. Staff welfare under difficult circumstances will not maintain itself, but requires action by individual staff members, managers and leaders, as well as a response at organisational level.

Whilst it is important not to medicalise distress - it is a normal human response - graded levels of support must be available to staff in healthcare organisations. This support must be well-advertised, accessible, confidential, and within a clear governance framework.

This document outlines our recommendations within a structure of graded support.

All healthcare workers need to be have access to assistance that covers all levels of the pyramid below, with the lower levels (advice/strategies for self- and team-support, non-medicalised "buddies", and Supportive Listening) being provided in-house by all healthcare organisations



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Dr Alys Cole-King & Dr Linda Dykes with input of BCUHB Staff Welfare and @HCW_Welfare Collaboratives (click here for full list of contributors). Produced in collaboration with Professor Neil Greenberg.

INFRASTRUCTURE

- We strongly advise organisations create a bespoke COVID19 Staff Wellbeing Support Service (SWSS), which may build on existing services (and/or provide a template for future staff wellbeing support).
- All organisations should be able to provide in-house support up to the "Supportive Listening" level. Higher levels, (which require staff who are psychologically-savvy and/or have mental health expertise, capable of ascertaining whether referral to mental health support is required) may need to be commissioned externally.
- Comfortable, quiet, easy-to-access staff rooms are very important but are *in addition* to the need for designated access points for staff to seek emotional/psychological support.
    - What to call these two different types of room is a better for local preference.
    - "Wellbeing", "R&R", "Reboot", and "Wobble" room are all in use, but be aware the latter seems to be disliked by many staff.

IMPLEMENTATION

- Introduce practices that promote psychological safety and do not risk causing further harm to staff.
    - "De-briefings" that encouraging discussion of distressing feelings experienced during traumatic events must be avoided.
    - Staff need time to recover and "reset" before returning to normal duties after a period of exceptionally high-demand working. Organisational/managerial failure to recognise and facilitate this has the potential to de-rail all preceding efforts at staff support, and can cause serious psychological harm.
- As well as ensuring resources are provided for staff experiencing higher levels of distress, organisations should encourage introduction of simple self-and-team support strategies.
    - There are many possible models, but based on the available evidence-base within medical contexts (which is limited) plus the extensive experience of military services, we recommend the following:
        1. **Nominated buddy**
        2. **Post-shift huddles**
        3. Weekly **Supportive Team Reviews Meetings**
- Consider utilising **small-group structured interventions**, such as Trauma Risk Management (TRiM) or Critical Incident Stress Management (CISM) at appropriate point(s) within the pandemic response and then as available/ appropriate after critical incidents.
    - TRiM or CISM peer-practitioners also need support and access to (psychological) supervision.
- Optimise access to **Psychological First Aid**: these skills will be present in most NHS organisations, but routes of access may need to be improved or clarified.
- Responsive and appropriately timely **Occupational Health** support (via both self- and manager-referral) is, as always, vital. This should include access to same-day support when this is indicated.
- Staff must be able to access help on a confidential basis. Confidentiality can be breached only either with permission, or if a risk of harm to the individual or others is identified.

Recommended self-and-team support strategies

Nominated buddy

- Encourage staff to pick a "buddy" they trust: *"someone you know, someone you trust, and someone you feel comfortable confiding in"*
- This person need not be a shop-floor colleague, but it is helpful if they have some insight into their buddy's work environment and role.

Post-shift huddle

- A quick meeting after a shift to which the whole team are invited (but is not mandated)
- Rarely more than five minutes
- Alternatively, embed wellbeing questions and considerations into other daily team interactions, such as the safety huddle.

Supportive Team Review Meeting

- Short (approx 15 minutes), semi-structured
- Led by a senior team member
- This kind of meeting is standard practice after particularly distressing cases in ED and ICM, such as maternal or paediatric deaths, where they are sometimes called "de-briefs"
    - We recommend avoiding the term "de-brief" to avoid potential confusion with *emotional* de-briefing, which is believed to be harmful.
- Psychologists may be included when they are part of the team, but this type of meeting is not to talk about feelings.

Staff wellbeing during COVID19:
Simple strategies to bring to your team

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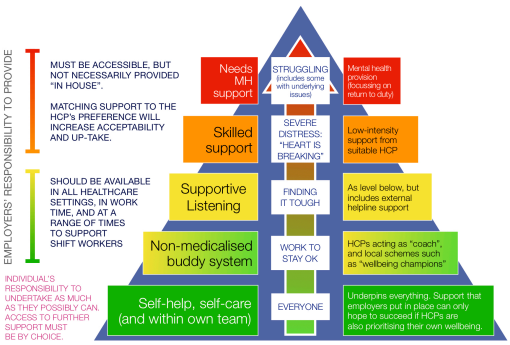
GETTING STARTED WITH THE BASICS

Staff wellbeing during COVID-19 isn't going to maintain itself. And whilst it is imperative that healthcare organisations provided easy access to support within a graded model (such as in the model we propose, right), everything is underpinned by HCPs looking after themselves, and each other.

Here's how to implement the three simple strategies we recommend for teams. No special training is required.



Nominated buddy

What is it?

- Encourage HCPs to identify a "buddy" who is happy to check in with you daily, if necessary (which may be as low-key as a quick text)

How does it work?

- Encourage staff to pick a "buddy" they trust: *"someone you know, someone you trust, and someone you feel comfortable confiding in"*

Post-shift huddle

What is it?

- A quick meeting (rarely more than 5 minutes) after a shift to which the whole team are invited (but attendance is not mandated). Can be done standing.

How does it work?

- Semi-structured, checklist-driven:
  - What went well?
  - Have we learned anything to implement next time?
  - Have we identified any needs to escalate (i.e. practicalities?)
  - Ask everyone the **One Positive Thing question**: "what's one positive thing you are looking forward to after your shift?"
    - This is a screening question: if unable to answer, take seriously and ask further questions. The colleague may be in need of a higher level of support.
  - Do you have someone to chat to at home/on phone after your shift?
  - Remind colleagues about available support & encourage them to talk to their choice of "buddy"

Supportive Team Review Meeting

- *This kind of meeting is already common practice in the UK after particularly distressing cases in ED and ICM, such as maternal or paediatric deaths, where they are sometimes called "de-briefs"*
- *We recommend avoiding the term "de-brief" in order to avoid potential confusion with* emotional *de-briefing, a practice which is believed to be harmful.*

What is it?

- Short (approx 15 minutes), weekly, semi-structured, led by a senior team member
  - Psychologist is not required, but would be included if they are already part of the team. However, but this type of meeting is *not to talk about feelings*.
- All team members are invited, but attendance is optional and off-duty staff are not expected to attend unless they want to
- Non-minuted, but action plans/requests might be generated
- Where, when, and how requires thought, as social distancing is required

How does it work?

- Semi-structured, checklist-driven:
  - What is going well?
  - Any good news from anywhere?
  - What have we learned this week?
  - Is there anything we need to implement, or do differently, next week?
  - Is there anything we need to escalate (e.g. regarding support, staffing or kit)
  - How are we looking after ourselves?
  - Remind about need for self-care, and available support.

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