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Pandemic Stage	Technical Capacity	Staff Challenges	Staff Own Actions	Interventions for Staff	Corporate Actions Senior Execs/Managers
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

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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	• 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'
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'	• 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 • Vigilant to monitoring resources adequate

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	• 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**	• 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'
Peak-phase	• Case overload ++++ • Insufficient Capacity due to patient numbers • May need national review of boundaries of individual scope of practice • Challenging ethical decisions will need support process by senior staff	• 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 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	• 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.

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				• Clear communication channels with clear escalation if needed	
Tail off phase **NB timeline is not yet unknown**	• Technical capacity OK • Minor ethical dilemmas	• Staff 'running on empty' • Many with burnout • Potential retrospective guilt • Potential fear of reprisal relating difficult decisions	• Focus on supporting self and others • Use psychological and cognitive strategies when required • Focus on compassion self and others	• Compassionate management • Regular supportive *Team Review Meetings* • Watch and wait and refer/Occupational Health • More formal psychological help if and when required	• 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 share successes, no matter how small • Liaise with external bodies as required • 'Open door' policy in person/remotely
Post COVID-19 **NB timeline is not yet unknown**	• Full technical capacity • Still reduced staff functioning/reduced numbers	• Expect a delayed response • Potential retrospective guilt • Mitigate staff distress and/or burnout • Fear reprisal for difficult decisions	• Focus on supporting self and others • Use psychological and cognitive strategies if required • Focus on compassion self and others	• Compassionate management • Prioritise annual/study leave • Watch and wait and refer/Occ Health • More formal psychological help if and when required	• Managers need support and coaching to avoid inadvertent overbearing approach. • Open door on offer as needed • Plan team building activities

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.

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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

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*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.

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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!)

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