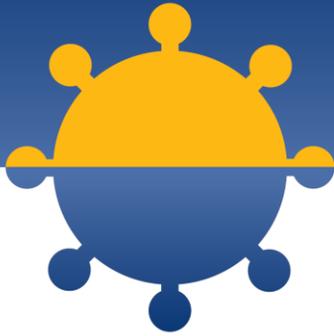


# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## Key Facts

We are focused on slowing the spread of COVID-19 in our communities.

A sudden increase in people becoming infected with COVID-19 may impact the capacity of our health system to provide care to everyone who needs it.

By slowing the spread of the virus, our most vulnerable will be able to access care when and where they need it.

80% of people who are infected will have mild symptoms that will not require care outside of the home.

Around 1 out of 6 people who get COVID-19 may become seriously ill and develop difficulty breathing.

Older people, and those with preexisting medical conditions such as high blood pressure, heart problems or diabetes, are more likely to develop serious illness.

## WHAT YOU CAN DO TO SLOW TRANSMISSION

Take care of others by taking care of yourself.

Wash your hands, don't touch your face, and stay home if you are sick.

Monitor yourself.

If you have a fever, a new cough or difficulty breathing, call 8-1-1 for guidance.

## WHAT BUSINESSES CAN DO TO SLOW TRANSMISSION

Support hand washing, social distancing, and adopt flexible sick-leave policies to allow people who are sick to stay home.

Clean and disinfect frequently touched surfaces using routine practices and consider cleaning and disinfecting twice a day if possible.

## Supporting the Psychosocial Well-being of Health Care Providers During the Novel Coronavirus (COVID-19) Pandemic

### Introduction

The purpose of this document is to outline guidance for psychosocial planning for health care providers who provide care and services during the COVID-19 pandemic. The guidance is not intended to be prescriptive or exhaustive but is based on the premise that there are differences across health authorities in terms of access to and availability of resources, specific planning processes, and the plans and programs that might be available to support the well-being of health care workers.

Key objectives include:

- Protecting and/or promoting the psychosocial well-being and resilience of health care workers;
- Mitigating or preventing more serious psychosocial or mental health issues that health care providers may experience as a result of the COVID-19 pandemic; and
- Supporting health care provider willingness and ability to continue working.



In the case of COVID-19, these objectives would be complemented by providing access to up-to-date information on the virus and how to protect against infection and transmission and adopting flexible sick-leave policies that allow for people to be supported to self-isolate.

## B. Components of a Psychosocial Supports Response

---

Emergencies of any type are typically stressful and often impact the well-being of health care providers. Those providing acute health care and other health services may be vulnerable to experiencing higher than normal levels of occupational stress resulting from a range of associated consequences and the conflicts they may experience as they juggle their work and family responsibilities. In the case of infectious diseases such as COVID-19, this stress can be intensified for the following reasons:

- The demand for health care services may increase simultaneously with workforce shortages, placing increased occupational and personal stress on health care providers.
- Health care providers may experience fears of being infected or infecting family members. This may be particularly pronounced among frontline workers providing more direct care, but the fears and anxieties should be expected among all health care staff.
- Fears and anxieties may peak during significant events. These can include the first patient fatality, exposure of a health care provider to the virus, and a fatality among health care providers.
- At the community level, health care professionals may experience stigmatization and a deterioration of the social networks that they rely on for support.
- As the duration of the outbreak lengthens, or in the event of more than one attack wave, the resultant exposure to prolonged stress and disruptions to normal patterns of life are expected to take an increasing toll on the resiliency and well-being of providers.

These factors are associated with physical, mental, and social problems including fatigue, occupational burnout, anxiety, depression, and other mental health problems that may impact productivity and efficiency at work. With the ongoing spread of COVID-19, it is important that measures are taken to protect the psychosocial well-being of health care providers, which includes acknowledging that it is normal to experience stress or anxiety during a major event, and that quick and easy access is available to additional support services for those who may require support.

Effective psychosocial support ranges from self-care guidance to more specialized services for serious mental health difficulties. However, the overall focus should be on enhancing coping and personal resiliency. Coping and resiliency – especially in relation to extraordinary events that include disasters and infectious disease outbreaks – can be enhanced when grounded in five evidence-based principles:

1. **Promote a sense of safety** by ensuring health care providers have accurate, up-to-date information on COVID-19 and how they can protect themselves and their families;
2. **Encourage calm** by reinforcing active and positive coping skill that enable providers to better manage their emotional and psychological reactions;



3. **Re-establish a sense of self-efficacy and control** by ensuring providers receive and understand guidance related to COVID-19;
4. **Promote connectedness and mutual support** by reinforcing natural support systems; and
5. **Instill a positive and future-oriented sense of hope** that can help individuals take adaptive steps during difficult periods.

## C. Key Psychosocial Interventions

---

The following section outlines broad psychosocial interventions that might be considered during the COVID-19 response. It is assumed that psychosocial services and resources may differ across health authorities and therefore the intent is to outline more general guidance that can be considered when planning and implementing supports. It is also based on the premise that health authorities will be seeking to coordinate and align existing resources to support health care providers during and after the COVID-19 pandemic, rather than investing in new services or interventions. A consolidated checklist can be found in Appendix A.

In considering these psychosocial considerations and interventions, it is important to acknowledge that the psychosocial well-being of health care providers is dependent not only upon the level of stress to which they are exposed, and their individual coping propensities and resources, but the degree to which they feel supported by the organization in which they work. During infectious disease outbreaks such as COVID-19, the principle concerns and stressors experienced by health care providers can be largely mitigated as long as they have trust in their personal protection and infection control procedures, receive accurate information, and feel supported and respected by their managers and leadership. These broader organizational processes are critical to supporting psychosocial well-being.

### 1. Use Organizational Culture as a Psychosocial Resource

During crises and times of uncertainty, individuals typically look towards senior management and leadership for information, guidance, and reassurance. During infectious disease outbreaks, this includes ensuring the dissemination of up-to-date information on the disease and its epidemiology as well as ensuring personal protection and specialized training to identify, test and treat patients. From a psychological perspective, this is the most critical component in instilling a sense of safety, confidence and continued well-being among health care providers.

This can be further complemented by acknowledging personal and family concerns. The stress of working in an environment where one might be exposed to a novel virus is often intensified by practical worries such as protecting family members from the virus, compensation and leave arrangements in the event of exposure, and/or childcare should these be disrupted. If not acknowledged, these concerns can add to a health care provider's level of stress and be a contributing factor to absenteeism. Workers typically report better well-being when they feel a sense of control over their work and lives, non-work-related worries and stressors are acknowledged, they are actively supported by managers, and are acknowledged by leadership as being important to the response.



### Actions to consider:

- Include psychosocial considerations into planning and decision-making teams to ensure timely and effective support is communicated and provided to staff.
- Involve staff in the planning to ensure their perspectives, needs and recommendations are clearly understood and included in the response.
- Provide regular and accurate information updates to mitigate worries and uncertainties that arise as COVID-19 continues to spread.
- Reinforce the importance of self-care and mutual support. Normalize and encourage health care providers (including managers) to use employee and family benefits should these be helpful to them.
- Be cognizant of events that will likely escalate fears and anxieties such as an illness or death of a health care provider.
- Use virtual town halls and other communications forums to provide information but also as an opportunity for health care providers to express their concerns and raise questions.
- Acknowledge and reinforce the importance of health care providers in managing the response. Acknowledge and appreciate the additional workloads and disruptions to their lives.

## 2. Enhance Awareness of and Access to Psychosocial Supports

It is not assumed that health authorities will create new services to respond to the psychosocial consequences of COVID-19. However, it is important that existing services and resources are consolidated and extended to health care staff. The establishment of a psychosocial well-being task force may be helpful in identify emerging psychosocial issues/priorities, consolidate tools and resources, and ensuring these are coordinated and accessible to all staff.

An initial and immediate aim should be to ensure that health care providers are aware and understand existing employee and family assistance programs. Greater use of these benefits may provide an immediate resource which might otherwise be underutilized, and potentially reduce absenteeism and lost productivity over the longer term.

Attention also be given to adapting psychosocial tools and education that can enhance positive coping and stress management. While these may be based on existing health promotion activities such as mindfulness or healthy living, contextualizing these to the worries and concerns of workers can ensure that these are perceived as being relevant and helpful to managing the stresses associated with COVID-19. A significant focus should be placed on normalizing stress reactions, encouraging positive coping, reinforcing the importance of mutual support. These can be offered through various means including in-person sessions, podcasts and webinars, and through printed resources.

Consideration may also be given to more structured psychosocial education tools that have been developed in response to disasters. These should focus on practical psychosocial knowledge while promoting a sense of safety, calm, connectedness and self-efficacy. Among the best known of these is [Psychological First Aid](#) and [Skills for Psychological Recovery](#).

Given the likelihood that health care providers may be treated differently because they work in a medical setting, consideration should be given to reinforcing social networks and mutual support. Studies have shown that stigmatization



and disruption of normal living routines is major source of stress and distress among health care staff. This can be partially addressed within the workplace by encouraging team cohesion and the use of peer support and informal support/discussion groups to reinforce a sense of connectedness and mutual support.

At the same time, the importance of supporting family relationships should be acknowledged, given these may also be affected by the strains and disruptions caused by COVID-19. Research has shown that family support is associated with greater well-being and lower levels of stress, anxiety and depression. Interventions can include ensuring that families (not only health care providers) have accurate information about COVID-19 and how they can protect themselves, the importance of making time for one another and maintaining family routines, and how they can support one another in managing the stresses associated with having a loved one working as part of the COVID-19 response. Attention can also be given to ensuring that family members are aware and understanding of available employee and family resources.

#### **Actions to consider:**

- Establish a psychosocial task force to identify emerging issues/priorities, consolidate and adapt resources, and facilitate the dissemination these resources.
- Using organization communication tools, ensure staff are aware of employee and family supports and other well-being resources.
- Review and revise existing psychosocial education resources in order to contextualize these to COVID-19.
- Consider Psychological First Aid and Skills for Psychological Recovery as additional tools to promote psychosocial knowledge and resiliency across the workforce.
- Reinforce the importance of team cohesion and mutual support through messaging and practical guidance to managers.
- Recognize and reinforce the importance of family and significant others. Provide up-to-date information about COVID-19 and practical information as to how families and significant others can support one another.
- Ensure the capacity to offer virtual support options through telephone and web-based systems.

### 3. Mainstream Psychosocial Support through Team Leaders and Managers

Among key stressors identified by health care staff during other infectious disease outbreaks include feelings of being overworked and not appreciated, lacking access to adequate psychological support, difficulties reaching administration, and experiencing a poor sense of team spirit.

Managers have an important role in not only maintaining morale and team cohesion but in fostering a protective environment for their staff. This includes normalizing the worries and anxieties staff may be experiencing, reinforcing team cohesions and mutual support, and encouraging self-care and well-being. Managers can also alleviate concerns and worries by sending regular emails with situational updates (even when update signals that nothing has changed), sharing accessible resources, increasing the frequency of one-to-one meetings with staff to discuss well-being, and having daily huddles where staff can share concerns and identify common solutions.



Training in Psychological First Aid may also be considered an option in strengthening the skills of managers to comfortably provide this support. This can equip managers with the knowledge to provide safe, non-intrusive support to staff while also reinforcing the importance of self-care.

#### **Actions to consider:**

- Develop psychosocial guidelines for managers to support staff during infectious disease outbreaks such as COVID-19.
- Maintain appropriate working hours with regular breaks for staff. Consider identifying a location where staff can easily access during their breaks for relaxation and self-care (include self-care materials).
- Make training in Psychological First Aid available to ensure managers have the knowledge and skills to support their staff.
- Encourage managers to regularly and supportively monitor the well-being of staff by speaking openly about stress and ensuring staff are aware of available resources.
- Encourage managers to reinforce team cohesion and mutual support as way to maintain morale and well-being.

## 4. Provide Targeted Support

Research has shown that frontline health care workers who provide direct patient care experience higher levels of anxiety and often poorer well-being outcomes. Frontline staff working in high-risk environments are more likely to have fears of being infected and infecting others as well as experience higher levels of job stress, fatigue and burnout. These in turn can serve as precursors to more serious mental health conditions including anxiety, depression, problematic substance use, and symptoms associated with post-traumatic stress.

It is important to recognize that some health care providers may be at greater risk and therefore might benefit from targeted and tailored psychosocial support. This may include but not be limited to physicians and nurses in both acute and ambulatory settings, first responders, as well as community outreach health workers. This should not come at the exclusion of other workers and staff; rather, this speaks to the importance of recognizing that the occupational conditions and demands experienced by frontline staff increases the likelihood that they may experience higher levels of stress and distress. Given that psychosocial support and education tools are most effective when contextualized to the experiences of people, attention should also be given to ensuring that health providers' concerns, fears and anxieties about COVID-19 are included psychosocial resources and materials.

#### **Actions to consider:**

- Identify health care providers who are at higher risk of psychosocial stress and distress as result of COVID-19.
- Provide targeted information to ensure that targeted providers are aware of available psychosocial services that might be helpful to them.
- Review and ensure psychosocial tools and resource are contextualized to the stressors and concerns of identified groups.
- Ensure managers receive the necessary education and information to effectively support health care providers experiencing higher than normal levels of stress.



## 5. Ensure Support for Self-Isolating Individuals

Special consideration should be given to health care professionals who have been requested to self-isolate. Confinement, loss of routine, separation from loved ones, and reduced social and physical contact is a major cause of boredom, frustration, stress and distress. Like the general public, health care providers may also experience fears about their own health or that of family members. Loss of income and financial strain may be a significant stressor, while some individuals may be concerned about medical conditions and treatment requirements. Isolation may also intensify pre-existing stressors or emotional difficulties, which in turn can heighten feelings of isolation.

Assuring the basic needs of health care providers who may be requested to self-isolate will be a significant factor in mitigating their level of stress. As such, the development of occupational health policies and support systems for self-isolating health care providers should be regarded as priority. These should also include psychosocial considerations including having access to virtual supports staffed by professionals who understand the stressors of isolation as well as coping and stress management techniques which can be used to stave off boredom and loneliness. Virtual support groups specifically for people in isolation have also been helpful in promoting feelings of being connected to and supported by others in similar circumstances. Finally, regular follow-up by a provider's manager can be helpful in maintaining a sense of being supported and appreciated, reinforce a sense of connectedness, and facilitate the individual's return to the workplace.

### Actions to consider:

- Occupational health policies and support systems for self-isolating health care providers should include psychosocial considerations and guidance.
- Managers should prepare employees for the potentially negative experience of isolation while also communicating which supports are in place. This should include policies related to compensation and sick leave.
- Basic living needs may also be a major concern. Staff should be confident that their households will have sufficient supplies for their basic needs.
- A 24-hour virtual psychosocial support staffed by professionals should be available to provide supportive counselling and advice on coping and stress management.
- Support groups may helpful in reducing feelings of isolation and loneliness, normalizing the experience, and the sharing of coping techniques.
- Regular contact and expressions of support by managers can help staff to feel supported, connected to the workplace, and facilitate their return to work.

## References

---

British Columbia. (2012). *Pandemic Influenza Psychosocial Support Plan for Health Care Workers and Providers - British Columbia's Pandemic Influenza Response Plan*. Retrieved from <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/bc-pandemic-influenza-psychosocial-support-plan-hcw-ps-2012.pdf>



Brooks, S., Webster, R., Smith, L., Woodland, L., Wessely, S., Greenberg, N., Rubin, G.J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)

Brooks, S.K., Dunn, R., Amlot, R., Rubin, G.J., Greenberg, N. (2018). A Systematic, Thematic Review of Social and Occupational Factors Associated with Psychological Outcomes In Health care Employees During an Infectious Disease Outbreak. *Journal of Occupational and Environmental Medicine*, 60(3), 248-257.  
<https://doi.org/10.1097/JOM.0000000000001235>

Deloitte, King's College London, Public Health England. (2015). *Willing and Able: Building a crisis resilient workforce*. Retrieved from <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/risk/deloitte-uk-crisis-resilient-workforce.pdf>

Inter-Agency Standing Committee (2020). *Briefing note on addressing mental health and psychosocial aspects of COVID-19 Outbreak- Version 1.0*. [pdf]. Retrieved from [https://www.mhinnovation.net/sites/default/files/downloads/resource/MHPSS%20COVID19%20Briefing%20Note%20FINAL\\_26%20February%202020\\_0.pdf](https://www.mhinnovation.net/sites/default/files/downloads/resource/MHPSS%20COVID19%20Briefing%20Note%20FINAL_26%20February%202020_0.pdf)

Lehmann, M., Bruenahl, C. A., Löwe, B., Addo, M. M., Schmiedel, S., Lohse, A. W., Schramm, C. (2015). Ebola and Psychological Stress of Health Care Professionals. *Emerging Infectious Diseases*, 21(5), 913-914.  
<https://dx.doi.org/10.3201/eid2105.141988>

Psychosocial Centre: Internal Federation of Red Cross and Red Crescent Societies. (2020). *Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus*. Retrieved from [https://pscentre.org/wp-content/uploads/2020/02/MHPSS-in-nCoV-2020\\_ENG-1.pdf](https://pscentre.org/wp-content/uploads/2020/02/MHPSS-in-nCoV-2020_ENG-1.pdf)

The Canadian Health care Association (2015). *Psychological Health and Safety in Canadian Health care Settings*. [pdf]. Retrieved from [https://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/PolicyDocs/2015/HCC/EN/PsychHealthWork\\_EN.pdf](https://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/PolicyDocs/2015/HCC/EN/PsychHealthWork_EN.pdf)

Webster, R.K., Liu, R., Karimullina, K. *et al.* (2019). A systematic review of infectious illness Presenteeism: prevalence, reasons and risk factors. *BMC Public Health*, 19(799), 1-13. <https://doi.org/10.1186/s12889-019-7138-x>



## Appendix A. Psychosocial Planning Checklist

### Employ Organizational Culture/Support as a Psychosocial Resource

- Include psychosocial considerations into planning and decision-making teams to ensure timely and effective support is communicated and provided to staff.
- Involve staff in the planning to ensure their perspectives, needs and recommendations are clearly understood and included in the response.
- Provide regular and accurate information updates to mitigate worries and uncertainties that arise as COVID-19 continues to spread.
- Reinforce the importance of self-care and mutual support. Normalize and encourage health care providers (including managers) to use employee and family benefits should these be helpful to them.
- Be cognizant of events that will likely escalate fears and anxieties such as an illness or death of a health care provider.
- Use town halls and other communications forums to provide information but also for providers to express their concerns and raise questions.
- Acknowledge and reinforce the importance of health care providers in managing the response. Acknowledge and appreciate the additional workloads and disruptions to their lives.

### Enhance Awareness and Access to Psychosocial Supports

- Establish a psychosocial task force to identify emerging issues/priorities, consolidate and adapt resources, and facilitate dissemination.
- Using organization communication tools, ensure staff are aware of employee and family supports and other well-being resources.
- Review and revise existing psychosocial education resources in order to contextualize these to COVID-19.
- Consider Psychological First Aid (PFA) and Skills for Psychological Recovery (SPR) as additional tools to promote psychosocial knowledge and resiliency across the workforce.
- Reinforce the importance of team cohesion and mutual support through messaging and practical guidance to managers.
- Recognize and reinforce the importance of family and significant others. Provide up-to-date information about COVID-19 and practical information as to how families and significant others can support one another.
- Ensure the capacity to offer virtual support options through telephone and web-based systems.



### **Mainstream Psychosocial Support through Team Leaders and Managers**

- Develop psychosocial guidelines for managers to support staff during infectious disease outbreaks such as COVID-19.
- Maintain appropriate working hours with regular breaks for staff. Consider identifying a location where staff can easily access during their breaks for relaxation and self-care (include self-care materials).
- Make available training in *Psychological First Aid* to ensure managers have the knowledge and skills to support their staff.
- Encourage managers to regularly and supportively monitor the well-being of staff by speaking openly about stress and ensuring they are aware of available resources.
- Encourage managers to reinforce team cohesion and mutual support as way to maintain morale and well-being.

### **Provide Targeted Support**

- Identify health care providers who are at higher risk of psychosocial stress and distress as result of COVID-19.
- Provide targeted information to ensure that targeted providers are aware of available psychosocial services that might be helpful to them.
- Review and ensure psychosocial tools and resource are contextualized to the stressors and concerns of identified groups.
- Ensure managers receive the necessary education and information to effectively support health care providers experiencing higher than normal levels of stress.

### **Ensure Support for Self-Isolating Individuals**

- Occupational health policies and support systems for self-isolating health care providers should include psychosocial considerations and guidance.
- Managers should prepare employees for the potentially negative experience of isolation while also communicating which supports are in place. This should include policies related to compensation and sick leave.
- Basic living needs will also be a major concern. Staff should be confident that their households will have sufficient supplies for their basic needs. Medical conditions, renewal of prescriptions and/or access to treatment should also be proactively addressed.
- A 24-hour virtual psychosocial support staffed by professionals should be available to provide supportive counselling and advice on coping and stress management.
- Support groups may helpful in reducing feelings of isolation and loneliness, normalizing the experience, and the sharing of coping techniques.
- Regular contact and expressions of support by managers can help staff to feel supported, connected to the workplace, and facilitate their return to work.



## Appendix B. Sample Messages for Health care Providers

---

- Acknowledge that COVID-19 may cause high levels of stress for health care providers. Worries and anxieties are normal and should be expected.
- It is not unusual should staff begin to feel tired and irritable, unhappy or low, experience sleep difficulties, and/or lose interest in their usual interests and activities. Some may experience unexplained physical complaints such as body pain or stomach aches. These are normal reactions to stress and do not mean that they are weak or inadequate. It is likely that others are feeling the same way.
- Managing stress and emotional self-care is as important as managing physical health. Encourage positive coping such as getting enough sleep, engaging in physical activity, and staying in contact with family and friends. Avoid using unhelpful coping strategies such as increased substance use.
- Find time to speak with co-workers. People almost always find out that they are not alone in how they are feeling. This can reduce feelings of isolation and give a sense of mutual understanding and support.
- It is important to maintain routines with families, friends and significant others. This can serve as an important break from work and reduce one's overall sense of stress.
- Should one experience increasing stress and/or feel overwhelmed, it is okay. Everyone experiences stress and copes with it differently. Reaching out to a confidential support like Employee and Family Assistance Programs may be helpful and help you learn new ways of coping.



## Appendix C. Sample Messages for Managers and Leaders

---

- Reinforce that stress and anxiety is normal. Encourage self-care and mutual support between staff.
- Recognize that staff will differ in the ways that they cope. Some may cope with stress better than others. This is normal and should be expected.
- Implement practical activities that promote positive coping such check-ins and daily huddles. Ensure staff maintain reasonable workloads and take regular breaks.
- Be understanding that many health care providers will have concerns related to family and significant others. Listen to these and try to provide concrete answers.
- Provide up-to-date information on not only COVID-19 but issues related to compensation, practical assistance for living requirements, and available psychosocial support arrangements should a health care provider be requested to self-isolate.
- Be cognizant of increasing workloads and recognize that staff may need time off to maintain their own well-being.
- It is possible that some staff may be stigmatized as result of supporting the COVID-19 response. Acknowledge their importance in supporting the COVID-19 response. Encourage them to connect with supportive family, friends and co-workers.
- Take care of yourself. As a manager you are not except from stress and its effects on your health and well-being.

---

March 16 2020

Supporting the Psychosocial Well-being of Health Care Providers During the Novel Coronavirus (COVID-19) Pandemic

