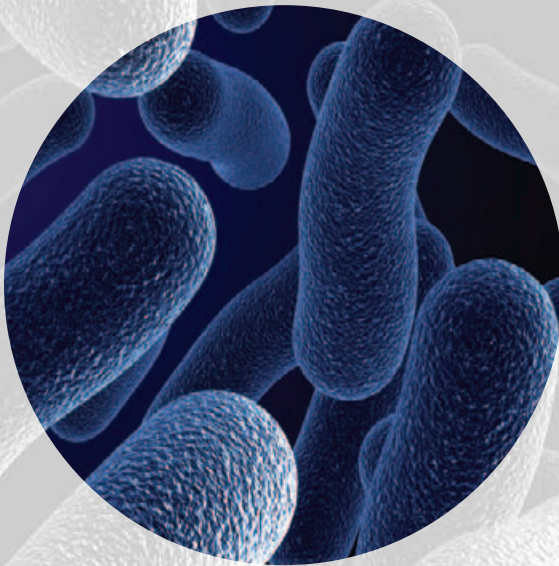


# **Pandemic Influenza: Quarantine, Isolation and Social Distancing**

**Toolbox for Public Health and  
Public Behavioral Health  
Professionals**



**COLORADO DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH**

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# Table of Contents

## 1. Introduction and Progression of a Pandemic

## 2. Public Fear – Public Information

Tab 1

- Need for Information
- Client Fear
- Cultural Concerns
- High Risk Populations
- Harm and Panic Reduction
- Community Directives to Decrease Anxiety

## 3. Issues Effecting Compliance

Tab 2

- Who Breaks Quarantine
- Reasons for Noncompliance
- Increasing Compliance

## 4. Psychosocial Issues

Tab 3

- Staff Concerns
- Psychological 1<sup>st</sup> Aid
- Decompensation
- Stigma Q& I
- Training
- Personal Protective Equipment

## 5. Self-Care: Stress and Trauma that Effect Health Care Workers

Tab 4

- Stressors
- Managing Stress
- Grief & Loss
- Resilience
- The Threat is Past

# Introduction

Welcome to the Colorado Disaster Mental Health Response System quarantine and isolation field manual. This field manual offers planning and response guidance for public health and behavioral health workers, who may be caring for people infected with a contagious illness, and who may be dealing with the stress of a quarantine and isolation event.

In the event that this manual is not needed, we are grateful. If an event such as this does occur, we hope you will find the information in these pages useful.

It is important to remember the basic assumptions of catastrophic events that involve large-scale quarantine and isolation are:

- Reactions vary and **Everyone** will be affected at some level.
- Most people bounce back; Optimize this process by providing support and information.
- Communities pull together.
- There is a wide range of acceptable normal reactions. Some are distressing.

## Definitions

**Quarantine:** A necessary physical separation and restriction of movement of individuals, families, groups and communities that have been *exposed* to a contagious disease, but are not ill. Quarantines are the segregation of these persons within defined geographic areas. Quarantines may be done at home or in a restricted area depending on the specific nature of the event.

**Isolation:** To separate an individual with a specific infectious illness from those who are healthy and have not been exposed to the contagion. This involves physical separation from others in order to stop the spread of illness and allows for the delivery of specialized health care to protect healthy people from getting sick. This may be accomplished in the home or in a separate room in a hospital depending on the specific nature of the event.

**Social Distancing:** A voluntary, recommended limitation of physical contact. It can be simple, such as maintaining a three-foot distance and not shaking hands, or more complex, like staying home and avoiding public places and events. If more aggressive measures are required, schools may close and call “snow days”, businesses may be asked to temporarily close or have employees work from home, travel restrictions may be necessary and social events may be canceled.

For the purposes of this document quarantine and isolation are expressed as **Q & I**.

## The Onset

When the index case for the onset of a pandemic is identified and isolated in your community, a series of events with a natural progression begins. The source of the contagion is identified and an investigation is launched to locate and identify the people who have had direct contact with the contagious person. As people who were exposed to the contagion are located, public health officials have several tools at their disposal to limit further threat to the community. Quarantine and isolation are two of the primary tools available.



Prior to this index case event, people maintain psychological distance from the illness because it is an event happening to others “far away”. However, once the event occurs in your community, it will have a significant impact on individual, family and community functioning.

Public officials’ actions have a direct psychosocial impact; while necessary to control the disease outbreak, interventions also impacts community functioning. The following chart provides guidance on early actions that public health officials can take that will have positive impacts on the community:

## Early Public Health Actions

<b>1<sup>st</sup> Signs of Concern</b>	<b>Early Action</b>
1 <sup>st</sup> local case identified	Hold a press conference to give details before rumors start. Good concise, consistent and repeated public information is the best early intervention.
1 <sup>st</sup> quarantine of an exposed group	<ul style="list-style-type: none"> <li>▪ Be directive: Inform the community of precautions they can take such as hand washing and staying home when they are ill.</li> <li>▪ Stress personal preparedness in case the event escalates: “It’s a good idea to have a supply of drinking water and food on hand just as general preparedness.”</li> </ul>
1 <sup>st</sup> pandemic related death in the community	<ul style="list-style-type: none"> <li>▪ Gather information from the CDC on lethality of the disease noting high-risk groups.</li> <li>▪ Produce a press statement to educate and alert, but not alarm the community. Use sensitivity toward the deceased that doesn’t minimize or sensationalize the death.</li> <li>▪ The age and health of the fatality may be significant; a formerly healthy child or youth can create panic to get anti-virals.</li> </ul>



## Progression of a Pandemic

As cases are identified and Q&I of exposed populations implemented, enforcement may become unmanageable. “Modern Quarantine” (US HHS) or “Public Health Containment – Social Distancing” (US DHS) becomes the next step. This strategy involves disease containment measures and relevant decisions at the community level with support from State and Federal Governments.

Initially, the least socially intrusive measures allow people to maintain normalcy, but more aggressive measures may be required. The following are interventions with increasing psychosocial impact: (See Figure pg 8 for intervention comparison with WHO and HHS scales)

Initial Interventions: Minimal psychosocial impact

- Public information for education and direction.
- Individual spatial separation of one-yard
- Increased business use of teleconferencing

Moderate Interventions: Increased psychosocial cost

- Cancellation of non-essential gatherings
- Restricted travel

High Level Interventions: High psychosocial costs

- “Snow Days” (recommended or mandated) to close schools and businesses, people instructed to remain at home and maintain a greater social distance.
- *Cordon Sanitaire*: A geographic isolation (by force if necessary) of a specific area. This may be used to contain an outbreak or as a reverse quarantine to keep disease out of an uninfected area.

Any or all of these steps may be necessary; however, with a price. Economic impact tops the list, but impact on community resilience as well as individual effect with stepped increases in fear/anxiety, boredom, loneliness and



anger. These topics and suggestions for dealing with them are covered in this booklet.

WHO-Phase	HHS-Stage	Potential Public Health Action	Psychosocial Impacts
4 - 5 Limited human to human spread – Larger clusters and spreading	2 Confirmed human outbreak overseas	Public Information and Education	Clear, concise and consistent information increases community resilience especially when information provided give people actions to take providing a sense of control and inclusion to the process
	3 Wide-spread human outbreaks overseas	Increasing Public Information emphasizing individual actions to reduce Spread	If a community has a sense of knowing what you know when you know it vs. a sense of information being withheld (conspiratory in nature) cooperation and support will increase. So even if you do not know, tell the community that you do not know.
6 Pandemic	4 First human case in America	Individual spatial separation of one-yard;  Increase business use of teleconferencing	While fear and stress is increasing, this type of action supports individual, family and community resilience through a sense of ownership and action.  Provide alternatives to direct contact to help the community maintain a sense of togetherness.
	5 Spread throughout United States	Cancellations of non-essential gatherings; Restricting travel.  Directing people to remain at home with paired “snow days” of schools and businesses.  <i>Cordon Sanitaire</i>	Fear and stress begin to impact resilience and functioning of the community, anxiety and depression will be impacting some in the community.  These actions, while necessary, will tear at the fabric of the community. Fear and stress will start having a traumatic impact on individuals throughout the community increasing levels of anxiety and depression.

## **Public Fear and Public Information**

Information communication is one of the most important components included in the management of a pandemic. Initial reactions of disbelief quickly turn to fear as information, misinformation and rumors emerge. Fear becomes the dominant emotion. Some people will become fearful; afraid of the implications and the ways the changes will affect their daily lives.

In ideal conditions, fear is an adaptive behavioral function as a response to perceived danger that protects us from injury or harm. Several factors such as previous experience, assessment of an opportunity to escape, and the perceived extent of a threat influence the intensity of a fear response.

A high level of fear can elicit a fight, flight, freeze or faint response. While each of these responses has an adaptive, survival function, they can be problematic for disease containment. Those who react in fight mode typically do not trust that their best interests are being addressed and may challenge authorities. Those who react in a flight mode are trying to escape the threat and risk spreading the infection to other regions. The freeze or faint responses cause people to cease productive activities and become hopeless.

The following section deals with fear, the sources of fear and strategies to minimize fear while maximizing action to facilitate disease containment.

## Rumors

Rumors are created out of misinformation or the lack of information. Rumors grow in a climate of ambiguity; they can be unstable and difficult to stop. The best approach to minimizing rumors is to give frequent updates and provide accurate information.

Rumor surveillance decreases the potential for misinformation and misunderstanding. It is the process of identifying and actively seeking out rumors from media reports, professional groups, and the public, while investigating the validity of the information. When people feel that they have been given the worst-case scenarios, they are unlikely to come up with anything worse to explain their anxiety.



## Fear and Panic

Fear is the hallmark emotion of Q & I. Many people in the community will become fearful and concerned about their health, safety, jobs, finances and families. People may also experience fear of exposure to the disease, enforcement actions, and the premise of death.



### When Fear Interferes

- If the fear becomes too much to handle, it can immobilize and lead to depression or it may incite some to act out.
- There are some who will overreact and avoid *any* activity even remotely connected to a threat of contagion. They may choose to stay home or engage in unwarranted precautionary behaviors such as wearing a mask and gloves even when they are alone.
- Medical facilities may be avoided out of the fear of becoming infected.
- Discriminatory fear may emerge if a certain group has a higher rate of symptoms than others.

## **Fear and Panic**

Suggested activities to address fear and panic are:

- Remind the community of *reasonable* measures of protection.**
- Educate people on the importance of self-care.**
- Provide people with information on how to access non-pandemic related medical care.**
- Assess which populations are affected and address the fears with logical, factual information.**
- Allow choices for location of quarantine if possible.**
- Remind people that Q & I and Social Distancing has been implemented to protect them and other in the community.**
- Voice appreciation for those in Q or I for keeping the community safe.**
- Decide if publicizing mortality rates is helpful. Perspective on rates may help reduce panic.**

## Anxiety

Anxiety is a fear reaction to an ambiguous threat. A moderate amount of anxiety along with a realistic view of the risks associated with the Q & I event is healthy and makes people more likely to take precautions. However:

Some people get overly anxious when faced with the challenge of a Q & I event. They are unable to stop worrying about the “what ifs” of the situation.

The anxiety of “fear of contagion” can be immobilizing and cause an increase in calls for medical advice and an inability to carry on regular activities.

In those who are ill and isolated, anxiety can aggravate medical problems by interfering with sleeping, eating and self-care. Some ways to reduce anxiety are:

- Preparing patients emotionally for isolation by providing educational materials to explain the strategy and the duration.**
- Setting up a hotline and have the media announce the contact numbers to handle questions and concerns.**
- Offering continually updated information on a website and through media outlets.**

## **Public Information and Risk Management**

Good information increases compliance. The way risks are managed affects the mental health of the community. An atmosphere of trust is evident when the community feels that safety issues are being adequately addressed through obvious actions. Mistrust can occur when citizens are unsure of the way the event is being handled.

Successful disease containment includes assessing and managing the risks associated with Q & I. It is essential to communicate accurate, easily understood messages that increase compliance and decrease panic.

### **Guidelines for Risk Management:**

- Contact your Public Information Officer.**
- Compose a press statement and schedule a press briefing to alert the community.**
- Explain the situation.**
- Explain why these measures are necessary.**
- Give detailed information on what type of precautions people can and should take.**
- Create consistent messages for all involved agencies to replicate.**
- Distribute concise, comprehensive information.**

Continued on next page

- Explain and advocate for the concept of Social Distancing.**
- Distribute information to address specifically who the orders effect & under what circumstances people may be affected.**



- Prepare the community for possible consequences such as school closures and social distancing.**
- Give information about what people should have on hand (food, water, blankets, baby supplies, pet food etc. see [www.ready.gov](http://www.ready.gov) for more information).**
- Identify a time when you will provide an update (hourly, daily, weekly, the higher the frequency the better) – Honor that commitment.**





## **Harm and Panic Reduction**

The following are some basic strategies for reducing panic:

- Schedule daily press briefings (6 AM, 11 AM, 4 PM, 9 PM) even if you have no new information.**
- Build trust by giving honest information. When you don't know, say "I don't know the answer to your question" and "I can try to find out."**
- Distribute information on symptom management.**
- If there is no medication, say so.**
- If medications are available, give specific information about the use, availability, location, cost and side effects.**
- Use a de-escalation strategy in briefings, while reinforcing the need to take precautions.**
- Normalize responses and promote self-care.**
- Use a call-to-action type of message in your briefings that emphasizes the seriousness of the situation, without using scare tactics.**

## **Staff Risk Management**

Public Health, Medical and Behavioral Health staff need training to deal with a Q & I event. They need information for themselves, families, and community. The workforce may be affected by as much as 1/3 due to the illness.

Address the staff's needs by doing the following:

- Train *all* staff so that they can give information to the community,**
- Ensure all staff has Incident Command Systems training. At a minimum ICS 100 & ICS 700 <http://www.fema.gov/emergency/nims/index.shtm>**
- Determine staffing needs and establish predictable schedules,**
- Limit overtime,**
- Educate staff on precautions,**
- Ensure that staff has put together a family safety and communication plan, and**
- Remind staff to change clothes before entering their homes to protect family members.**

## **Staff Risk Management Personal Protective Equipment (PPE)**

PPE can cause stress in health care personnel. In a pandemic situation, staff needs training to deal with Q & I event. They need information for themselves, their families, and the community.

- Train all staff to use PPE, including administrators, maintenance and security staff.**
- Provide PPE to staff. (N-95 or surgical masks and nitrile or latex gloves).**
- Address PPE issues with staff (i.e. uncomfortable, frequent changes, difficulties recognizing coworkers, communication difficulties, one size does not fit all)**
- Ensure that you have adequate stock & an array of sizes & types available.**
- Have and use alcohol based hand sanitizer and a spray disinfectant for commonly touched surfaces.**
- Encourage staff to talk about the PPE issues and to develop a “we will get through this” mentality.**



## Personal Preparedness

When people are prepared for a crisis they feel more in control of their lives and therefore more effectively respond to personal and community needs during times of crisis. When responders, medical personnel and their families are prepared, they are better able to do their jobs in times of crisis. It is important to communicate preparedness, and there is a danger of creating shortages when people obtain a cache of items such as bottled water, fuel, and food items in a rush. This rush and the associated shortages have the inverse effect of preparedness, creating a sense of being out of control. Quantities may need to be limited to avoid such shortages.

### Basic Disaster Supplies

There are six basic items you should stock in your home:

- ✓ Water
- ✓ Food
- ✓ First Aid Supplies
- ✓ Clothing, Blankets and Sanitation Supplies
- ✓ Tools such as a manual can opener, flashlights, candles, matches and batteries
- ✓ Special Items- Specific things you and your family need such as medications, pet food, baby supplies etc.

For more information on personal preparedness go to [www.readycolorado.com](http://www.readycolorado.com) or [www.ready.gov](http://www.ready.gov)



## Cultural Risk Management

Gain the community's cooperation in a Q & I event by understanding the culture and diversity of your community. Culture provides strength and resilience, but can be a barrier for people with varying ethnic and socioeconomic backgrounds. Cultural competence is necessary when planning for Q & I. It is critical that varying populations receive equitable information, and are accommodated, in consideration of any special needs. Some suggestions to increase inclusion of multi-cultural communities are:



- Involve cultural community leaders in planning and disseminating information.**
- Distribute information in other languages spoken in your community i.e. Spanish, Korean, German...**
- Utilize bi-cultural, bi-lingual staff for hotline and front desk.**
- Train all staff to be culturally competent.**
- Strategically locate services to diverse groups for easy access.**

## High Risk Populations

Pediatric, geriatric and those with chronic medical conditions are usually at higher risk for complications during a contagious disease outbreak. However, during the 1918 Pandemic, formerly healthy young adults had the highest mortality rates. Address the needs of High-Risk populations through the following:

- Identify high-risk populations for this event.**
- Address harm reduction procedures for high-risk groups.**
- Note special considerations for children and give information to parents, pediatricians, and daycare providers. Include ages affected, signs & symptoms, medical treatment, and risk reduction.**
- Provide information to caregivers for children re: limiting children's exposure to others and to the news, reminding them to only give age appropriate information to children and encouraging hand washing.**
- Collect and disseminate information to the geriatric population in the community through senior centers and nursing homes.**
- Provide information to medical providers of medically compromised patients.**
- Inform the community of risk factors with medically compromised individuals.**

## Compliance Issues

People react to an event based on their perceptions of how it personally affects them. Compliance and non-compliance with orders and regulations of a Q & I event are directly related to that perception. The following are some reasons that people do not comply with Q & I. They:

Do not have the resources (economic, social network, emotional, etc.) to comply.

Do not understand the seriousness of the event.

Do not understand what to do.

Do not want to be inconvenienced by changes in routine.

Have not been personally affected.

Do not believe or trust the government.



## **Economic Concerns**

Economic concerns may interfere with quarantine compliance. Many in the community will need financial assistance to remain at home, and economically disadvantaged and self-employed workers may be prone to violating an order.

The following are suggestions for addressing economic concerns:

- Identify resources or the lack of resources.**
- Educate the community about the reasons for the Q& I and the importance of compliance.**
- Identify mechanisms for food assistance, rent assistance, mortgage deferments and utilities.**
- Establish agreements with agencies that can assist residents with essential services such as food, water, utilities, trash removal and housing assistance.**
- Promote businesses allowing staff to work from home.**
- Promote responsible social behavior to support quarantine and social distancing.**



## Social Connection and Stigma

Issues that impact compliance with Q & I are often emotional in nature. Location of quarantine impacts support from family and friends; social stigma impacts others reactions to them; access to healthcare and medications impacts existing medical needs; exposure to someone who is ill impacts their sense of safety. All of these are significant concerns for those affected by Q & I.



Some ideas for increasing compliance are to:

1. Support the individual in quarantine and their natural support system by:
  - Quarantining at home, if possible.**
  - Providing suggestions and resources for maintaining safe social connections**
  - Providing clear, concise and relevant information about the Q or I to the individuals support network.**
2. Address the social stigma of being placed in Q or I by:
  - Issuing dated, signed, revocable documentation of completion of quarantine. (This does not guarantee that they are disease free, but that they did not develop symptoms during the recommended incubation period.)**
  - Provide families and friends of health care workers information about the illness to address the stigma of being a caretaker of infected individuals.**
3. Educate the community about the illness, how it is transmitted, how to protect yourself and how to access medical care, both routine and pandemic related.

## **Noncompliance**

Several factors can interfere with individuals following the directives of Q & I. Research on the SARS incident in Toronto shows that the two populations most likely to break a Q & I order are teenagers and healthcare workers. The following is a brief list of activities to deal with noncompliance:

### **Teenagers**

- Target messages to teens through schools, youth centers and faith based organizations.**
- Address “that won’t happen to me” mentality.**
- Identify alternate modes of social connection and communication.**

### **Health care workers**

- Re-emphasize self care message.**
- Take pro-active actions ensuring compliance.**
- Send sick employees home.**

### **Other populations**

- Determine reasons for noncompliance.**
- Note populations who *are* in compliance.**

## **Psychosocial Issues**

During a Q & I event, people are placed in quarantine or isolated in order to contain a contagious disease. Their freedom is restricted, causing considerable distress. The community may avoid individuals and their families identified as exposed, contagious or ill, long after they have been medically cleared of any concerns.

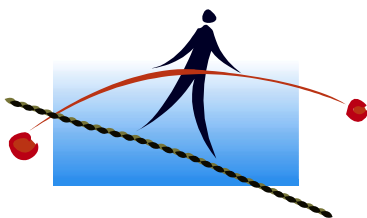
Those placed in restrictions may suffer the additional burdens of anger, depression, anxiety, loneliness, fear and/or grief. The reactions may last long after the orders are lifted. Although these are normal reactions, they are distressing and can interfere with recovery and daily functioning.

Healthcare workers may be subject to additional stress due to their involvement in the event. They may be concerned about their health and the health of their families. They may fear contagion, be concerned about the safety of coworkers and peers in the health care field, face loneliness and demanding expectations which could result in anger, anxiety and stress related to the uncertainty of the event.

The following section outlines protective measures to address these concerns.

## Psychosocial Needs of the Community

A balanced response from public health and community leaders, based on an accurate situational assessment has a direct impact on the psychosocial aspect of the community. Overreaction or under-reaction leads to mistrust and breeds fear. Therefore:



- Give accurate information regarding steps being taken to address issues. Repeat that information frequently.**
- Direct what citizens can do to protect themselves.**
- Build and maintain trust by giving reasons why the Q& I is necessary, thus reducing angry responses.**
- Use a variety of methods to disperse information: TV, radio, web based, hotline, pamphlets, and fact sheets.**

## Psychological 1<sup>st</sup> Aid

Psychological 1<sup>st</sup> Aid (PFA) is a guiding structure that can be used to reduce distress, increase functioning and provide support. This technique can be learned by all staff members and used with individuals if they are anxious or withdrawn. Although it does require training, you do not have to be a mental health professional to provide this type of support to others. The basic tenants of PFA include:



### **Establishing contact**

Use concrete questions to help the person focus.

Speak with respect. Say please and thank you.

Use positive language.

Practice active listening (brief eye contact, respect personal space, encourage further discussion etc.)



### **Gathering information and helping to determine what is most critical now.**

Assess physical needs.

Evaluate emotional & physical safety needs.

Help them gain control over some immediate aspect of their life.

Assist to identify & connect to social supports.



### **Normalizing reactions**

Tell them that it is normal to feel stress under these circumstances, and there are steps they can take to feel calmer.

Help them maintain positive thoughts to support hope for the future.

## Psychological 1<sup>st</sup> Aid Continued



### **Grounding to reduce high levels of stress**

Have them sit down and breathe in through the nose and out through the mouth slowly.

Get them to identify 5 simple things they can see (chair, door, the sky...). Breathe in and out slowly.

Next have them identify 5 things they can hear.

Breathe in and out slowly.

Then get them to name 5 things they can physically feel (cool breeze, feet on the floor...).

Continue this technique through 4,3,2 & 1 things they can see, hear or feel.

When stress is high, muscles tense as if ready for action. This response may last longer than needed for a given situation. Purposefully tensing and relaxing the muscles sends a message to the brain to become mentally calm.



### **Progressive muscle relaxation**

Beginning with the lower limbs, tense the muscles for 8 seconds and then relax them.

Then tense the chest and abdomen muscles and relax.

Tense the arms, shoulder and neck and relax.

Finally tense the face and relax.

If the above interventions do not provide relief, consult with a mental health specialist for further evaluation.

## Psychological 1<sup>st</sup> Aid Continued

Special circumstances require additional strategies.

- Noncompliance & De-escalation strategies**  
Remain calm & professional.  
Repeat your request in another way.  
If possible, allow them time to process the information.  
Tell them that you may need assistance to help them.  
If they become threatening or do not respond to efforts to calm them, request assistance.
  
- Anger Management**  
Direct them to take a time out (5-10 minutes to calm themselves).  
Help them find acceptable physical activities to reduce “anger energy.”  
Talk with them about what may be driving the anger  
Normalize their angry feelings, but not their anger driven negative behaviors  
If they have children, have them find temporary child care.

**Immediate attention is required if there is evidence of suicidal thoughts, homicidal intent, child abuse, elder abuse, domestic violence, or inability to care for self or their children.**

**Referrals may be made for ongoing assistance. It is important to document this and follow up on the referral.**

## Psychosocial Needs of Staff

Staff is our greatest resource. Addressing their psychosocial needs helps maintain effectiveness during a response. A good workforce support plan builds resiliency, which delivers the best response possible. It is important to remember that even providing the best of care can negatively impact staff. An occupational hazard of hearing fearful and traumatic stories from patients in Q & I is *vicarious traumatization*. Therefore, it is important to establish the following to promote a healthy workforce:

- Have supervisor or peer led daily briefings.**
- Promote teamwork, stress reduction and morale building activities.**
- Encourage staff to use a buddy system and do self-care.**
- Limit the number of hours staff can work to decrease worker burnout.**
- Provide wellness breaks.**
- Leaders should give direction and model healthy behaviors. For example, they should take breaks, wear appropriate personal protective equipment and have a family communication plan.**



## Depression

A feeling of helplessness can lead to depression. During a Q & I event people may feel as if they are powerless to deal with such a large-scale event. Some may go so far as to proclaim it to be a punishment or the end of the world.

- Situational depression indicators are: a sense of helplessness and gloom or irritability, trouble sleeping, fatigue and/or a change in eating habits.
- Situational depression is usually self-limiting; it lifts when the situation changes.
- There are steps one can take to alter the course of depression. Getting exercise, regular meals and developing a positive attitude that “this too shall pass” all contribute to a more balanced outlook on life.

**A more serious depressive episode that includes suicidal thoughts needs immediate mental health intervention.**



- Empower people to take action through self-care.
- Offer encouragement that “we can get through this.”
- Enlist the cultural leaders and the faith-based community to help build hope.
- Encourage community support to those in quarantine or isolation.

## **Irritability and Sleep Issues**

When the stress of a Q & I event begins to wear people down, they may have short tempers or problems sleeping. They can become overly sensitive and snap at one another. Worry and doubt crowds their thoughts and it can be difficult to turn off the noise when it's time to go to sleep.



Suggested guidelines to address these issues are:

### **Irritability**

- Remind people to take care of themselves and to be patient with others.**

### **Short Tempers**

- Ensure that people are taking breaks and staying hydrated.**
- Encourage dialogues about the issues.**

### **Sleep Issues**

- Exercise early in the day.**
- Have a regular sleep-wake routine.**
- Eliminate caffeine and alcohol near bedtime.**
- If you don't fall asleep within 30 minutes, get up and do a neglected chore.**
- Do not watch TV or the Internet if you can't sleep.**
- Don't worry about sleep- it makes it worse.**
- Make the bedroom comfortable.**

## **Loneliness and Boredom**

When a community is dealing with Q & I, normal activities may be cancelled leaving people to entertain themselves at home and looking for ways to maintain connections to others. Business and social activities may be curtailed at the community level; family interaction and physical contact may be restricted at the individual level in order to maximize safety; schools may be closed; children may be separated from friends. Remind people that this is temporary and help them cope using the following guidelines:

### **Loneliness**

- Encourage distanced communications – Internet, phone or mail.**
- Seek social supports by visiting with neighbors from a safe distance or other creative way while observing social distancing.**

### **Boredom**

- Suggest activities that do not involve physical interaction - Alternative entertainment - TV, video games, Internet, craft projects...**

### **Restlessness**

- Encourage the media to interview people who have found alternate, constructive activities.**
- Encourage moderate exercise for those who are home.**

### **The Young and the Restless**

- Encourage the media to interview professionals about ways to entertain children at home such as arts and crafts, books, movies, games or learning a new skill.**

## **Anger and Paranoia**

When people are forced to change their daily habits, some adapt to the changes and some get angry that their routines are interrupted. Anger can be a side effect of feeling scared and out of control, but it is also an emotion indicating the need for action. Blame may be assigned in an attempt to make sense of the situation. Paranoia may emerge if the person is assigning blame and is also fearful.

Anger reduction requires normalizing the reactions to the event and acknowledging the anger while identifying positive actions to take. Information regarding the event must be continually updated and circulated in order for people to process the new data and have a sense of control over the situation. The following are ways to decrease anger reactions:

### **Anger**

- Acknowledge that it is a difficult situation.**
- Continue giving updated information.**
- Thank them for their continued support.**
- Provide suggestions for positive actions that individuals can take.**
- Consult with mental health about anger reduction.**

### **Threats and Violence**

- Refer for anger management.**
- Contact law enforcement if the individual continues in a threatening manner.**

## Control

Most people expect to have some degree of control over where they go and with whom they can socialize. An event that triggers Q & I and limits activities can cause people to feel a loss of control.

In a community-wide containment of a communicable disease, freedoms that are taken for granted may be curtailed in favor of safety. Choices are important in allowing people a measure of control. For example, by allowing them to shelter in place, at work, school or home while avoiding contact with others, they have participated in making a decision that concerns their location and well-being. Generally, people will be more receptive in complying with orders if they have some say.



## **Avoidance in the Community of Previously Quarantined or Isolated Persons**

Those who have been under a restrictive order may be subjected to stigmatization causing people to avoid them. This can happen to businesses, agencies, social groups as well as individuals, whether they were directly impacted or just remotely impacted. Minimize distress by educating the public about the incubation period and provide specific, factual information about what indicates a non-transmissible state. Plan for people returning to the community by:

### **Addressing Unfounded Fears**

- Giving a timeline for transmission of the disease.**
- Using the most conservative figures available to ensure community safety and to build trust.**
- Providing a document to release people from Q or I.**
- Educating the public on adequate measures of protection and disease control measures.**
- Providing information about disease transmission myths.**

## Grief and Loss

An event that triggers Q & I will result in significant losses in the community. Fatalities will occur as a result of the disease and communities that experience destructive events lose the innocent sense of living in a safe world. While signs of recovery will be apparent, it will take time to bounce back from these emotional losses.

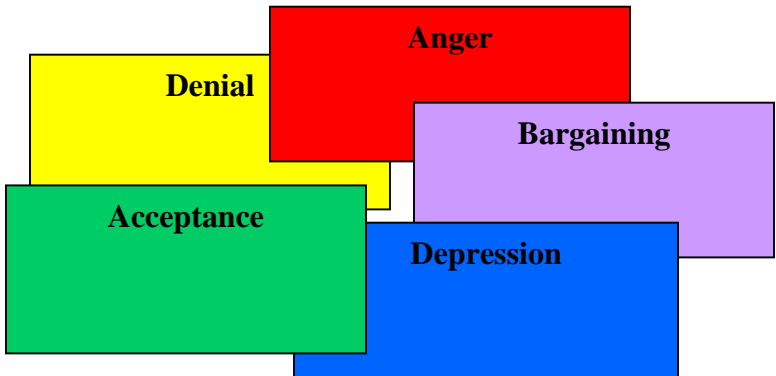
Grief and sadness change the social fabric of the community, and if this is a large-scale event, the nation may be affected. There will be feelings of helplessness, powerlessness, survivor guilt, and shock; unanswered questions; and a violation or shaking of belief systems that provide meaning in life. These factors may impact people's ability to resolve grief.

Community memorial services and symbols of hope and remembrance will be useful in bringing back a sense of balance to the community. Consider the following:

- Respect and normalize personal grieving styles.**
- Provide support by giving updates on progress.**
- Acknowledge the losses.**
- Support the planning of community memorial activities to be carried out post event.**

## Grief and Loss - Continued

According to Dr. Elisabeth Kubler-Ross's theory on how people process the loss of a significant person or a life-changing event, there are overlapping stages of grief and recovery from grief. The process of grieving often fluctuates between the stages rather than progressing in a linear fashion. Sometimes people go from anger to acceptance to depression and back again. As people work through grief the goal is to experience the loss, accept the reality, adjust to the loss, and re-connect emotionally in life.





## **Self-Care: Stress and Trauma that Effect Healthcare Workers**

Healthcare workers are at increased risk of experiencing a significant psychosocial impact during a Q & I event because they have a job related duty to interact with ill and exposed people. This duty magnifies the level of stress experienced which directly impacts cognitive, emotional and physical functioning. This section discusses the factors involved and best means of addressing public health, medical and behavioral health professionals' stress. Some unique stressors for these individuals working to respond to a Q&I are listed here as well.



Public health, medical and behavioral health responders may be fearful for their own and their family's safety. In other large-scale events involving Q & I, healthcare personnel and their families have been ostracized and threatened due to people's fear of being exposed to disease.

Measures to control the spread of disease such as wearing gloves and masks can be cumbersome and interfere with speaking to, and understanding others. Stress and frustration increase resulting in a desire to remove and discontinue use of protective equipment further increasing the potential for exposure and stress.

A study of healthcare workers in Toronto during the SARS outbreak showed that those living with children might worry more than those who do not.

Public schools may be the first to close, requiring parents to stay home with their children, creating an intra-personal conflict around duty to work vs. duty to family. Provisions for childcare will help maintain the workforce.

Supervisors may have a decreased level of concern about their safety due to having a measure of control (actual or perceived) in the event.

Part time or contract employees are more likely to experience emotional distress. They often get less information that is current and have fewer supports at work.

There is a perception among healthcare workers that the scope of the event is larger than it actually is since they see a constant influx of affected people.

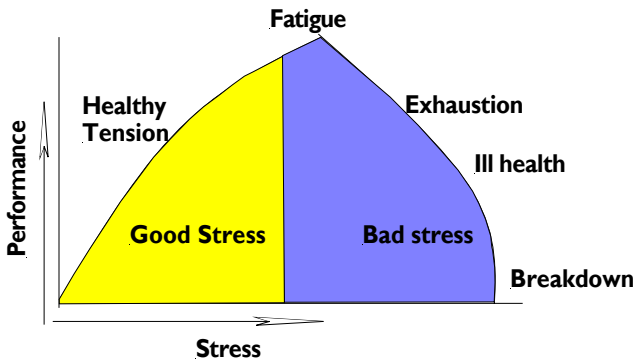


# Stress

Stress is a reaction to physical, emotional, or intellectual demands. Extreme stress triggers the brain to use survival mechanisms including “Fight/Flight/Freeze/Faint” reactions.

- The causes of stress can be external or internal.
- Good stress increases performance and response.
- Bad stress impairs our ability to perform and respond.
- Stress impacts us physically and can interfere with our health, our thinking, our emotional well-being, and our behavior.

The chart below illustrates the point at which stress overwhelms productivity.



\*Adapted from Nixon, P. Practioner, 1979

## Managing Stress

During times of high stress, our ability to function at an optimal level is diminished. Managing stress is an art form. You must actively implement and practice those activities that help YOU!



- Caffeine– Decrease it!**
- Nutrition– Balance it!**
- Exercise– Do it!**
- Sleep– Increase it!**
- Time outs– 20 minutes NOW!**
- Leisure– Enjoy it!**
- Expectations– Be realistic!**
- Perceptions– Reframe it!**
- Expression– Talk about it!**
- Humor-Laugh about it!**

## Resilience

Resilience is the ability to bounce back and adapt to changes after a crisis. Research shows that most people will be able to carry on and rebuild their lives with little or no “professional behavioral health intervention.” Although most people will bounce back after a traumatic event, they still experience emotional distress, and recovery can be a painful process.

Being resilient does not provide immunity to problems or stress but it is important in recovering from a crisis situation. The degree of resilience that people have directly affects the level of impact the event has and the speed at which they recover.

Helping others can contribute to one’s resilience. A sense of being needed and being useful provides the bridge that connects us to others.

The skills needed for resilience can be developed through nurturing thoughts, behaviors and actions that promote fortitude. While there are several factors that increase one’s resiliency, the key is to have concerned, supportive relationships with family and friends. The following abilities all contribute to adjusting to and rising above adverse situations:

- Planning and follow through.
- Maintaining a positive self-image.
- Maintaining confidence.
- Good communication and problem solving skills.
- Good impulse control.
- Good emotional containment.

## Building Resilience

The American Psychological Association has published a guide entitled “The Road to Resilience” that outlines 10 strategies for building resilience.

- 1. Make Connections** - Good relationships allow for a give and take of support. Helping others find hope increases your resilience.
- 2. Crisis or Opportunity**- Reframing problems in the form of an opportunity allows for creative problem solving.
- 3. Accept change as a part of living** – Changes don’t seem so bad when you accept that they are normal.
- 4. Set Goals** – Take steps toward reaching the goals.
- 5. Take Action**- Handle things as they come up.
- 6. Opportunities for self-discovery** – This may be a chance to prove yourself.
- 7. Nurture a positive view of yourself** – Have confidence and an “I can do it” attitude.
- 8. Keep things in Perspective**- Avoid blowing things out of proportion.
- 9. Maintain Hope** – Expect good things.
- 10. Take Care of Yourself** – Drink water, exercise, take breaks, it helps you be ready for action when necessary.

## Community Resilience

Resilience can be fostered in communities by instituting a strong sense of self-reliance through preparedness. A strong community is willing to help each other in a crisis and is optimistic about the future of their community. When people are at risk, they tend to find new ways of responding when the old ways are inadequate, often discovering creative solutions.

In responding to a Q & I event, it may benefit the community to mobilize and use volunteers in the community to assist with disease containment.

Traditional disaster relief involved sending aid to those affected. However, recent community resilience research offers suggestions for determining strengths, talents and services within the community then seeking community involvement in determining the most useful tools for *their* situation. This helps reduce the burden of unwanted or useless donations i.e. winter coats to tropical climates or high heels to people who have lost their transportation capabilities and are walking.

A resilient community is more likely to voluntarily cooperate with a Q & I order and enact social norms that support enforcement.

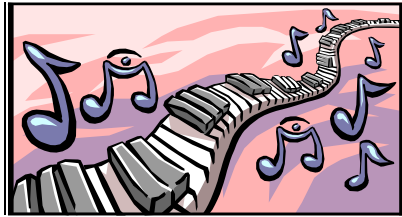
## **The Threat is Past**

The restrictions are lifted. Your community is allowed to return to normal activities. Some people will immediately resume their lives; some will exercise caution. Both are normal responses. Most people will bounce back quickly. If there have been a number of fatalities, recovery may be slower. Some ways to begin the process of returning to normal are:

- Informing the staff, assisting agencies and the media of the status of the Q & I.**
- Communicating through the local media that the danger has past and continuing to provide information to the community.**
- Thanking the community for their efforts to get the disease under control.**
- Allowing for an adjustment period for staff as they return to their daily duties.**
- Reminding staff of ongoing support offered for event related distress.**
- Planning an appreciation activity for staff.**



## A Positive Note



It is tempting to look at all of the bad things that come out of an event, and it may be difficult to see that something positive emerged.

An investigation into the research from the SARS outbreak in Toronto showed that being isolated is not always a negative experience. Some people welcomed the solitude, privacy and a chance to get a good night sleep. A new awareness of disease transmission was also noted and hand washing took on new significance. Medical staff reported an increased awareness of disease control and group cohesion due to the amount of time spent together. It was an opportunity to put into practice some little used procedures and test their effectiveness.

Families who are quarantined at home may welcome a chance to spend time together. People are offered the chance to solve unique problems. In dealing with the losses, people may have a new appreciation for life and for the freedoms they may have taken for granted prior to the event.

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