supplement 11
workforce support: psychosocial considerations and information needs

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SUMMARY OF PUBLIC HEALTH ROLES AND RESPONSIBILITIES IN WORKFORCE SUPPORT

INTERPANDEMIC AND PANDEMIC ALERT PERIODS

Healthcare institutions, state and local health agencies, first-responder organizations, and employers of essential service workers:

- Institutionalize psychosocial support services for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics.
- Prepare educational and training materials on psychosocial issues for distribution to employees during an influenza pandemic.

State and local health departments and other groups:

- Lay the groundwork for the development and implementation of workforce resilience programs to maximize responders' performance and personal resilience during a public health emergency.
- Use behavioral health expertise to develop public health messages, train staff on the use of personal protective equipment (PPE), and conduct other relevant activities.

HHS agencies:

- Create, collect, and provide educational and training materials on psychosocial issues related to pandemic influenza for use by hospital administrators, emergency department staff, safety and security professionals, behavioral health providers, social workers, psychologists, chaplains, and others.
- Provide guidance on the development of self-care strategies and workforce resilience programs.

PANDEMIC PERIOD

Healthcare institutions, state and local health agencies, first-responder organizations, and employers of essential service workers:

- Provide psychological and social support services for employees and their families.
- Address stigmatization issues that might be associated with participation in such services.

Healthcare institutions:

Provide employees with ongoing access to up-to-date information on healthcare and training issues, as well as on the national and local status of the pandemic.

State and local health departments and other groups:

- Implement workforce resilience programs.

HHS agencies:

- Provide medical, public health, and community partners with educational and training materials on psychosocial issues related to pandemic influenza.
- Provide occupational health guidance on psychosocial issues related to the pandemic, including information on anticipated reactions to restrictive public health measures such as quarantine.

S11–I. RATIONALE

The response to an influenza pandemic will pose substantial physical, personal, social, and emotional challenges to healthcare providers, public health officials, and other emergency responders and essential service workers (Box 1). Experience with disaster relief efforts suggests that enhanced workforce support activities can help responders remain effective during emergencies (Appendix 1).

During an influenza pandemic, however, the occupational stresses experienced by healthcare providers and other responders are likely to differ from those faced by relief workers in the aftermath of a natural disaster. Globally and nationally, a pandemic might last for more than a year, while disease outbreaks in local communities may last 5 to 10 weeks. Medical and public health responders and their families will be at personal risk for as long as the pandemic continues in their community. Special planning is therefore needed to ensure that hospitals, public health agencies, first-responder organizations, and employers of essential service workers are prepared to help employees maximize personal resilience and professional performance. An essential part of this planning effort involves the creation of alliances with community-based organizations and nongovernmental organizations with expertise in and resources for psychosocial support services or training.

S11–II. OVERVIEW

Recommendations for the Interpandemic and Pandemic Alert Periods focus on the establishment of psychosocial support services that will help workers manage emotional stress during the response to an influenza pandemic and resolve related personal, professional, and family issues. The recommendations also address the preparation of informational materials for employees and their families and the development of workforce resilience programs to assist families of deployed workers. Recommendations for the Pandemic Period focus on the delivery of psychosocial support services to response workers, provision of occupational health information to healthcare providers, and implementation of workforce resilience programs.

Supplement 11 addresses the psychological and social ("psychosocial") needs of the occupational groups that will participate in the response to an influenza pandemic. These groups include:

- Healthcare workers who provide medical care to ill persons
- Emergency field workers and other public health personnel who help control the spread of infection
- First-responder and nongovernmental organizations whose employees assist affected groups (e.g., persons in quarantine or isolation)
- Essential service workers whose activities maintain normal functions in the community and minimize social disruption
- Family members of all of these groups

Examples of the psychosocial issues faced by these groups and their families are listed in Boxes 1 and 2. Preparedness planning to address these issues will also be useful in responding to other types of public health emergencies. A checklist outlining key workforce support and resource concerns is provided to assist planners (see Appendix 2).

S11–III. RECOMMENDATIONS FOR THE INTERPANDEMIC AND PANDEMIC ALERT PERIODS

A. Institutionalizing psychosocial support services

Healthcare institutions and state and local health agencies should consider incorporating psychosocial support services into ccupational health and emergency preparedness planning for an influenza pandemic. First responders and essential service workers employed by companies and local governments (Box 2) might also benefit from these services. Healthcare and public health planners should also contact community-based organizations and nongovernmental organizations to determine the types of psychological and social support services and training courses available in their jurisdictions.

- Healthcare and public health officials should consider needs for information sharing with emergency planners in schools, law enforcement agencies, and local businesses.
- Planning for the provision of psychosocial support services might include the following activities:
- Ensuring that administrators, managers, and supervisors are familiar with and actively encourage the use of tools and techniques for supporting staff and their families during times of crisis (see S11-IV.A and Appendix 3)
- Training staff in hospitals and occupational health clinics (e.g., social workers, psychiatrists, nurses, psychologists, counselors) in behavioral techniques to help employees cope with grief, stress, exhaustion, anger, and fear during an emergency (see S11-IV.A and Appendix 3)
- If feasible, providing training in psychological support services to persons who are not behavioral health professionals (e.g., primary-care clinicians, emergency department staff, medical/surgical staff, safety and security personnel, behavioral health staff, chaplains, community leaders, staff of cultural and faith-based organizations)
- Identifying additional resources that can be available to employees and their families during and after a pandemic
- Developing strategies to assist staff who have child-care or elder-care responsibilities or other special needs that might affect their ability to work during a pandemic

B. Preparing workforce support materials

Employers of response workers and providers of essential services should obtain or prepare workforce support materials (in hard copy or electronic format) for distribution during a pandemic. These materials should be designed to do the following:

- Educate and inform employees about emotional responses they might experience or observe in their colleagues and families (including children) during an influenza pandemic and about techniques for coping with these emotions (see Appendix 3).
- Educate employees about the importance of developing "family communication plans" so that family members can maintain contact during an emergency.
- Describe workforce support services that will be available during an emergency, including confidential behavioral health services and employee assistance programs.
- Answer questions about infection control practices to prevent the spread of pandemic influenza in the workplace (see **Supplement 4**) and employment issues related to illness, sick pay, staff rotation, and family concerns.

Healthcare institutions should be prepared to provide materials that address healthcare and training issues related to pandemic influenza (see S11-IV.B). To support these efforts, CDC, HRSA, NIH, and SAMHSA will collaborate with the Department of Homeland Security, other federal agencies, and nongovernmental organizations to identify or develop educational materials on:

- Stressors related to pandemic influenza
- Signs of distress
- Traumatic grief
- Psychosocial aspects related to management of mass fatalities
- Stress management and coping strategies
- Strategies for building and sustaining personal resilience
- Behavioral and psychological support resources
- Strategies for helping children and families in times of crisis
- Strategies for working with highly agitated patients

C. Developing workforce resilience programs

State and local health agencies should consider establishing workforce resilience programs that will help deployed workers prepare for, cope with, and recover from the social and psychological challenges of emergency field work. CDC has used this approach with staff members who participated in the tsunami relief effort in 2004-2005 and the Marburg hemorrhagic fever outbreak in Angola in 2005.

To prepare for implementation of workforce resilience programs to cope with the special challenges posed by an influenza pandemic, agencies should do the following:

- Plan for a long response (i.e., more than 1 year).
- Identify pre-deployment briefing materials.
- Augment employee assistance programs with social support services for the families of deployed workers (see S11-IV.C).
- Provide program administrators and counselors with information on:
- Cognitive, physiological, behavioral, and emotional symptoms that might be exhibited by patients and their families (especially children), including symptoms that might indicate severe mental disturbance
- Self-care in the field (i.e., actions to safeguard physical and emotional health and maintain a sense of control and self-efficacy)
- Cultural (e.g., professional, educational, geographic, ethnic) differences that can affect communication
- Potential impact of a pandemic on special populations (e.g., children, ethnic or cultural groups, the elderly).

S11-IV. RECOMMENDATIONS FOR THE PANDEMIC PERIOD

A. Delivering psychosocial support services

Healthcare facilities and public health agencies—as well as companies and local governments that employ essential service providers—should make full use of public health techniques and communication tools that can help response workers manage emotional stress and family issues and build coping skills and resilience. These tools can include:

- Stress control/resilience teams. These teams can assist and support employees and foster cohesion and morale by:
  - Monitoring employee health and well-being (in collaboration with occupational health clinics, if possible)
  - Staffing "rest and recuperation sites" (see below)
  - Distributing informational materials (see S11-III.B).

  Stress control teams in hospitals should observe recommended infection control precautions.
- Rest and recuperation sites. Sites can be stocked with healthy snacks and relaxation materials (e.g., music, relaxation tapes, movies), as well as pamphlets or notices about workforce support services.
- Confidential telephone support lines staffed by behavioral health professionals
- Services for families. Services to families of employees who work in the field, work long hours, and/or remain in hospitals or other workplaces overnight might include:
  - Help with elder care and child care
  - Help with other issues related to the care or well-being of children
  - Provision of cell phone or wireless communication devices to allow regular communication among family members (see S11-III.B)
  - Provision of information via websites or hotlines
  - Access to expert advice and answers to questions about disease control measures and self care.

- Information for commuters. Workers might need alternative transportation and scheduling (e.g., carpooling, employer-provided private transportation, alternate work schedules during off-peak hours) to avoid exposure to large groups of potentially infected persons.
- Services provided by community- and faith-based organizations. Activities of these organizations can provide relaxation and comfort during trying and stressful times.

A list of additional resources is provided in Appendix 3.

B. Providing information to responders

1. Healthcare providers

Healthcare providers—especially those who work in hospitals—are likely to be under extreme stress during a pandemic (see Box 3) and will have special needs for open lines of communication with employers and access to up-to-date information. Healthcare facilities should ensure that employees have ongoing access to information on the following:

- International, national, and local progress of the pandemic
- Work issues related to illness, sick pay, staff rotation, shift coverage, overtime pay, use of benefit time, transportation, and use of cellphones
- Family issues, especially availability of child care
- Healthcare issues such as availability of vaccines, antiviral drugs, and personal protective equipment (PPE); actions to address understaffing or depletion of PPE and medical supplies; infection control practices as conditions change; approaches to ensure patients' adherence to medical and public health measures without causing undue anxiety or alarm; management of agitated or desperate persons; guidance on distinguishing between psychiatric disorders and common reactions to stress and trauma; management of those who fear they may be infected, but are not (so-called "worried well"); and guidance and psychosocial support for persons exposed to large numbers of influenza cases and deaths and to persons with unusual or disturbing disease symptoms.
- Because healthcare workers might be called upon to fill in for sick colleagues and perform unfamiliar tasks, healthcare facilities should consider providing written instructions for "just-in-time" cross training on essential tasks.

2. Other occupational groups

Other occupational groups that might participate in the response to pandemic influenza (including police, firefighters, and community outreach workers) should receive training materials that will help them anticipate behavioral reactions to public health measures such as movement restrictions (e.g., quarantine, isolation, closure of national or regional borders), especially if such actions are compounded by an economic crisis or abrupt loss of essential supplies and services.

3. Stigmatization issues

Healthcare workers and other emergency responders should be provided with information on what to do if they or their children or other family members experience stigmatization or discrimination because of their role in the pandemic influenza response. Hospital public affairs offices should be prepared to address these issues without delay.

C. Implementing workforce resilience programs

During an influenza pandemic, state and local health agencies should consider implementing workforce resilience programs that meet the special needs of deployed workers—including workers who do not change job site but whose assignments shift to respond to the pandemic—and the central operations personnel who support them around the clock. First-responder or nongovernmental organizations that send employees or volunteers to assist patients at home or in hospitals might establish similar programs. Workforce resilience programs could provide the following services:

1. Predeployment/assignment

- Conduct briefings and training on behavioral health, resilience, stress management issues, and coping skills.
- Train supervisors in strategies for maintaining a supportive work environment.

2. During deployment/assignment

- To support responders in the field:
  - Deploy several persons as a team and/or assign "buddies" to maintain frequent contact and provide mutual help in coping with daily stresses.
  - Frequently monitor the occupational safety, health, and psychological well-being of deployed staff.
  - Provide access to activities that help reduce stress (e.g., rest, hot showers, nutritious snacks, light exercise).
  - Provide behavioral health services, as requested.
- For central operations personnel:
  - Enlist stress control or resilience teams to monitor employees' occupational safety, health, and psychological well-being (see S11-IV.A).
  - Establish rest and recuperation sites (see S11-IVA), and encourage their use.
  - Provide behavioral health services, as requested.
- For families of responders:
  - Provide all of the services listed under "Services for Families" in S11-III.A (Note: Services for Families not listed in S11-III.A)
  - Enlist employee assistance programs to provide family members with instrumental support (e.g., assistance obtaining food and medicine) and psychosocial support (e.g., family support groups, bereavement counseling, and courses on resilience, coping skills, and stress management).
  - Provide a suggestion box for input via e-mail or anonymous voice-mail with a toll-free number.
  - Continue to provide outreach to employees' families to address ongoing psychological and social issues.

Throughout the response, policies on personnel health and safety should be reviewed and revised, as needed.

3. Post-deployment/assignment

- Interview responders and family members (including children) to assess lessons learned that might be applied to future emergency response efforts (see Box 4).
- Provide ongoing access to post-emergency psychosocial support services for responders and their families (on-site or through partner organizations).
- Conduct an ongoing evaluation of the after-effects of the pandemic on employees' health, morale, and productivity.

BOX 1. PSYCHOSOCIAL ISSUES FOR RESPONSE WORKERS

Psychosocial issues that response workers might need to address include:

- Illness and death among colleagues and family members
- Fear of contagion and/or of transmitting disease to others
- Shock, numbness, confusion, or disbelief; extreme sadness, grief, anger, or guilt; exhaustion; frustration
- Sense of ineffectiveness and powerlessness
- Difficulty maintaining self-care activities (e.g., getting sufficient rest)
- Prolonged separation from family
- Concern about children and other family members
- Constant stress and pressure to keep performing
- Domestic pressures caused by school closures, disruptions in day care, or family illness
- Stress of working with sick or agitated persons and their families and/or with communities under quarantine restrictions
- Concern about receiving vaccines and/or antiviral drugs before other persons

These issues may be exacerbated by:

- Lack of information
- Rumors, misconceptions, or conspiracy theories
- Loss of faith in health institutions, employers, or government leaders
- Belief that medical resources are not available or fairly distributed
- Death of immediate supervisors or other leaders in the response effort
- Mass casualties and deaths among children
- Economic collapse or acute shortages of food, water, electricity, or other essential services
- Restrictions on civil liberties that are perceived to be inequitable
- Infection control procedures that limit personal contact or hinder communications

Psychosocial issues related to the general public are addressed in **Supplement 10.**

BOX 2. PSYCHOSOCIAL ISSUES FOR FAMILIES OF RESPONSE WORKERS

The families of responders will face many challenges in addition to the fears and disruptions that everyone will face during a pandemic. For example:

- Responders might be frustrated, tired, worried, irritable, argumentative, restless, emotional, or distressed.
- Responders might be impatient and less understanding, energetic, optimistic, good natured, or helpful than usual.
- Increased emergency work loads (which might be exacerbated by staffing shortages) can make it difficult for responders to communicate regularly with family members.
- Family members might experience stigmatization or discrimination.

BOX 3. IMPACT OF PANDEMIC INFLUENZA ON HEALTHCARE WORKERS

In addition to the issues faced by all response workers (Box 1), healthcare workers may experience:

- Increased risk of exposure to pandemic influenza
- Constant need to take special precautions to avoid exposure to the pandemic virus
- Illness and death among patients, as well as among colleagues and family members
- Stigmatization and discrimination associated with being perceived as a source of contagion
- Ethical dilemmas, such as conflicts between one's roles as healthcare provider and parent/spouse, or concern about receiving vaccines or antiviral drugs before other people
- Increased difficulty in performing crucial tasks and functions as the number of severely ill patients increases, the healthcare staff decreases, and medical and infection control resources are depleted
- Frustration regarding the need/expectation to maintain business as usual
- Physical isolation associated with use of infection control measures that limit interpersonal contact

Psychosocial issues related to hospital workers are also addressed in **Supplement 3.**

BOX 4. LESSONS LEARNED DURING THE 2004-2005 TSUNAMI RELIEF EFFORT

- It is difficult to prepare responders for everything they might encounter.
- Even seasoned responders can face situations and issues that cause uneasiness and distress.
- It is not unusual for responders to be asked to work outside their areas of expertise.
- Concerns about family and friends rank high on responders' lists of priorities.
- Timely, accurate, and candid information should be shared to facilitate decision-making.
- Self-help activities are essential to mission completion.
- Everything possible should be done to safeguard responders' physical and emotional health.
- Responders do not need to face response challenges alone. They may share their experiences with buddies, teammates, family members, and colleagues.
- It is especially difficult for responders to maintain personal resilience when they witness the deaths of children.
- Organizational differences among groups of responders and cultural differences between victims and responders can impede the timely and efficient provision of emergency services.

APPENDIX 1. BIBLIOGRAPHY: PSYCHOSOCIAL ISSUES RELATED TO PUBLIC HEALTH EMERGENCIES

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APPENDIX 2. CHECKLIST FOR WORKFORCE SUPPORT SERVICES/RESOURCES

A. Checklist for Interpandemic and Pandemic Alert Periods

Include psychosocial issues in planning

- ❑ Incorporate psychosocial support services into emergency preparedness planning for an influenza pandemic.
- ❑ Coordinate with business, corporations and other private sector interests in planning for behavioral health response and consequences.
- ❑ Develop plans to prepare and support emergency service responders (e.g., police, fire, hospital emergency department staff, mortuary workers) during and following deployment.
- ❑ Prepare for a significant surge of individuals who fear they may be infected, but aren't, who may present at emergency departments or other healthcare locations, or contact health information hotlines.
- ❑ Develop a demographic picture of the community (e.g., ethnic, racial, and religious groups; most vulnerable; special needs; language minorities) and plan for how they might be reached in a disaster.
- ❑ Identify rest and recuperation sites for responders. These sites can be stocked with healthy snacks and relaxation materials (e.g., music, relaxation tapes, movies), as well as pamphlets or notices about workforce support services.
- ❑ Develop confidential telephone support lines to be staffed by behavioral health professionals.
- ❑ Use behavioral health expertise to develop public health messages, train staff on the psychological impact of the use of personal protective equipment (PPE), and conduct other relevant activities.

Identify and access existing resources

- ❑ Work with community-based organizations and nongovernmental organizations to determine the types of psychological and social support services and training courses available in their jurisdictions.
- ❑ Establish public-sector links with private mental health resources such as Red Cross and other national voluntary organizations active in disasters.
- ❑ Develop a plan to manage offers of assistance and invited/uninvited volunteers.
- ❑ Identify gaps, such as culturally competent and multilingual providers, that might affect disaster services.

Train behavioral health and related professionals in disaster response strategies

- ❑ Train behavioral health staff in hospitals, clinics, and related agencies in techniques to help people cope with grief, stress, exhaustion, anger, and fear during an emergency.
- ❑ Train nonbehavioral health professionals (e.g., primary-care clinicians, safety and security personnel, community leaders, and staff of cultural- and faith-based organizations) in basic psychological support services.
- ❑ Establish links to health and medical entities for purposes of assisting in screening potential victims for mental disorders and psychogenic symptomatology, functional impairment, substance abuse, etc.

Develop resources and materials

- ❑ Prepare educational and training materials on psychosocial issues for distribution to workers during an influenza pandemic.

B. Checklist for Pandemic Period

During the first 4 weeks

- ❑ Meet basic needs such as food, shelter, and clothing.
- ❑ Provide basic psychological support (psychological first aid).
- ❑ Provide needs assessments.
- ❑ Monitor the recovery environment (conducting surveillance).
- ❑ Provide outreach and information dissemination.
- ❑ Provide technical assistance, consultation, and training.
- ❑ Foster resilience, coping, and recovery.
- ❑ Provide triage.
- ❑ Provide treatment.
- ❑ Provide psychological and social support services for employees and their families.
- ❑ Address stigmatization issues that might be associated with participation in such services.
- ❑ Implement workforce resilience programs.
- ❑ Work with communications experts to shape messages that reduce the psychological impact of the pandemic.
- ❑ Provide medical, public health, and community partners with educational and training materials.

During subsequent weeks

- ❑ Provide continued outreach, triage, and services.
- ❑ Monitor workforce for signs of chronic or severe psychological distress.
- ❑ Provide assistance in reintegration for workers who were deployed or isolated from work and family.

APPENDIX 3. PSYCHOLOGICAL FIRST AID FOR EMERGENCY RESPONDERS

Along with increased efforts to institutionalize workforce services that support the emotional well-being of responders—both during and after an emergency–a consensus is growing on the usefulness of a set of psychosocial tools and techniques for providing "psychological first aid." The organizations listed below provide information for those interested in learning more about this topic.

- American Psychiatric Association
  www.psych.org/disasterpsych/links/weblinks.cfm
- American Psychological Association (APA) Help Center
  www.apahelpcenter.org
- Disaster Epidemiology Emergency Preparedness (DEEP) Center, University of Miami Miller School of Medicine
  www.deep.med.miami.edu
- National Center for PTSD, Department of Veterans' Affairs
  www.ncptsd.va.gov/
- National Child Traumatic Stress Network
  www.nctsnet.org
- Project Liberty
  www.projectliberty.state.ny.us/

Resources from HHS agencies include:

- CDC/American Red Cross. Maintaining a healthy state of mind
  http://www.redcross.org/preparedness/cdc_english/health.asp
- National Institute of Mental Health (NIMH/NIH/HHS)
  Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence: A Workshop to Reach Consensus on Best Practices. NIH Publication No. 02-5138, Washington, D.C., U.S. Government Printing Office. 2002
- Substance Abuse and Mental Health Services Administration (SAMSHA/HHS)
  Disaster Readiness and Response
  www.samhsa.gov/Matrix/matrix_disaster.aspx

  Disaster Technical Assistance Center. Research listings and fact sheets on self-care
  www.mentalhealth.samhsa.gov/dtac/Selfcare.asp

  Center for Mental Health Services
  Mental Health Response to Mass Violence and Terrorism: A Training Manual. HHS Pub. No. SMA 3959. Rockville (MD); 2004
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