

# H1N1 INFLUENZA A VIRUS

## **Providing Psychosocial Support: Tips for Leaders and Health Care Staff**

We all know that planning in advance is the key to a successful response to any emergent situation – this includes psychosocial planning. The *National Emergency Psychosocial Advisory Consortium (NEPAC)*<sup>\*</sup> is recommending a few resilience-based ‘next steps’ for the coming weeks and months as we deal with current case of the H1N1 Influenza A Virus and prepare for the fall/winter influenza season – and beyond!

Information presented in this document is intended for health emergency management, health care leaders and health care staff.

### **Acting Now in the Short-Term**

The primary objective of a psychosocial response to any disaster or public health emergency is to restore and increase the capacity of individuals to go on with their lives by addressing their social, emotional, psychological and physical needs. It includes supporting and strengthening social systems and helping individuals to regain a sense of control, diminish psychological arousal, effectively manage stress and improve adaptive coping strategies.<sup>†</sup>

Positive reciprocal working relationship between health care staff and leaders promotes employee morale, resilience and retention. In Phase 5 of the current H1N1 Influenza A Virus, the implementation of strategies to address the psychosocial needs of all levels of health care staff is a crucial factor in contributing to reciprocal relationships. This document highlights some of the basic steps in providing psychosocial support to health care staff; it recognizes that different health care staff may be experiencing different stressors at different times as they respond to the H1N1 Influenza A Virus.

### **First Steps in Providing Support for Leaders and Health Care Staff**

In an ideal world all health care facilities will have the practice of worker care well established. Health Emergency Managers would also have established worker care protocols within the Incident Command structure. At present, across the country the placement of worker care responsibility may vary, occurring at the provincial, regional, municipal and facility levels.

---

<sup>\*</sup> A list of the *National Emergency Psychosocial Advisory Consortium (NEPAC)* members, as of May 29, 2009, is provided at the end of this document.

<sup>†</sup> Source: Ministry of Health Services, British Columbia Pandemic Influenza Psychosocial Support Plan for Health Care Workers and Providers.

# H1N1 INFLUENZA A VIRUS

The following are some simple steps to provide support to health care staff currently dealing with the H1N1 Influenza A Virus:

1. **Designate the responsibility of worker care to an appropriate person.**  
This designated person, with best practice in mind, will then form a team and work to establish peer support networks.
  
2. **Provide emotional, information and instrumental support.**  
Leaders and designated worker care staff should provide emotional, informational and instrumental support to address fear, stress and anxiety, manage expectations and assist with normalizing. For example:

Emotional	Informational	Instrumental
<ul style="list-style-type: none"> <li>• Acknowledge the stress and added demands.</li> <li>• Provide stress management tips and training in adaptive coping.</li> <li>• Set up a staff Hotline number for information and support in dealing with stress and anxiety.</li> <li>• Establish a buddy system so staff can watch out for one another.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure clear, honest and frequent communication.</li> <li>• Provide written notices, using language that indicates care strategies for the workforce.</li> <li>• Provide communication feedback loops such as regular 'brown bag' sessions and e-mails to give staff a chance to ask questions, offer suggestions and be part of the process.</li> <li>• Ensure proper and timely follow-up as staff raise questions and suggestions.</li> <li>• Ensure staff members are equipped with the proper information or have links/access to information.</li> <li>• In absence of internet, distribute guidelines in hard-copy.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a process for clear communication, contact with and updates for loved ones.</li> <li>• Address staff's physical needs (e.g., food, transportation, child/elder/pet care, medication, equipment).</li> <li>• Establish respite space/centres for staff, with healthy snacks, and telephone and computer access, especially when long hours of work are occurring.</li> </ul>

And also very importantly...

3. **Maintain a sense of humour!**

## Self-Care and Psychosocial Prevention

Things we can do to take care of ourselves during an emergent disaster or pandemic include:

- Taking time to rest and relax;
- Avoiding overload of information; seek information only once a day;
- Talking about your thoughts and feelings with family, friends, co-workers, spiritual advisors or health professionals;
- Distracting yourself with other activities (e.g., exercise, reading, creative activities);
- Balancing what is important;
- Maintaining as normal a routine as possible;
- Avoiding the use of alcohol or drugs to numb your feelings;
- Trying to eat well and get a good night's sleep.

# H1N1 INFLUENZA A VIRUS

## What to Watch Out For

All people become concerned when their health is at risk.

The extra work required by H1N1 protocols can be a significant disruption to many workplaces. The more severe a problem H1N1 becomes, the bigger the problem for society, health care workers and the health care system. Some health care workers may feel more anxious about H1N1 because of previous experiences with traumatic events – it is normal to feel stressed under these conditions.

Behaviours and behavioural changes for which to be aware during stressful times include:

- Sleep disruption or fatigue;
- Disturbance of daily eating (over- or under-eating);
- Avoidance of others or certain patients;
- Feeling anxious, depressed or having panic attacks;
- Being easily startled;
- Crying;
- Drinking more alcohol or taking more prescription drugs;
- Having little patience;
- Reluctance to rest or return to home after working long hours or days.

## Who Can Help?

Stressors such as the risk of illness associated with a pandemic will affect each person differently. Stressors that are beyond our personal control are especially difficult to cope with well. During these times, seek the help of:

- People with whom you are close;
- Peer supports and/or your buddy;
- Spiritual and religious care providers;
- Employee Wellness or Employee Assistance Programs;
- Hotlines, distress centres and government websites.

If you change your daily or professional routine more than you need to, if symptoms persist or if they are too strong for you to handle, consult a regulated health professionals, such as your family physician, nurse, psychologist or social worker.

# H1N1 INFLUENZA A VIRUS

## National Emergency Psychosocial Advisory Consortium (NEPAC)

### Consortium Members

Organization	Participant(s)
Canadian Psychological Association	Lisa Votta-Bleeker (co-Chair)
Provincial Health Services Authority	Heleen Sandvik (co-Chair)
Public Health Agency of Canada	Carmen Chaman Jo-Anne Stead Shelie LaForest
Royal Roads University	Robin Cox
Justice Institute of British Columbia	Carol Amaratunga
City of Calgary, Alberta	Arlene Baxendale
Department of Community Services, Saskatchewan	Cathy Bulych
Emergency Management Branch, Ministry of Health, Saskatchewan	Merv Tippe
Regional Program Director, Mental Health, Manitoba	Carolyn Strutt
Physician and Professionals Health Program, Ontario Medical Association	Ted Bober
Gap Santé Research Team, University of Ottawa	Louise Lemyre
Salvation Army, Toronto	Rick Shirran
Toronto Public Health	Barbara Switzer
St. Joseph's Health Care, London, Ontario	Maggie Gibson
Canadian Red Cross	Don Shropshire
Regional Municipality of Waterloo - Social Services	Steve LaRoche
Psychosocial Health, Emergency Medical Assistance Team, Toronto	Alan Dick
DRDC Centre for Security Science	Ahmad Khorchid
Health Canada	Shirley Dufour
John Service Consulting	John Service
Canadian Council of Churches, National Advisory Group on Emergency Planning	Dianne Algera
Ontario Association of Emergency Managers (OAEM)	Virginia Jones
Public Health Agency of Canada Ontario Representative	Olga Michie
City of Ottawa	Christopher Tuck
Nova Scotia Department of Health	Linda Smith
Department of Community Services, Nova Scotia	John Webb
Central Regional Health Authority, Gander, Newfoundland and Labrador	Betty Moulton