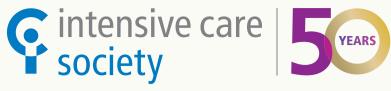
ADVICE FOR SUSTAINING **STAFF WELLBEING** IN CRITICAL CARE DURING AND BEYOND **COVID-19**



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The anticipated needs of staff will vary across each of the phases, consider the following support mechanisms:

Phases	Issues and likely impact	Needs and recommended approach
Pre-phase: No cases on unit Initial phase:	Anticipatory anxiety about what's on its way. Inability to think clearly, feeling overwhelmed, planning. Communication errors. Tension in working relationships. "Readiness" burnout. Starting to get going, lots of trying out, lost time,	Increase a sense of control - the team are in a safe pair of hands. Reassurance and planning. Communication updates are key (you may be thinking ahead, they are thinking now). Escalation plan. Support to managers who are making plans and holding the stresses. War room - planning central to allow centralised
Case 1	repetition and frustration. Further anticipatory anxiety	communication. Management are visible and available. Regular communication bulletins and open forums.
Core Phase: Full scale -Multiple cases	Biggest risk period. Fear infection and implications for families. Overwhelming workload. Full go mode- adrenalin and automatic pilot. Exhaustion. Moral distress as healthcare rationed. Distress linked to personal or family experience of COVID-19. Experience fear or stigma when out in public.	Have runners in PPE areas. Promote peer support. It's okay to say you are not okay - Senior staff to model this. Rotate workers from high-stress to lower-stress functions. Small pre-brief and debrief the day. Partner inexperienced workers with their more experiences colleagues. Psychological first aid - drop in sessions for staff with employee wellbeing if you have it. Ensure the basics: Breaks, Facilities (food trolley in staff room), Sleep, Days off. Manage visitors
End Phase: Immediate aftermath	Exhaustion and post trauma recovery / stress	Debriefing. Staff 1-1 and group sessions. Learning and preparation for the future. Organise thanks and reward. Look out for signs of PTSD in staff:
Long term	Some ongoing PTSD Reflection and learning	on edge and hyper arousal, poor sleepflashbacks or re-experiencingavoidance of reminders.