Responding to stress experienced by hospital staff working with Covid-19: guidance for planning early interventions*

Staff may experience a wide range of normal feelings and anxieties during the early stages of dealing with Covid-19. The aim of planned responses to active ongoing stress is to foster resilience, reduce burnout and reduce the risk of post-traumatic stress disorder.

**Do** provide (ideally pre-trauma) relevant training on dealing with trauma, mental health awareness

**Do** provide open, honest and frank briefings

**Do** prepare staff for what they might face and have to do

**Do** encourage staff to use both informal (e.g. from peers) and formal support mechanisms

**Do** allow time for staff to support each other – including through activities/discussion unrelated to Covid-19

**Don’t** offer generic training (e.g. mental strength training)

**Do** create feedback mechanisms so staff can easily tell you what they need more/less of. Act on this feedback

**Do** help staff to stay well - food, rest, sleep, safety (inc PPE), taking breaks

**Don’t** offer single session interventions that require staff to talk about their thoughts or feelings – this may increase the likelihood of PTSD.

**Do** buddy less-experienced with more-experienced colleagues

**Don’t** rush to use psychological interventions too soon – they may interfere with people’s natural coping mechanisms

**Do** rotate staff between higher- and lower-stress functions

**Do** role-model a caring and cohesive approach, following guidance, especially by senior staff

**Don’t** offer single session interventions that require staff to talk about their thoughts or feelings - this may increase the likelihood of PTSD.

**Do** monitor support needs as the crisis recedes

**Do** allow flexibility for staff affected by stressful events

**Do** identify vulnerable staff members and proactively support them

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While many staff can cope, do have a low threshold for referring to support services

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