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PSYCHOLOGICAL AND SOCIAL SUPPORT FOR ESSENTIAL SERVICE WORKERS DURING AN INFLUENZA PANDEMIC

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I. Introduction

Rationale

This document addresses the psychological and social ("psychosocial"[1]) needs of ***essential service workers*** during a severe[2] influenza pandemic. Essential service workers may include healthcare workers, public health workers, first-responder organizations, and employees of public utilities, sanitation, transportation, and food and medicine supply-chain companies (**Boxes 1 and 2**). Essential services workers may also include employees of organizations that provide support services to healthcare workers and first-responders and their families (e.g., behavioral health services, childcare, and eldercare). Essential service workers and their families are likely to face substantial physical, personal, social, mental and emotional challenges (**Box 1 - 4**).

Experience with disaster relief efforts such as the World Trade Center disaster, the Indian Ocean tsunamis in 2004, and Hurricane Katrina suggests that workforce support activities can help responders safeguard personal resiliency and enhance family preparedness in order to maximize professional performance (**Appendix 1**). However, the demands of responding to an influenza pandemic will differ from those faced by relief workers in the aftermath of a natural disaster (extreme weather event or geologic disturbance), because an influenza pandemic may last for more than a year, with local pandemic waves lasting from two to three months and possibly recurring. Responders and their families will be at personal risk for as long as the pandemic continues in their community.

Pre-event planning is essential to adapt workforce support strategies to long-term use during and between influenza pandemic waves. Planning components include integrating worker support with health and safety activities, enhancing organizational culture and operational policies, and partnering with other organizations (**Appendix 2**) who can help provide and/or train others to provide psychosocial support services (e.g., stress, anger, and grief management; crisis intervention counseling) in the workplace.

Vision for the Future

Hospitals, public health agencies, first-responder organizations, and employers of other essential service workers are prepared to help their employees safeguard personal

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[1]Psychosocial issues in the workplace have traditionally been defined in terms of: "occupational stressors," "acute stress reactions," and "chronic strain." This terminology tends to focus on the consequences for the individual workers experiencing stress, rather than on the causes of the workplace stressors (for example, see: NORA Organization of Work Team, 2002. The changing organization of work and the safety and health of working people. Cincinnati, OH. National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2002–116. More recent terminology shifts the focus of psychosocial issues in the workplace onto the entire work environment, in particular how the work is structured and organized. This shift in focus is fully congruent with the primary prevention mission of NIOSH and CDC.

[2] To assist in pre-pandemic planning, the *Community Mitigation Strategy* introduced the concept of a Pandemic Severity Index, based primarily on case fatality ratios. A severe pandemic would be Category 4 or 5. See: http://www.pandemicflu.gov/plan/community/commitigation.html#IV.

resiliency and enhance family preparedness in order to maximize professional performance.

Enhancing Workforce Resiliency: A Two-Pronged Approach

Personal resiliency—the ability to quickly adapt to adverse circumstances in a healthy manner—may-be enhanced by improving coping skills through training and by building social support networks before the pandemic strikes. In addition, organizations that employ healthcare providers or other essential service workers[3] can further enhance resiliency by adopting policies and encouraging practices that support mission success while improving job satisfaction and morale. These efforts may include enhancing human resource policies (e.g., flexible schedules and work locations to enable balancing competing work and life demands), management philosophies (e.g., team building, respectful two-way communication) and operational policies (e.g., operational tempo or staff rhythm and rest/recovery cycles) to help employees meet the challenges of a disaster response.

At the present time, organizational planning to maintain continuity of operations during a pandemic is focused on ensuring redundancy of systems and equipment to preserve the integrity of critical functions. However, little attention has been paid to the workers themselves. This challenge may be addressed through an integrated approach that combines:

- Implementation of organizational changes that affect the workforce as a whole
- Provision of emergency support services to individual workers and their families

1. Organizational Factors That Safeguard Worker Resiliency

To ensure optimal workforce performance during a severe pandemic, an organization's pandemic plan, pre-pandemic work culture, and safety procedures must reflect the importance of health protection and, where feasible, provide services that enhance personal and professional resiliency. Factors that impact workforce resiliency include:

Work shifts and recovery periods. Supervisors should be aware that fatigue and sleep deprivation can have serious negative consequences in the workplace and lead to recklessness or unsafe work practices during an emergency, especially if shift length and duration of mandated service are long and rest periods are inadequate. These issues can become increasingly important when workers face multiple work demands, threats to personal safety, and/or traumatic and psychologically challenging experiences, such as witnessing mass fatalities or handling affected persons who are angry or emotionally distraught.

Safety climate and maintaining safe work practices under dynamic and hazardous conditions. An influenza pandemic will produce many situations in which the hazards of exposure to the virus are extremely difficult to control. Until a vaccine becomes available, the main tools for reducing the risk of exposure will include patient isolation,

[3]While the focus of this document is on organizations that employ essential service workers, enhancing resiliency is a good practice for all groups, companies, and organizations.

voluntary home quarantine, and social distancing of children and adults (*see*: *Community Strategy for Pandemic Influenza Mitigation* [http://www.pandemicflu.gov/plan/community/mitigation.html]). Maintaining safe work practices under such circumstances places an additional burden on the responder workforce. However, the standards of protection must be set as high as possible, so that when workers do risk exposure, they know that the risks are necessary and unavoidable, and that their personal safety and health are being protected to the greatest degree possible.

Support for unfamiliar roles. Essential service workers who assume roles to which they are not accustomed or for which they are psychologically unprepared may experience significant interpersonal and organizational stresses (**Box 5 and 6**). The same may be true for workers who shoulder extra responsibilities to help ensure the continuity of businesses, governmental offices, or critical community services (e.g., energy, food and water supply, waste management, telecommunications, and transportation). Pre-pandemic development of procedures for implementing relevant core training along with supplemental just-in-time training and education can help workers perform their new roles while adhering to workplace infection control and safety procedures.

Other organizational factors. Workforce support planners may also take into account a range of additional organizational factors that can routinely affect stress levels for essential service workers. These include the nature and pace of the job demands, degree of personal control over required tasks or pacing, supervisory assistance, co-worker support, team cohesion, and management/command structure.

2. Support Services for Individual Workers and Their Families

Healthcare workers and other essential service workers may require individual behavioral, psychological, or social support services to help them safeguard personal resiliency during a pandemic. These individuals may experience a broad range of reactions--including distress, grief, exhaustion, anger, helplessness, uncertainty, and fear - which may be overwhelming and compromise health, safety and performance in the workplace. Some may need assistance balancing the demands of work and home, so they can function appropriately on the job. Others may require assistance in adapting to disruptions in normal work or home routines due to family illness, personnel shortages, workplace infection control procedures, or community mitigation strategies.

Front-line essential service workers who are deployed in the field may face special challenges that may be addressed through the establishment of formal Workforce Resiliency Programs **(Boxes 6** and **7).** Others may require assistance in adapting to disruptions in normal work or home routines due to family illness, personnel shortages, workplace infection control procedures, or community mitigation strategies. During most disaster response efforts, there is a geographic boundary that separates the disaster area from unaffected regions. During a severe pandemic, however, there will be no completely safe areas for public health or healthcare workers—or for their families. Organizations that consider the needs of employees' families are most likely to have a sufficient workforce reporting for duty. Organizations that hold employees solely

responsible for family care outside of work hours are likely to experience relatively high attrition during a pandemic.

New Developments

This document serves as an update to HHS Pandemic Influenza Plan, Supplement 11 (http://www.hhs.gov/pandemicflu/plan/sup11.html). It includes information on HHS resources developed since 2005 and takes into account lessons learned from public health responses to outbreaks and hurricanes, as well as from worker resiliency programs. The bibliography, checklist, and list of psychological and social support services have been updated (**Appendices 1-3**), and a new Leadership Self-Assessment Tool has been added to help employers of essential service workers develop plans for ensuring the availability of workforce support services during an influenza pandemic (**Box 5**).

Over the past four years there has been increased recognition of the need to include workforce support activities in emergency preparedness efforts. This is reflected in the Worker Safety and Health Support Annex of the 2008 National Response Framework (http://www.fema.gov/pdf/emergency/nrf/nrf-support-wsh.pdf), as well as in HHS/CDC Cooperative Agreement Guidance for Public Health Emergency Preparedness (http://www.bt.cdc.gov/planning/coopagreement/; see **Box 7**). Several other federal agencies—including HHS/SAMHSA, HHS/NIMH, OSHA/DOL, and DVA—have also developed guidance documents and educational materials for workers affected by disasters and public health emergencies (**Appendices 1 and 3**). In addition, HHS/CDC has continued to enhance its Worker Resiliency Program, which promotes the health and safety of workers who participate in disaster relief efforts (**Box 8**).

Overview

Recommendations for the Interpandemic and Pandemic Alert Periods focus on establishing psychosocial support services and workforce resiliency programs that help workers manage emotional challenges during the response to an influenza pandemic – stemming from personal, professional, and/or family issues. The recommendations also address additional organizational factors and the preparation of informational materials for employees and their families.

Recommendations for the Pandemic Period focus on the delivery of psychosocial support services to essential service workers, provision of occupational safety and health information to essential service workers, and enhancement of workforce resiliency programs.

Examples of the psychosocial issues faced by these groups, their families, and employer organizations are listed in **Boxes 1 - 6**. 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**).

At the present time, the world is in the WHO Pandemic Alert Period, triggered by the 2003 re-emergence in Southeast Asia of highly pathogenic avian influenza (H5N1) virus infections of humans. Therefore, this document is primarily concerned with the Pandemic Alert and Pandemic Periods, with less focus on the Interpandemic Period.

II. Guidance for the Interpandemic and Pandemic Alert Periods

A. Institutionalizing psychosocial support services

Employers of essential service workers should consider incorporating psychosocial support services into occupational health and emergency preparedness planning for an influenza pandemic (**Appendix 2**). Healthcare, public health, and other emergency planners can contact community-based organizations, professional guilds, and academic and government experts (see **Appendices 1 and 3**) to determine the types of psychological and social support services and training courses available in their jurisdictions.

As part of this effort, healthcare and public health officials should collaborate on information sharing with emergency planners in schools, law enforcement agencies, local, state, or regional emergency management agencies, faith-based and voluntary organizations and local businesses.

Planning for the provision of psychosocial support services might include the following activities:

B. Ensuring that administrators, managers, and supervisors are familiar with, provide resources for and actively encourage the use of tools and techniques for supporting staff and their families during times of crisis (**Appendix 2**, **Section B**).
   - Training staff in hospitals and occupational health clinics (e.g., social workers, psychiatrists, nurses, psychologists, counselors) in behavioral techniques and programs (e.g., peer support programs) and disaster mental health to help employees cope with grief, stress, exhaustion, anger, and fear during an emergency.

- Providing training in psychological first aid[4] and other 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, business sector, service and voluntary organizations, and schools)
- Identifying additional resources that can be available to employees and their families during and after a pandemic
- Developing strategies to assist personnel who have child-care or elder-care responsibilities or other special needs that might affect their ability to work during a pandemic. Data from Florida suggest that most employees (approximately 75%) have at least one family obligation for daily care.
- Develop strategies to provide special assistance to employees who are at higher risk[5] of adverse reaction to disaster/emergency

C. **Preparing workforce support materials**

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[4] "Psychological first aid," as used in this context, refers to psychological support that is both used to improve one's own resilience and is provided by non-mental health professionals to family, friends, neighbors, co-workers, and students. It focuses on education regarding traumatic stress and on active listening. The term also incorporates more sophisticated psychological support given by primary care providers to their patients. Properly executed, psychological first aid is adapted to the needs of each group or community (i.e., group of people with shared interests) implementing it, ensuring that the psychological first aid that is introduced in the community does not conflict with the world view of the group. It also emphasizes the inclusion of effective strategies for psychological support that may be specific to that group. This is done in concert with a representative community committee which helps to ensure responsiveness to the specific community. Psychological first aid includes understanding one's role; the difference between anticipated stress reactions and traumatic stress; how to engage in active listening; when and where to refer individuals for additional assessment and intervention; and the importance of supervision, ethical behavior, and self-care. [Disaster Mental Health Subcommittee Report 2008, p.12: http://www.hhs.gov/aspr/conferences/nbsb/dmhreport-081110.pdf]

[5] At-risk individuals are defined in a manner consistent with the National Response Framework definition of special needs populations, according to function-based needs irrespective of specific diagnoses, statuses, or labels. Before, during, and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, or medical care. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include those who have disabilities; live in institutionalized settings; are from diverse cultures; have limited English proficiency or are non-English speaking; are transportation disadvantaged; have chronic medical disorders; or have pharmacological dependency.

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 (see **Appendices 1 and 3**). 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
- 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
- Assist in determining appropriate infection control practices to prevent the spread of pandemic influenza in the workplace (*see*: HHS Pandemic Influenza Plan, Supplement 4. Infection Control [http://www.hhs.gov/pandemicflu/plan/sup4.html]) and employment issues related to illness, sick pay, staff rotation, and family concerns

Employers of essential service workers should be prepared to provide employees with materials that address healthcare and training issues related to pandemic influenza. Information on the following topics may be found in **Appendices 1 and 3**:

- Stressors related to pandemic influenza
- Signs of distress and traumatic grief
- Psychosocial issues related to management of mass fatalities
- Stress management and coping strategies (self-care)
- Strategies for building and sustaining personal resiliency
- Behavioral and psychological support resources
- Strategies for helping children and families in times of crisis
- Strategies for assisting the elderly and other special needs groups
- Strategies for working with highly agitated patients

D. Developing and implementing workforce resiliency programs

Employers of essential service workers should consider establishing workforce resiliency programs that help essential service workers prepare for, cope with, and recover from the social and psychological challenges of emergency response work. CDC has used this approach since 2004 to assist public health workers who participated in major emergency response activities such as the tsunami in Asia in 2004, the Marburg hemorrhagic fever outbreak in Angola in 2005, and the

devastating 2005 hurricane season in the United States, involving hurricanes Katrina, Rita, and Wilma (see **Box 8**).

To prepare for implementation of workforce resiliency programs to cope with the special challenges posed by an influenza pandemic, employers 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.
- Ensure psychological support for leaders and managers.
- Provide guidance to leaders and managers to align decision-making (policies, practices; resources) with efforts aimed to enhance/maintain organizational and worker resiliency.
- 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) and by essential service workers themselves - including symptoms that might indicate severe mental disturbance
  - Importance of coping strategies and self-care activities in the field (i.e., actions to safeguard physical and emotional health and maintain a sense of control and self-efficacy)
  - Cultural differences among people affected by the emergency (e.g., professional, educational, geographic, ethnic) that can affect communication and behavior
  - Potential impact of a pandemic on special populations (e.g., children, ethnic or cultural groups, the elderly).
  - Threat perception and risk management to facilitate effective (adaptive) coping strategies
  - Personal and family preparedness

III. Guidance for the Pandemic Period

A. Delivering psychosocial support services

HHS recommends that employers of essential service workers increase the availability of psychosocial support services during a pandemic, including worker crisis counseling, behavioral and mental health counseling, and substance abuse prevention programming and counseling.

In planning for provision of psychosocial support services, employers of essential service workers 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 resiliency. These tools can include:

Employee Services:

- Stress control/resiliency 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
    - Normalizing many common reactions
    - Providing peer support in a low-key, non-stigmatizing manner (Stress control teams in hospitals must observe recommended infection control precautions.)
- Confidential telephone support lines staffed by behavioral health professionals
- Rest and recuperation sites. Sites can be stocked with pamphlets or notices about workforce support services, healthy snacks as well as relaxation materials (e.g., music, relaxation tapes, movies).

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 access to cell phone, electronic mail, or wireless communication devices to allow regular communication among family members
- Provision of information via websites, hotlines or fact sheets
- Confidential telephone support lines staffed by behavioral health professionals
- Access to expert advice and answers to questions about disease control measures and self care

Services for Commuters.

- Workers might need alternative transportation and scheduling (e.g., carpooling,[6] employer-provided private transportation, alternate work schedules during off-peak hours) to avoid exposure to large groups of potentially infected persons.

- Information on technical and policy requirements of telecommuting

Community Services

[6] While carpooling does not promote social distancing, it is less likely to enhance disease transmission than traveling by mass transit.

- 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 **Appendices 1 and 3**.

B. Providing Information to essential service workers

Essential Service workers — 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 cell phones
- Family issues, especially availability of child care[7]
- 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; ongoing access to adequate security services, guidance on distinguishing between serious psychiatric disorders and common reactions to stress and trauma
  -- Management of those who fear they may be infected
  -- Guidance and psychosocial support for persons exposed to large numbers of influenza cases and deaths and to persons with unusual or disturbing disease symptoms.
- Training issues. 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" training or cross-training on essential tasks.

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[7]Pandemic planning information for employers who provide childcare services is available in the *Pandemic Influenza Community Mitigation Interim Planning Guide for Childcare Programs (*Appendix 5 of the *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions* (http://www.pandemicflu.gov/plan/community/commitigation.html#app5)).

Occupational groups that might participate in the response to pandemic influenza (healthcare and public health workers, police, firefighters, community outreach workers, public utilities, food and supplies, transportation, sanitation, banking, postal services, etc.) should receive training materials that will help them anticipate and prepare for behavioral reactions to public health measures such as movement restrictions (e.g., patient isolation or quarantine of household contacts).

They will also need:

- Information about 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 cell phones
- Information and assistance with family issues, especially availability of child care
- Information on infection control and personal protective equipment (PPE)

Stigmatization issues

Essential service workers should be provided with information on what they can 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 enhanced workforce resiliency programs

During an influenza pandemic, **state, local and territorial health agencies** should consider implementing workforce resiliency programs that meet the special needs of essential service workers – those deployed into the field and personnel in centralized operations who support them. **First-responder or nongovernmental organizations** that send employees or volunteers to assist patients at home or in hospitals might establish similar programs. Workforce resiliency programs could provide the following services:

Pre-deployment/assignment

- Conduct briefings on the organization's pandemic plan and provide training on the behavioral health, resiliency, stress management issues, and coping skills.
    - Train supervisors in strategies for maintaining a supportive work environment.
    - Hold cross-cutting meetings to inform, educate and involve leaders and staff not typically involved in emergency response work.
- Conduct workplace assessments of safe work practices, overall safety climate, and perceived risks of exposure.
    - Develop remediation for problematic findings.

- Conduct workforce assessments to determine the range, types, and number of family obligations reported by the essential workers.
    - Establish staffing solutions for a pandemic that address these obligations.

During deployment/assignment

- To support responders in the field:
    - Establish and enforce reasonable work shifts and schedules to minimize physical and psychological burnout.
    - 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 or required.
- For central operations personnel:
    - Enlist stress control or resiliency teams to monitor employees' occupational safety, health, and psychological well-being.
        - Establish rest and recuperation sites, and encourage their use.
        - Provide behavioral health services, as requested.
- For families of responders:
    - 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 resiliency, 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.

Post-deployment and recovery/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.

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Box 1. Psychosocial Issues for *Essential Service Workers

Psychosocial issues that essential service workers might need to address include:

- Illness and death among colleagues, clients, 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 or other threats to internal resources
- Difficulty maintaining self-care activities (e.g., getting sufficient rest)
- Separation from family and non-work support systems
- Concern about children and other family members and changing priorities associated with threats to family health or well-being
- Constant stress and pressure to keep performing either due to professional commitment or to maintain income
- Shared roles within the home and increased emotional demands caused by school closures, disruptions in day care for children or elders, 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 or after other persons

These issues may be exacerbated by:

- Lack of information
- Rumors, misconceptions, or conspiracy theories
- Loss of trust in health institutions, employers, or government leaders
- Belief that medical resources are either not available or not 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 resources
- Probable increased stress and possible sleep deprivation
- Restrictions on civil liberties that are perceived to be inequitable
- Infection control procedures that limit personal contact or hinder communications

* *Essential service workers during an influenza pandemic will include:*

- *Healthcare workers who provide medical care to ill persons*
- *Mental and behavioral health professionals who provide care to affected individuals*
- *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, dependents of essential*

service workers, and others [such as children, elders, medically fragile and institutionalized persons, and pet/service animals])
- *Key personnel whose activities maintain normal functions in the community and minimize social disruption (e.g., ensure delivery of useable power, sanitation services, water, food, medicine, law enforcement, transportation, etc.)*

Psychosocial issues related to the general public are addressed in HHS Pandemic Influenza Plan, Supplement 10. Public Health Communications (http://www.hhs.gov/pandemicflu/plan/sup10.html).

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Box 2. Psychosocial Issues for Families of Essential Service Workers

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

- Essential service workers might be frustrated, tired, worried, irritable, argumentative, restless, emotional, or distressed.
- Essential service workers 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 workers to communicate regularly with family members.
- Family members might experience stigmatization or discrimination (i.e., fear that they are contagious by virtue of relation to the responder).
- Family members might experience mixed emotions like pride, guilt, jealousy or fear about the service their loved ones are providing.
- Fear that their loved one may become sick or transmit the disease to others in the family/household.
- Increased work duties, or the accompanying stressors (as noted above), may make these essential workers unavailable, either physically or emotionally, to perform their usual family responsibilities, so that other family members, or outsiders, will have to take up this slack.

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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, or having to make decisions about who receives scarce resources when demand exceeds supply (e.g., ventilators)
- 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
- Compassion fatigue or burnout in addition to physical fatigue
- Vicarious traumatization (i.e., the development of traumatic stress symptoms after hearing distressful, fearful, or otherwise traumatic stories from others)

Psychosocial issues related to hospital workers are also addressed in HHS Pandemic Influenza Plan, Supplement 3. Healthcare Planning (http://www.hhs.gov/pandemicflu/plan/sup3.html).

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Box 4. Lessons Learned from Prior Disaster Response

- 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.
- Managers, at every level, need to consider the health, safety, and resiliency of workers on-the-job as part of situation awareness and for staged planning (implies needs for occupational health and wellness monitoring).
- Resiliency is an integral component of occupational safety and health, which requires pre-planning to maximize worker recovery.
- Self-care plans and peer support 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 emotional distance 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.
- Individuals may be thrust into leadership roles for which they have had little to no formal training.

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Box 5. Organizational Leadership Self-Assessment Tool: Adapting Existing Worker Support Services to Provide Enhanced Workforce Support during Public Health Emergencies

The Organizational Leadership Self-Assessment Tool is designed to help state and local health departments, healthcare facilities, and first-responder organizations develop plans for ensuring the availability of workforce support services during an influenza pandemic. These plans may be developed by existing Employee Assistance Programs, Occupational Health Services, or Human Resource Departments.

The Organizational Leadership Self-Assessment Tool consists of a series of questions as follows:

- What are the most essential or mission critical functions performed by your organization? How might they be impacted by Pandemic Influenza? What is your organization's plan for protecting workers and maintaining essential functions? What is your organization's role in the response to Pandemic Influenza?
- What psychosocial issues might arise within your organization and workforce because of Pandemic Influenza (i.e., consider increases in workload (absenteeism), alternative work strategies such as telework, just-in-time training, currency of information, exchange of ideas, grief leadership to help with death of co-workers or others in personal life, management flexibility, increased challenge of disseminating current, accurate, timely information, etc.)?
- What significant aspects of your organization's structure, business practices, workforce demographics, and culture should be considered in planning for Pandemic Influenza?
- What hurdles might your organization encounter in attempting to provide services to your workforce during different phases of Pandemic Influenza? What strategies might be employed to overcome those hurdles (e.g., alternative service delivery methods)?
- How might your organization assist your covered workforce in preparing for and dealing with these psychosocial issues?
- How might your organization assist its executive leaders in preparing for and dealing with these psychosocial issues?
- What might your organization be doing now to promote the resiliency of your workforce and coping ability in the event of a Pandemic emergency (prepare and mitigate)?

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Box 6. Organizational Actions Supporting Resiliency for Essential Service Workers

Actions supporting worker resiliency at the organizational level require dedicated resources and an alignment of management practices and administrative policies. The following list provides guidance about how to achieve this level of support for both workforce and organizational resiliency.

- Monitoring workforce needs for stress management and health care
  - Planning for continuity of medical care (specialists, medicines) for workers with chronic illnesses (physical and psychological)
  - Monitoring for emerging needs (e.g., stress-related, depression, grief, idiopathic medical conditions)
  - Provider education about stress-related conditions and anticipated health and safety concerns
  - Family assistance programs (most coping will come from family/friends/faith and programs within workplaces and schools)
- Providing/receiving leadership, management, and supervisory training
  - Anticipating needs and work pace over time (think of the metaphor of a marathon not a sprint)
  - Providing/receiving grief leadership, ceremony, support (fatality management)
- Improving perceptions of collective efficacy (i.e., ability to handle problems as a team) through education, training, and drills
- Promoting integrated health, safety, and security culture/climate (hardiness, resiliency)
  - Role-modeling by leadership
  - Enable workers to balance work and home demands through flexible work schedules and other administrative policies
  - Reinforcing organizational commitment to worker safety and health through appropriate supervision, training, and access to services
- Implement continuity of information and communication systems (FEMA Emergency Management Guide for Business and Industry, http:www.fema.gov/business/guide/index.shtm; Continuity of Operations, http:www.fema.gov/government/coop/index.shtm#0)
- Ensuring continuity of essential operations (organizational resiliency)
  - Redundancy and cross-training of critical tasks/roles
  - Alternative worksites and innovative use of technology to maintain operations

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Box 7. Incorporating Workforce Support Activities into Preparedness Planning for Emergencies

Since the first HHS Pandemic Influenza Plan was issued in 2005, there has been increased recognition of the need to include Workforce Support activities as part of emergency preparedness efforts. Workforce Support activities are specified in:

- **National Response Framework (NRF).** In 2005 a Worker Safety and Health Support Index was added and activated for the first time in response to Hurricane Katrina and coordinated by the Occupational Safety and Health Administration (OSHA/DOL), with assistance from HHS, DOD, DHS, DOE, ACE, and EPA. The NRF, which superseded the NRP in March 2008, retains a revised Worker Safety and Health Support Annex that further emphasizes the need to provide mental and behavioral health support services to emergency workers (p.6); http://www.fema.gov/pdf/emergency/nrf/nrf-support-wsh.pdf**).**
- **Homeland Security Target Capabilities List (TLC; version 2.0; 2006).** The TLC includes Responder Safety and Health as an essential capability for effective disaster management; (https://www.llis.dhs.gov/displayContent?contentID=26724 [pages 249-262]; also available on http://www.nwcphp.org/docs/competencies/Target_Capabilities_List_2_0.pdf).
- **HHS/CDC Pandemic Influenza Funding Guidance (May 30, 2006).** The Guidance includes a self-assessment tool with a section on "Workforce support: Psychosocial Considerations and Information Needs" that recommends the development of state-level plans for "ensuring availability of psychosocial support services (including educational and training materials) for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics." (http://www.bt.cdc.gov/planning/coopagreement/)
- **Pandemic and All-Hazards Preparedness Act (PAHPA- August 3, 2006).** This legislation authorized consolidation and coordination of health and public health in preparedness for pandemic influenza and all other hazards. This included consideration of vulnerable populations and coordination of medical and public health services for affected populations, including responders. (http://www.govtrack.us/congress/bill.xpd?tab=summary&bill=s109-3678
- **HHS/CDC Public Health Emergency Preparedness Cooperative Agreement (September 21, 2007).** Appendix 9. *Selected Target Capabilities and Critical Tasks* includes: "Increase the availability of workers crisis counseling and mental health and substance abuse behavioral support." (See Target Capability 6C. Responder Safety and Health; http://www.bt.cdc.gov/planning/coopagreement/pdf/fy07announcement.pdf)

- **Homeland Security Presidential Directive 21 (HSPD-21 Nov 2007)**. This Presidential Directive provides an action plan for implementing PAHPA. Community resilience is recognized as one of four essential elements to achieve a higher level of preparedness. The Disaster Mental Health Subcommittee of the Federal Advisory Committee to the Department of Health and Human Services – "National Biodefense Science Board" was then created by HSPD-21 (http://www.hhs.gov/aspr/omsph/nbsb/subcomittee/mentalhealth/index.html) to identify the ways that community resilience can be enhanced – which includes attention to healthcare, responders, and other essential service workers.

Recommendations have been sent to the HHS Secretary for action – [ref: http://www.hhs.gov/aspr/conferences/nbsb/dmhreport-081110.pdf].

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Box 8 The CDC Worker Resiliency Program

The CDC Worker Resiliency Program was created as an internal workforce strategy in 2004, during the humanitarian response to the Indian Ocean earthquake and tsunami, to safeguard the health, safety, and resiliency of staff members deployed to dangerous locations. It was further expanded during the 2005 responses to Hurricane Katrina along the Gulf Coast in the U.S. and to a large outbreak of Marburg hemorrhagic fever in Angola. This program is being presented to demonstrate how the principles presented in this document were applied to a particular workplace setting and organizational culture.

The program, which continues to evolve, currently performs the following activities:

- Identifies and anticipates stressors that responders are likely to encounter.
- Develops field resources and conducts pre-deployment briefings on how to use self-care strategies to minimize anticipated stressors.
- Ensures access to healthcare and counseling services during and post deployment.
- Recommends organizational strategies to assist responders deployed to harsh settings – such as administrative leave, just-in-time training, tactical logistical assistance, clarifying mission assignments.
- Provides support materials for families of those deployed using Internet technology and a peer-support (family buddy) system.
- Assists in interim and after-action reporting.
- Supports development of routine training courses for team leaders and deployment personnel.
- Facilitates external expert consultation with senior leadership and employee assistance professionals on strategic and operational policies, training and behavioral health care practices.
- Institutes an integrated health, safety, and resiliency function as part of command staffing within the CDC incident management system.
- Supports a pilot field support program, ranging from field support by peers (buddy) and tactical Deployment, Safety and Resiliency Team Members – with linkage to CDC Emergency Operations for technical support and situation awareness.
    - Field training involves the basics of safety, peer-support, and psychological first aid.

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Appendix 2. Checklist of Workforce Support Services and Resources

Workers and employers from many different industry and occupational sectors might be able to benefit from applying some of the key concepts contained in this checklist.

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 and be prepared to staff 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) such as facemasks and respirators, 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.
- Assess the availability of psychological and social support services offered by the organization's health benefits plan (if any)

Train behavioral health and related professionals in disaster response strategies

- Train behavioral health staff in hospitals, clinics, and related agencies in Disaster Mental Health to help people cope with grief, stress, exhaustion, anger, and fear during an emergency.
- Train non-behavioral health professionals (e.g., primary-care clinicians, safety and security personnel, community leaders, and staff of cultural- and faith-based organizations) in techniques like Psychological First Aid and other 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: Activate the organization's pandemic plan

- 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.
- Re-evaluate services identified in the organization's pandemic plan as being non-essential and decide whether they can be discontinued
- 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.
- Include needs of special populations in all relevant planning and outreach.

During subsequent weeks

- Provide continued outreach, triage, and services.
- Monitor workforce for signs of chronic or severe psychological distress.
- Rotate staff and allow them time to rest to facilitate physical and emotional recuperation.
- Provide assistance in reintegration for workers who were deployed or isolated from work and family.
- Identify services that may be discontinued so those resources may be redeployed to address surge-related needs

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Appendix 3. Psychological and Social Support Initiatives for Essential Service Workers

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.

PROFESSIONAL GUILDS

Searchable at http://www.findcounseling.com/help/porgs.html)

- American Psychiatric Association
  - Committee on Disaster Psychiatry http://www.psych.org/Resources/DisasterPsychiatry.aspx
  - American Psychiatric Foundation's Workplace Mental Health Partnership http://www.workplacementalhealth.org/
- American Psychological Association
  - Workplace Issues http://www.apa.org/topics/topicworkplace.html
  - Help Center http://www.apahelpcenter.org
- National Association of Social Workers www.socialworkers.org
- National Association of School Psychologists www.**nasp**online.org
- American Mental Health Counselors Association http://www.amhca.org/
- National Association of State Mental Health Program Directors http://www.nasmhpd.org/publications.cfm

U.S. GOVERNMENT RESOURCES

Department of Health and Human Services (HHS) – pandemic influenza comprehensive website (features federal, state, and some business plans) http://www.pandemicflu.gov

- Centers for Disease Control and Prevention (CDC, HHS)
  - National Institute for Occupational Safety and Health
    - Emergency response and worker protection http://origin.cdc.gov/niosh/topics/emres/
    - Work organization and stress http://www.cdc.gov/niosh/programs/workorg/pubs.html
    - General medical review guidelines for disaster workers -pre-deployment: http://www.cdc.gov/niosh/topics/flood/preexposure.html; and post-exposure: http://www.cdc.gov/niosh/topics/flood/MedScreenWork.html
  - CDC/American Red Cross. Maintaining a healthy state of mind http://www.redcross.org/preparedness/cdc_english/health.asp
  - CDC disaster mental health resource website http://www.bt.cdc.gov/mentalhealth/
  - CDC-funded Academic Centers for Public Health Preparedness http://www.asph.org/acphp/phprc.cfm - (check Topic: Mental Health/Psychosocial)
  - State organizations for mental health http://www.cdc.gov/mentalhealth/state_orgs.htm
- Substance Abuse and Mental Health Services Administration (SAMHSA, HHS)
  - Disaster Technical Assistance Center http://mentalhealth.samhsa.gov/dtac/
  - Disaster Readiness Matrix http://www.samhsa.gov/Matrix/matrix_disaster.aspx

  - Child Traumatic Stress Network
    http://www.nctsnet.org/nccts/nav.do?pid=hom_main
- National Institute of Mental Health (NIMH, 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
    http://www.nimh.nih.gov/health/publications/massviolence.pdf
  - Coping with traumatic events http://www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml

Department of Labor

  - Occupational Safety and Health Administration (OSHA): Resilience Resources for Emergency Response
    http://www.osha.gov/SLTC/emergencypreparedness/resilience_resources/index.html

Department of Veterans' Affairs

  - National Center for Posttraumatic Stress Disorder (NCPTSD),
    http://www.ncptsd.va.gov/ncmain/index.jsp

Department of Homeland Security

  - Ready.Gov website http://www.ready.gov
  - Parents and Kids: Listen, Protect and Connect
    http://www.ready.gov/kids/_downloads/PFA_Parents.pdf;
    http://www.ready.gov/kids/_downloads/PFA_SchoolCrisis.pdf

Department of Defense

- Uniformed Services University Medical School, Center for the Study of Traumatic Stress. Overview -
  http://www.centerforthestudyoftraumaticstress.org/home.shtml; Fact Sheets -
  http://www.centerforthestudyoftraumaticstress.org/factsheets.shtml

OTHER FEATURED PRODUCTS

University of South Dakota: Disaster Mental Health Institute. Home page at
http://www.usd.edu/dmhi/

New York State: Project Liberty www.projectliberty.state.ny.us/

Colorado Department of Human Services, Division of Mental Health. Pandemic influenza preparedness: quarantine and isolation http://www.cdhs.state.co.us/dmh/Disaster_PandemicFlu.htm

University of California at Los Angeles, Center for Public Health and Disasters – Template for State Level Mental Health Planning: http://www.cphd.ucla.edu/panmhplanframe.htm

American Red Cross Pandemic Flu: Caring for Others; Taking Action - http://www.redcross.org/news/ds/panflu/index.html; training course in disaster mental health (contact local chapter)

Mental Health First Aid, University of Melbourne/ORYGEN Research Center - http://www.mhfa.com.au/courses.shtml; http://www.mhfa.com.au/Guidelines.shtml

International Red Cross and Red Crescent Societies: Community-Based Psychological Support Training Manual - http://www.ifrc.org/what/health/psycholog/manual.asp

Antares Foundation: Managing Stress in Humanitarian Workers – Good Guidance Practice - http://www.antaresfoundation.org/download/Managing%20Stress%20in%20Humanitarian%20Aid%20Workers%20-%20Guidelines%20for%20Good%20Practice.pdf

Interagency Standing Committee: Strategic partnerships between United Nations affiliates and non-UN partners for humanitarian assistance. Training manuals for emergency psychological support and humanitarian relief settings - http://www.humanitarianinfo.org/iasc/content/products/default.asp

ReadyMoms Alliance (grassroots organization) – toolkit http://www.newfluwiki2.com/showDiary.do?diaryId=2226; http://www.newfluwiki2.com/showDiary.do?diaryId=2173