Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

Post-Deployment Processes: COVID-19 Considerations

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The post-deployment processes include the RRT mission report, resources for returning team members, debriefing, and after-action reviews are outlined in the RRT General Guidance, *Section 4.5* [3]. COVID-19 specific considerations are highlighted in the Resources for Returning Team Members and in Debrief processes below.

Resources for Returning Team Members

In addition to the standard resources recommended for all RRT members outlined in the RRT General Guidance [3], the following can be considered for COVID-19 RRT members specifically:

- Providing resources to ensure RRT members maintain the practice of proper hand washing, social distancing, and use of PPE upon return as dictated by local, national and/or international guidance
- Instituting a self-isolation and/or monitoring period per local, national, and/or international guidance [29]
- Delineating processes to report and receive care if an RRT member or their family member becomes ill
- Addressing stigmatization through sensitization campaigns and providing resources to families concerned about an RRT responder returning home [11, 12]
- Considering the provision of lodging or other resources during the self-isolation and/or monitoring period for RRT members not able to return to their homes as a protective measure for family members who might be at higher risk for severe illness from COVID-19 [9]

With the disruptive effects of COVID-19, including social distancing and modifying daily livelihoods, it is important for responders to check in on each other, and be mindful of and sensitive to unique mental health needs. It may be difficult for responders to adjust to self-isolation and/or monitoring after responding to an outbreak for many weeks or even months. Resources should be provided to responders to address any anxiety or fear this may cause. Mental health and wellbeing resources for responders should be identified prior to their deploying and access to these resources provided upon a responder's return. Local resources are encouraged. Example of international COVID-19 open-access resources include:

- WHO Mental Health and Psychosocial Considerations during the COVID-19 Outbreak 📄 🗗
- Johns Hopkins University Mental Health and Psychosocial Support for COVID-19

Debrief

Debriefs, meetings to collect feedback from responders, are a key mechanism to identify timely solutions to challenges during the response – RRT General Guidance, Section 4.5.3 [3]. As debriefs are recommended to occur shortly after RRT members return from the field and may coincide with a COVID-19 self-isolation period, debriefs may need to occur remotely. This process should be delineated prior to deploying an RRT, so the RRT member is prepared to provide feedback on return. The process should consider the when, how (individual vs. group, standardized questions vs. ad hoc), and by what modality (e.g. telephone, video chat, etc.) the debrief will be conducted. If behavioral health resources are available, it might be helpful to have clinical professionals participate in debrief sessions to identify any potential stressors and provide pro-active emotional support and/or resources upon return.