Mitigate Absenteeism by Protecting Emergency Medical Service (EMS) Clinicians' Psychological Health and Well-being during the COVID-19 Pandemic

The resilience of our Nation's healthcare system depends on our healthcare workforce's ability to report for duty. Critical supplies, equipment, and surge capacity rely on dedicated, trained health professionals and support staff to enable care. This document contains general concepts to prepare and take action, such as those listed below, to help your EMS/911 agency protect your workers' psychological health and well-being.

Prepare your workforce for what is to come before the surge takes place:

- Organize peer support—staff-to-staff and family-to-family—to provide assistance with tangible needs like childcare, dependent care, pet care, and food and medication delivery.
  - Assist staff to locate resources to establish emergency plans for childcare, dependent care, pet care, and family communication to mitigate absenteeism due to urgent needs at home.
  - Encourage staff to pre-arrange their home to accommodate isolation should the staff member become ill (as not to spread infection to other household members).
- Develop a plan to provide boarding on or near the work site for staff who are unable to commute, have a long commute, or concerned about infecting family and friends.
  - Establish workforce housing by setting up dormitories, acquiring hotel space, or converting unused areas of the facility.
  - Ensure plans account for non-medical staff (e.g., administration, billing, medical supplies, fleet maintenance, etc.).
  - Consider setting up shuttle service for employees, or designate drivers for staff working unusual shifts or prolonged hours.
  - Check with your local and State Emergency Operations Centers to identify available resources and plans that may help with this need.
- Encourage staff to develop a personal stress management plan to address exercise, nutrition, sleep, mindfulness, and relaxation.
  - Provide staff with guidance and resources to support personal stress management; additional information is available at CDC's Taking Care of Your Emotional Health and COVID-19 Manage Stress and Anxiety Web pages.
  - The Substance Abuse and Mental Health Services Administration (SAMHSA) has useful behavioral health resources on COVID-19 and coping, including a factsheet for Tips for Social Distancing, Quarantine, and Isolation.
- Pre-identify behavioral health resources in your area such as local behavioral health providers, Red Cross chapters, and Medical Reserve Corps units, tele-mental health services, as well as grief and loss resources for staff who may lose patients, colleagues, or loved ones.
  - Use the SAMHSA Treatment Locator to locate behavioral health providers in your area.
    - Identify if any behavioral health providers in your area have experience treating EMS Clinicians.

Document Developed by the Healthcare Resilience Task Force Behavioral Health Work group and Adapted by the Prehospital [911 and Emergency Medical Services (EMS)] Team
This guidance applies to all delivery models including but not limited to; free standing, third-service; fire-based, hospital-based, independent volunteer, and related emergency medical service providers.

o To view the American Psychological Association's topic on Grief go to "Grief: Coping with the loss of your loved one".[1]

Support your workforce effectively during the surge:

EMS Clinicians may not be able to use the coping mechanisms that they typically rely on to manage stress. Teaching and encouraging the use of simple relaxation techniques may help to decrease their physiological arousal levels and focus on something besides the situation at hand.

- Maximize opportunities for effective sleep.
- Relaxation techniques such as deep breathing, progressive muscle relaxation, and guided imagery can help clinicians focus on decreasing the intensity of their distress.
  - o Mindfulness Coach and Breath2Relax[2] apps.
- Provide opportunities while working for stress reduction activities i.e. comfort dogs, exercise,
- Direct EMS leadership and senior staff to role model good stress management, empathy, and psychological support. Organizational policy should support the workforce and a culture and climate of safety.
  - o Free on-line course through NACCHO: Building Workforce Resilience through the Practice of Psychological First Aid-A Course for Supervisors and Leaders.[3]
- Establish bi-directional communication and a mechanism for staff to make recommendations to leadership through use of dedicated email or a physical suggestion box.
- At each shift change provide briefings on the current status of the work environment, safety procedures, and required safety equipment.
- Work with agency for plan of judicious and strategic days off or leave.
- Establish a behavioral health (or resilience or fatigue management) safety officer who will regularly monitor staff stress, coping, and fatigue management and provide guidance, recommendations, and corrective action as needed. This important role needs to be empowered by leadership and leadership should be committed to adjusting course based on feedback and ground truth.
- Stress compromises the immune system and affects physical health. Address staff stress and fatigue with organizational strategies.
  - o Establish and adhere to regular breaks throughout the shift to mitigate fatigue. Limit overtime whenever possible
  - o Rotate workers from high-stress to lower-stress functions and monitor and adjust to address fatigue related to diurnal/shift timing issues.
  - o Monitor and evenly redistribute increased workload resulting from staff illness or accidental exposure.
  - o Establish communications capabilities so that staff can communicate with loved ones and connect with their social supports through internet, video, and telephone.
  - o Designate a quiet room or area for staff to use to facilitate rest during breaks.
  - o Develop a strategy to ensure that healthy food, water, refreshments, hygiene, and comfort items are readily available without the need to leave the facility.
  - o If staff are sheltering in place at the facility, ensure access to:

[1,2,3] This is a non-federal website. Linking to a non-federal website does not constitute an endorsement by the U.S. government, or any of its employees, of the information and/or products presented on that site.

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- Wifi
- exercise equipment;
- information such as newsletters, social media, or television;
- facilities and supplies needed for hygiene (e.g., showering, teeth brushing, laundry); and
- a means to get needed medications and capability to support personal medical equipment (e.g., CPAP).
- Assign experienced staff to mentor and support newer staff and develop just in time onboarding materials to orient staff new to work site, including screening and infection control practices.
  - Ensure newer staff are familiar with CDC's guidelines on COVID-19 infection control.
- Ensure staff know how to access psychological support through available mechanisms such as Employee Assistance Programs, Critical Incident Stress Debriefing (CISM) team, members trained in stress first aid, and the Disaster Distress Helpline.
  - SAMHSA's Disaster Distress Helpline provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters (1-800-985-5990 or text TalkWithUs to 66746).
  - Ensure staff know how to access telehealth/telemedicine resources