A Summary By: The Kings Fund
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

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

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

**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.

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

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

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

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

**Do** only use trained and competent staff to provide psychological interventions

**Do** only use evidence-based psychological interventions

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

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

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

**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

**Do** provide opportunities for staff to talk about their experiences at the end of shifts or significant points

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

**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

**Do** provide opportunities for staff to talk about their experiences at the end of shifts or significant points

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

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

**Do** provide clinically appropriate supervision

**Do** only use trained and competent staff to provide psychological interventions

**Do** only use evidence-based psychological interventions

COVID Trauma Response Working Group Rapid Guidance (www.traumagroup.org)