

**Section 11: Workforce Support**

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**I. Overview**

The response to an influenza pandemic will pose substantial physical, personal, social and emotional challenges to healthcare providers, public health officials, and other emergency responders and essential service workers. Based on experience with disaster relief efforts, enhanced workforce support activities can help responders remain effective during emergencies.

During an influenza pandemic, the occupational stresses experienced by healthcare providers and other responders are likely to differ from those faced by relief workers. Globally and nationally, a pandemic might last for more than a year, while pandemic waves in local communities may last five to ten weeks and recur in two or three waves. Medical and public health responders and their families will be at personal risk for as long as the pandemic continues in their community. Special planning is therefore needed to ensure that hospitals, public health agencies, first-responder organizations and employers of essential service workers are prepared to help employees maximize personal resilience and professional performance. An essential part of this planning effort involves the creation of alliances with community-based organizations and nongovernmental organizations with expertise in and resources for psychosocial support services or training.

The primary recommendations for workforce support focus on the establishment of psychosocial support services that will assist workers to manage emotional stress during response efforts to an influenza pandemic, and resolve related personal, professional and family issues. Additionally, informational materials for employees and their families will be prepared, and NYSDOH will collaborate with the Office of Mental Health (OMH) in the development of workforce resilience programs to assist families of deployed workers.

**II. Objectives**

- Ensure procedures for sharing information among emergency planners in schools, law enforcement agencies and local businesses, in collaboration with NYSDOH Public Affairs group.
- In collaboration with OMH, ensure that administrators, managers and supervisors within healthcare and public health organizations are familiar with, and actively encourage, the use of tools and techniques for supporting staff and their families in times of crisis.
- In collaboration with OMH, assure that staff members in hospitals and occupational health clinics are trained in behavioral techniques to help employees cope with grief, stress, exhaustion, anger and fear during an emergency.
- In collaboration with OMH, provide training in psychological support services to staff who are not behavioral health professionals (i.e., primary care clinicians, ED staff, medical/surgical staff, safety and security personnel), should they be expected to provide psychological support during a pandemic.

- In collaboration with OMH, identify additional resources that can be made available to employees and their families during and after a pandemic.
- Prepare or obtain workforce support materials for distribution during a pandemic.
- Provide materials to healthcare and public health organizations that address healthcare and training issues related to behavioral issues associated with dealing with a pandemic influenza outbreak.
- In collaboration with OMH, develop a model workforce resilience program that could be exported to the local health departments and healthcare institutions that will help deployed workers prepare for, cope with, and recover from the social and psychological challenges in emergency field work.
- In collaboration with OMH, design tailored services and resource materials for provision to vulnerable populations. Groups with special needs include:
  - Children, adolescents and the elderly
  - Individuals with mental or physical disabilities (including those living in long-term care facilities, and those who utilize outpatient services)
  - Individuals living in congregate settings (students; prisoners; individuals in inpatient health care facilities; those in homeless shelters; and those living in long-term care facilities)
  - Hard-to-reach populations (homeless – not utilizing shelters; homebound; immigrants; undocumented individuals; individuals with specific language needs; groups with special cultural needs)

### **III. Activities by WHO Pandemic Period and CDC Pandemic Interval**

#### **Interpandemic and Pandemic Alert Periods**

##### **State and Local Health Departments:**

- Institutionalize psychosocial support services for healthcare and public health staff members who participate in or provide support for the response to public health emergencies such as a pandemic influenza outbreak (Investigation, Recognition).
- Prepare educational and training materials on psychosocial issues for distribution to employees during an influenza pandemic.  
Include materials on (Investigation, Recognition):
  - stressors related to pandemic influenza;
  - signs of distress;
  - traumatic grief;
  - psychosocial aspects related to management of mass fatalities;
  - stress management and coping strategies;
  - strategies for building and sustaining personal resilience;
  - behavioral and psychological support services;
  - strategies for helping children and families in times of crisis;
  - strategies for working with highly agitated patients;
  - developing “family communication plans”;

- services available during an emergency;
- measures that persons can take to protect themselves and their families.
  
- Initiate development and implementation of a model workforce resilience program with the following goals (Investigation, Recognition):
  - maximize responders' performance during a public health emergency;
  - maximize responders' personal resilience during a public health emergency.

**Healthcare Partners:**

- Prepare educational and training materials on psychosocial issues for distribution to employees during an influenza pandemic.  
Include materials on (Investigation, Recognition):
  - stressors related to pandemic influenza;
  - signs of distress;
  - traumatic grief;
  - psychosocial aspects related to management of mass fatalities;
  - stress management and coping strategies;
  - strategies for building and sustaining personal resilience;
  - behavioral and psychological support services;
  - strategies for helping children and families in times of crisis;
  - strategies for working with highly agitated patients;
  - developing “family communication plans”;
  - services available during an emergency;
  - measures that persons can take to protect themselves and their families.

**Pandemic Period**

**State and Local Health Departments, and Healthcare Partners:**

- Deliver psychosocial support services, including (Initiation, Acceleration, Peak):
  - deployment of stress control/resilience teams;
  - identified rest and recuperation sites;
  - confidential telephone support lines staffed by behavioral health professionals;
  - information for commuters;
  - services provided by community- and faith-based organizations.
  
- Provide information to responders on (Initiation, Acceleration, Peak):
  - progress of the pandemic;
  - work issues related to illness, sick pay, staff rotation, shift coverage, overtime pay, use of benefit time, etc.;
  - family issues (i.e., availability of child care);
  - issues related to:

- availability of vaccines,
    - antiviral drugs, and PPE,
    - allocation of ventilators
    - infection control practices as conditions change,
    - approaches to ensure patient adherence to medical/public health measures,
    - dealing with the “worried well;” guidance on distinguishing between psychiatric disorders and common stress reactions;
  - written instructions for “just-in-time” cross-training on essential tasks;
  - behavioral reactions to movement restrictions (especially for police, firefighters, and community outreach workers);
  - information on methods to deal with stigmatization or discrimination because of role in a pandemic influenza response.
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- Implement workforce resilience programs which (Initiation, Acceleration, Peak, Deceleration, Resolution):
    - conduct briefings and training on behavioral health, resilience, stress management issues, and coping skills;
    - train supervisors in strategies for maintaining a supportive work environment;
    - deploy several persons as a team;
    - monitor occupational health, safety and psychological well-being of deployed staff;
    - provide access to activities that help reduce stress;
    - refer to behavioral health services upon request;
    - continue to provide outreach to employees’ families to address ongoing psychological and social issues;
    - interview responders and family members to assess lessons learned;
    - provide ongoing access to post-emergency psychosocial support services for responders and their families;
    - conduct an ongoing evaluation of the after-effects of the pandemic on employees’ health, morale and productivity.