



A Dignified Life for Everyone

COVID-19: Caring for Staff During a Pandemic

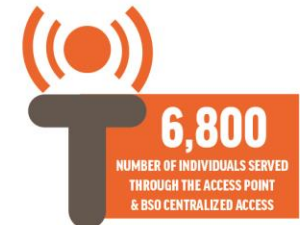
Presented by Heather McDonald, CEO

LOFT Community Services

June 8, 2020

I want to recognize that it is a very difficult time for many, especially the Black community. Anti-Black racism is being talked about and that is so important.

Let's take a moment to remember the lives lost and let's be there for our colleagues, clients and community.



Supportive and Supported Housing

- Low, medium and high support units
- Assisted living, personal care
- Owned, sub-leased, leased and in public housing



Support Services to Municipalities

- Supported housing, case management and street outreach services to the City of Toronto, York Region and Simcoe County



Centralized Access Services

- Co-lead of two major Centralized Mental Health and Addictions access projects.
- 55 Partner agencies and 200 referring agencies.
- Managed centralized coordination of behavioural support services



Case management and Community Support Service

- System navigation
- Assistance with daily activities
- Crisis Management



Specialized Services for People with Complex Challenges

- 24 hour supports
- Excellence in hospital to community transitions
- Psychogeriatric services including crisis supports
- Expertise regarding: Emerging adults, HIV/AIDS and justice
- Behavioural Support Services

- ❑ One team – collaboration
- ❑ Embracing that we are facing an infinite combination of possibilities
- ❑ Prepared to move first and fast
- ❑ Lead with empathy: Understand the full impact on clients and staff
- ❑ Radical transparency with staff, clients and partners

Viewpoint

April 7, 2020

ONLINE FIRST FREE

Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic

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The coronavirus disease 2019 (COVID-19) pandemic has become one of the central health crises of a generation. The pandemic has affected people of all nations, continents, races, and socioeconomic groups. The responses required, such as quarantining of entire communities, closing of schools, social isolation, and shelter-in-place orders, have abruptly changed daily life.

Health care professionals of all types are caring for patients with this disease. The rapid spread of COVID-19 the severity of symptoms it can cause in a segment of infected individuals has acutely taxed the limits of health care systems. Although the potential shortage of ventilators and intensive care unit (ICU) beds necessary to for the surge of critically ill patients has been well described, additional supplies and beds will not be helpful unless there is an adequate workforce.^{1,2}

Looking outside the organization for research and best practices, we discovered a helpful article in the Journal of the American Medical Association*

Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

*<https://jamanetwork.com/journals/jama/fullarticle/2764380#.XpDdqj0jYIs.twitter>

Compared fears and anxieties from the article to what we were hearing from staff

"I'm worried about bringing the virus home to family, worried about getting sick, worried about interacting with so many clients. Wondering how you'll make sure we are safe?"

- LOFT staff member

Discovered our staff needs aligned unequivocally to the 5 pillars of the framework presented in the article



- ❑ **Adapted most prevalent anxieties from the research to best fit LOFT staff**
- ❑ **Developed LOFT's response to alleviate these concerns**
- ❑ **This is updated regularly as needs emerge and responses change**

#1

Hear Me

The Fear

Unsure if local expertise in areas such as infection control is being harnessed to develop responses



The Response

- Staff can submit questions to be answered by infections disease specialists at Sunnybrook. Questions and answers shared across the organization in weekly staff COVID-19 communication.

Uncertain if leaders recognize most pressing concerns from staff



- Regular staff meetings to share information, concerns and support needs
- Regular Skype calls between senior leadership and Directors
- Staff can communicate to senior leadership anonymously through a survey link shared with every COVID-19 communication

#2

Protect Me

The Fear

Inadequate access to PPE



The Response

- LOFT PPE working group assembled to track and order PPE
- Report supply to the MOH daily alerting them if stock is getting low. Currently LOFT has enough PPE to maintain a safe environment.

No rapid access to testing if needed



- Third party occupational health service provider is testing and monitoring those with symptoms
- Establishing relationships with local COVID testing teams

Taking infection home to family



- Move first on protocols
- LTC protocols at all sites- 7 days/week
- Communications focus on family health

#3

Prepare Me

The Fear

Not being able to provide competent care if deployed to a new area



The Response

- A re-deployment plan was recently announced. Directors are speaking with staff about this need and ensuring protocol is followed including proper training, considerations for travel and strong connection to both new and existing teams
- Will provide choice as much as possible and Skype conversations/tours of the site where redeployed
- Virtual meeting with someone redeployed at another agency to share experience

Not seeing or knowing where to obtain changing information



- Regular information sharing through webinars and weekly COVID-19 email updates from CEO - same look, same messages, same language, trusted source.
- COVID positive situations and PPE inventory posted and available in real time.
- All communications related to COVID-19 are available to staff in a single folder on the shared network
- Enhanced efforts to reach staff who do not use computers regularly such as posting communications in offices, support from managers to allow space in workday for webinars, and ensuring access to a device

#4

Support Me

The Fear

Employer not recognizing personal and emotional needs such as anxiety and guilt



The Response

- Words of encouragement and support shared almost daily from the community, volunteers, Board of Directors and among each other
- Posting signs, delivering food
- New forms of emotional and psychological support continue to be made available. Current offerings include:
 - Virtual Gatherings of Support facilitated by a trauma therapist and educator where staff can share their experience and learn strategies to stay grounded through these times
 - Webinar with Q & A on parenting through COVID19
 - Webinar with Q & A on dealing with guilt
 - Webinar with Q & A on resilience



Heather McDonald @LOFTHeather · 8h

Here is the next batch of new signs made by volunteers to be delivered to @LOFTCS frontline heroes! #FrontLineHeroes



Employer not recognizing family needs such as school closures



- If staff are facing additional challenges related to personal needs and there is a way LOFT can assist, they are asked to please speak with a manager or HR so we can work together

#5

Care For Me

The Fear

Concern that employer will not support or take care of personal or family needs if the worker develops infection



The Response

- Assistance provided through the LOFT sick leave benefit, top up, or Canada Emergency Response Benefit
- If staff test positive, they are contacted by their Director who makes sure they are doing ok and stays in touch throughout the illness for support (offer to deliver groceries, etc.)
- Third party health provider offers health advice and support while staff is off
- With permission, updates on their recovery shared with all staff
- A card is sent to anyone who tests positive from the senior leadership team

Request	Fears & Anxieties	LOFT Response
Hear Me	Unsure if local expertise in areas such as infection control is being harnessed to develop responses	<ul style="list-style-type: none"> • Staff can submit questions to be answered by infections disease specialists at Sunnybrook. Questions and answers shared across the organization in weekly staff COVID-19 communication.
	Uncertain if leaders recognize most pressing concerns from staff	<ul style="list-style-type: none"> • Regular program-level team meetings to share information, concerns and support needs • Regular Skype calls between senior team and Directors • Staff can submit feedback to senior leadership anonymously through a survey link shared with every COVID-19 communication
Protect Me	Inadequate access to PPE	<ul style="list-style-type: none"> • LOFT PPE working group assembled to track and order PPE. • Report supply to the Ministry of Health daily to alert them if stock is getting low. Currently LOFT has enough PPE to maintain a safe environment.
	No rapid access to testing if needed	<ul style="list-style-type: none"> • Third party occupational health service provider is testing and monitoring those with symptoms • Establishing relationships with hospital COVID testing teams
	Taking infection home to family	<ul style="list-style-type: none"> • Move first on protocols • Rolling out LTC protocols at all sites- 7 days/week implementation • Communications focus on family health
Prepare Me	Not being able to provide competent care if deployed to a new area	<ul style="list-style-type: none"> • A staff re-deployment plan was recently announced. Directors are speaking with staff about this need and ensuring protocol is followed including proper training, considerations for travel and strong connection to both new and existing teams • Will provide choice as much as possible and Skype conversations/tours of the site where redeployed • Virtual meeting with someone redeployed at another agency to share experience
	Not seeing or knowing where to obtain changing information	<ul style="list-style-type: none"> • Regular information sharing through webinars and weekly COVID-19 email updates from CEO • All communications related to COVID-19 are available to staff in a single folder on the shared network • Enhanced efforts to reach staff who do not use computers regularly such as posting communications in staff office, support from managers to allow space in workday to attend webinars, and ensuring access to a device
Support Me	Employer not recognizing personal and emotional needs such as anxiety and guilt	<ul style="list-style-type: none"> • Words of encouragement and support shared almost daily from the community, volunteers, Board of Directors and among each other • Posting signs, delivering food • New forms of emotional and psychological support continue to be made available. Current offerings include: <ul style="list-style-type: none"> ○ Virtual gatherings of support facilitated by a trauma therapist and educator where staff can share their experience and learn practical strategies to stay grounded through these trying times ○ Webinars with Q & A on parenting through COVID19 ○ Webinar with Q & A on dealing with guilt ○ Webinar with Q & A on resilience
	Employer not recognizing family needs i.e. school or daycare closures	<ul style="list-style-type: none"> • If staff are facing additional challenges related to personal needs and there is a way LOFT can assist, they are asked to please speak with a manager or HR so we can work together
Care for Me	<ul style="list-style-type: none"> • Concern that employer will not support or take care of personal or family needs if the worker develops infection 	<ul style="list-style-type: none"> • Income replacement provided through the LOFT sick leave benefit, top up, or Canada Emergency Response Benefit • If staff test positive, they are contacted by their Director who will make sure they are doing ok and stay in touch throughout the illness to offer support. • Third party health provider offers health advice and support while staff is off • With permission, updates on their recovery shared with all staff • A card will be sent to anyone who tests positive from the senior leadership team