

# Practical steps to team wellbeing during COVID-19

14 April 2020

**The wellbeing of our anaesthetic and critical care teams is of paramount importance during the current COVID-19 epidemic. There is a wealth of experience and expertise within our anaesthetic and critical care departments. The multidisciplinary pain clinic team, including pain medicine specialists, may be well positioned to deliver and set up such a programme. Many Health Boards / Trusts have charity teams who are able to procure facilities and goods required for staff wellbeing, including food, recliner chairs and microwaves.**

## 1 Physical wellbeing suggestions

- 1.1 Rest hubs in critical care/theatre/anaesthetic departments.
  - Identify a space to designate for relaxation in or as near as possible to each clinical area.
  - Stock hubs with hand sanitiser and surface wipes and consider provision of food (microwave meals), drinks, phone chargers, recliner chairs, lamps and music facilities.
  - Provide a noticeboard to advertise the services available for staff locally.
  - Identify an individual in each area who will maintain stocks, update noticeboards etc.
- 1.2 Hospital accommodation team details for those who cannot travel home between shifts (i.e. live too far away, isolating from family, too tired to drive).
- 1.3 Provision of on-call accommodation for night staff if possible.
- 1.4 Shower and changing facilities. Request more if these are inadequate.
- 1.5 A clear pathway for sickness/self-isolation guidance and notification. Link to the government COVID-19 advice on isolation and shielding. Provide contact details for the rota coordinators and consultants on call.

## 2 Mental health wellbeing suggestions

- 2.1 Acknowledgement of the presence of anxiety and uncertainty within the team. Encourage a culture of openness and discussion: **“It’s okay not to be okay”**.
- 2.2 **Wellbeing team talk.** Ask a psychologist, potentially from the pain management team, to provide a short session for staff on the signs and causes of stress, with some suggestions for self help and support available.

- 2.3 **Wellbeing training for management.** The psychology team may be able to provide training, to enable managers to optimally support colleagues.
- 2.4 **De-brief within teams at the end of shifts.** A simple “What’s going well? What are you worried about? How can this be improved?” format may be used. Provide a clear plan for escalation of concerns through line management.
- 2.5 **Self-help information for staff.** Link to central [joint COVID hub](#) and any guides produced by local psychology and mental health teams.
- 2.6 **24 hour confidential peer support hotline.**
- Use a centralised phone number, diverted to mobiles according to a rota.
  - Consider the use of retired medical or non-clinical medical staff to cover this rota.
  - Provide guidance to peer supporters on referral pathways to self-help materials, staff support services including psychology and mental health services.
  - Develop a specific staff psychology service, possibly utilising staff from pain management, to support peer supporters and staff directly.
  - Organise supervision (possibly weekly) for peer supporters, facilitated by the psychologist.
- 2.7 The noticeboard provided (as in 1.1 above), should include space for relaxation suggestions such as links to online resources, including theatre screenings, exercise classes, yoga etc.
- 2.8 **Relative wellbeing resource.** Provide written information for relatives of critical care patients so that staff feel able to sign post and support appropriately whilst minimising time taken away from clinical patient care. Describe critical care management and expectations, plan for clinical updates, self-help resources and local and national charities/services for stress, anxiety and bereavement.
- 2.9 **Links with palliative care.** Many pain clinic staff are used to working with patients at the end of life, their families and palliative care teams. Contribution to symptom control and support for palliative care teams is likely to be helpful as the demand for these services increases.

*Authors: Helen Makins, Sarah Harper*  
*Consultants in Anaesthesia and Pain Medicine, Gloucestershire Hospitals NHS Foundation Trust*