

## **Deployment planning for COVID 19**

### **Operation SUSTAIN**

#### **START Clinic**

##### **Scope of the problem:**

Health care providers are currently being asked to do the impossible; respond to a pandemic crisis in their own hospital settings while attending to their families and overload at home. This occurs in a political setting of uncertainty and is made worse by the fact that many do not recognize the severity of this critical situation and continue to live in a "life as usual" model (i.e., traveling, gathering, and disregarding pandemic recommendations). Those on the frontlines are chronically understaffed, working long hours in critical staffing and facing supply shortages, while covering for sick co-workers. Reports continue to reflect extremes of exhaustion, compassion fatigue and burnout. Lack of in person school and childcare continues to put considerable strain on all, but task saturation is overrepresented in women, who make up the majority of the nursing force. Surging numbers are driving new demands for staffing; many in the workforce are reporting that they cannot sustain at this pace and demand. Without intervention, there is concern for a mass exodus of nurses from the hospital, due to them facing the double bind of having to choose between their families and their work, and ultimately, their own health. Without protection of this essential and non-renewable resource, hospitals will see a greater staffing crisis, influx of nurses without specialty training, and the need to further ration care and greater morbidity and mortality than what is predicted.

##### **Proposed Solution:**

Declaring this the emergency provides an opportunity to aggressively support frontline responders who are supporting the COVID surge. Professionals that feel unsafe or are faced with the juxtaposition of choosing family or work, self or patient may simply choose to stop working.

Creating a model of support that is sustainable throughout the pandemic and incentivizes frontline responders to continue working will safeguard the hospital from losing valuable human capital, as well as protect against unnecessary spending.

A clearly defined transition to a deployment model will offer a sustainability plan for essential frontline responders and establishes a preventative cost saving measure for the hospital system. The deployment model should remain in existence as long as COVID-19 numbers are surging and the workforce is task saturated. Deployment establishes 6-week deployment cycles with one week off and re-evaluation prior to restarting the next cycle. The Hospital creates a benefit package that encompasses support services and incentives offered to the employee during the deployment period.

##### **Deployment Recommendations:**

### Preparing for deployment:

- Staff receive deployment documentation - Deployment Letter
  - Help alleviate or reduce home or civic responsibilities (i.e., schools, faith-based communities, etc.)
  - Other volunteer or professional obligations,
  - "Permission" to place a hold on extracurricular activities while deployed.
  
- Staff receive a paid **training day** prior to, or within one week of deployment, topic areas include:
  - Deployment briefing. Common language for deployment Support, Including Stress Injuries, SC and depletion states. Opportunities to create and share personal stress continuum and share with partners, family
  - Needs assessment of current stressors and planning; childcare/homeschooling, sleep, anxiety, elder care, domestic responsibilities, pets, etc.
    - Staff establishes their own deployment plan for sleep, meal planning, recharge, exercise, connection at work, including buddy system and early warning system.
    - Planning. Creation of depletion and COVID sickness plan.
  
- Offer case management services**
  - Coordinate services identified in needs assessment (i.e. child/elder care, respite, food, sleep)- One on one meeting on request with case management to support tangible needs assessment.
  - Planned check in's (bi-weekly continuum checks- call or survey)
  - Identify gaps in resources for frontline responders while on deployment
  - Coordinates disassociation, reassociation, and debriefs

### Deployments specific planning and support

- Consider 6-week deployment cycles** - allow for re-assessment and planning at the start of each cycle.
- Establish definable hours
  - 4 shifts, 48 hours weekly during deployment weeks or Flex time offered to maintain 48-hour work weeks.
  
- Create deployment specific confidential support line - "**The RED line**"
  - For those who feel depleted and heading toward red and do not feel they can mitigate the situation on their own, or;
  - For those who feel unsafe at work but fear retribution for sharing this on their units
  
- Offer **vouchers** or housing for those who are working 14-16 hour days on campus to shelter on campus between shifts, for sleep respite

- Offers off site, away from home shelter that can address fears of returning home with COVID during shift cycle
- Ongoing scheduled resiliency and support sessions for all frontline workers, on a drop-in basis:**  
Consider cohorting units who are treating COVID; Aim for consistent offering for consistent support rather than trying for unit specific support. Key times of day include 8 am, 12 pm and 4 pm several times weekly for all providers.
- Allow for in house time for psychological support, rounding, on shift, lunches and bio breaks, checking in for stress continuum and peer check ins at the start of shifts.
- Create a drop-in center** in a central area for onsite support before or after shift for distress, occurring needs, and case management and traumatic stress or difficult resuscitations post shift.
- Leadership campaign to communicate with the workers that they are heard, supported and valued, specifically the commitment to sustain the health care systems most precious resource.

**Resources needed:**

**Modules for deployment training;** Common language, Needs assessment, Planning, Family Stress Continuum, New rules for deployment

Red line support (DU students? Merge with existing support line?)

Case management for deployed staff, with authorization to financially and concretely support with housing, meal support, community support.

Workers trained to lead support calls

**Resources uploaded to teams:**

Sample Deployment Letter

Sample COVID sickness plan

Sample Depletion Plan

COVID Stress Continuum