

COVID-19: stress management among healthcare workers

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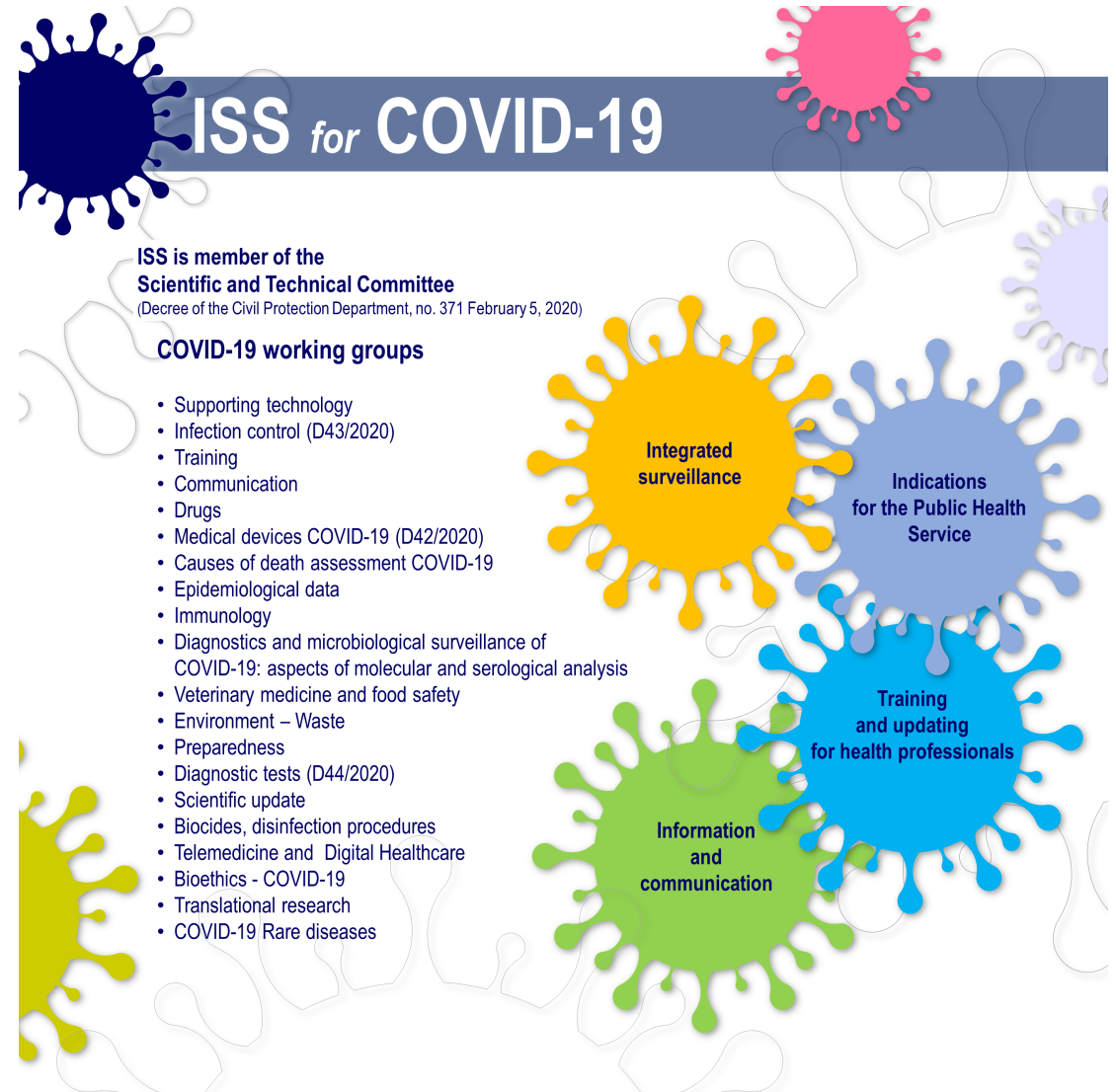
National Institute of Health_ISS

- ISS is the main Italian center for research, control and technical-scientific advice on public health
- ISS produces health policies on the basis of scientific evidences alongside the Ministry of Health, the Regions and the entire National Health Service

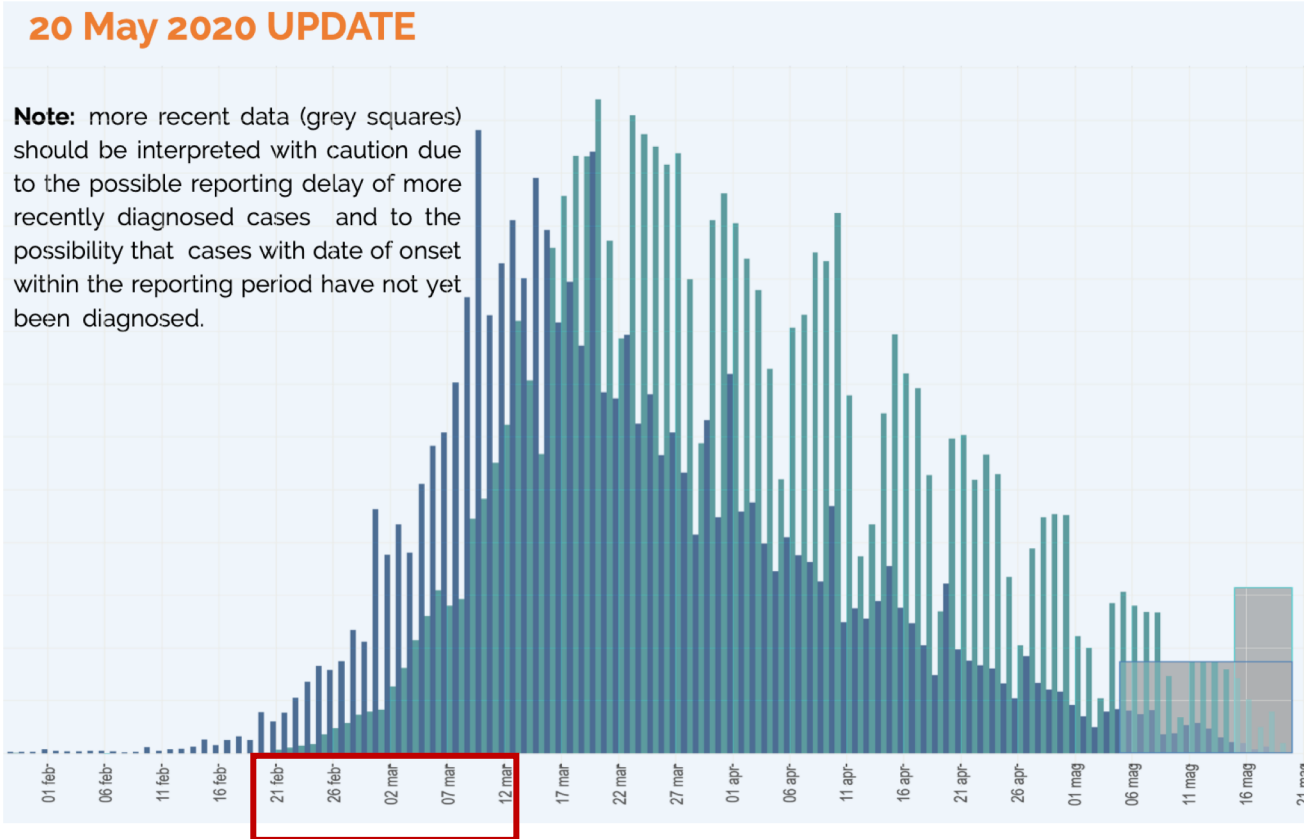
SARS-CoV-2 EMERGENCY

ISS is member of the Scientific and Technical Committee
(Decree of the Civil Protection Department, no. 371 February 5, 2020)

ISS hosts several working groups for COVID-19 emergencies



Evolution of the SARS-CoV-2 emergency



February 21st: lockdown in ten municipalities in the province of Lodi (Lombardy) and one in the province of Padua (Veneto)

March 8th: the government extended the coronavirus quarantine zone to cover the whole region of Lombardy and fourteen largely-neighbouring provinces in Emilia-Romagna, Veneto, Piedmont and Marche

March 9th: the government of Italy imposed a national quarantine, restricting the movement of the population except for necessity, work, and health circumstances, in response to the growing pandemic of COVID-19 in the country.

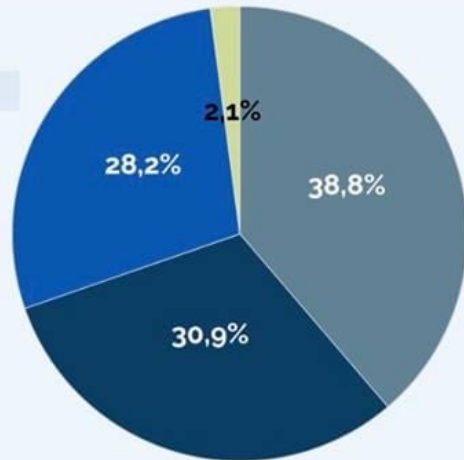
Health workers

230.414 casi di COVID-19* di cui:

27.439 operatori sanitari \$

31.546 deceduti

Età



0-18 19-50 51-70 >70

Età mediana dei casi: **62 anni**

May 21st, 2020:

164 frontline doctors

40 nurses

21 care workers (OSS)

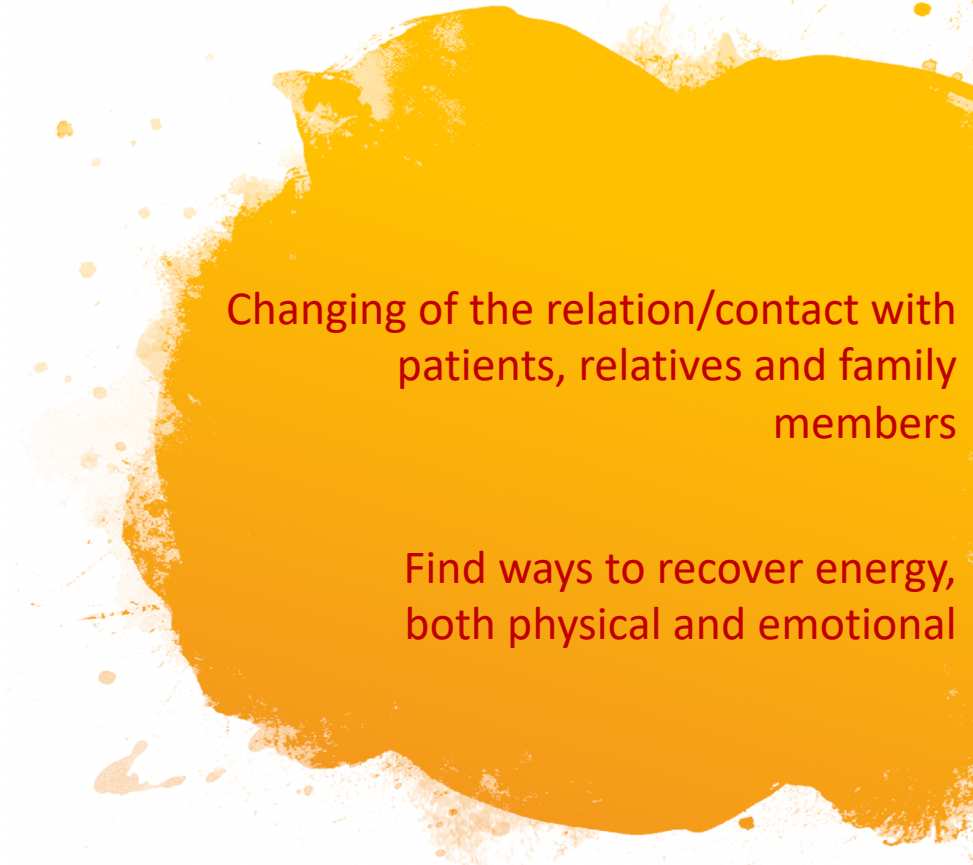
.....Hospital staff

Classe d'età (anni)	Casi	
	N	%
18-29	2.859	10,7
30-39	4.646	17,4
40-49	7.499	28,1
50-59	8.762	32,9
60-69	2.745	10,3
70-79	146	0,5
Totale	26.657	

Challenges

In addition to the psychological effects of the national state of emergency, professionals working in the health services have experienced specific critical situations and have been exposed to situations of discomfort and with limited possibilities of resolution.

- progressive updating of national and local operational indications
- entire health facilities, or parts of them, have been reorganized and completely dedicated to the COVID-19 emergency
- continuously adapting of the strategies implemented; repeatedly modify activities and procedures, change teams and workspaces/places
- testing intervention and methods adapted to specific contexts (different impact of the SARS-CoV-2 emergency in the national territory)



Changing of the relation/contact with
patients, relatives and family
members

Find ways to recover energy,
both physical and emotional

Stress factors

- Exposure to biological risk
- the initial generalized difficulty in finding PPE
- excessive workload and lack of rest
- the management of complex patients
- the lack of treatment of proven effectiveness
- feelings of vulnerability or loss of control
- concerns about their health and spreading the infection to their family members
- lack of contact with families and even more difficulty in sharing work-related emotions with them, sudden and prolonged interruption of relationships with their sons, especially young children
- high responsibility
- burden of expectations
- fear of not doing enough



Support Italian health workers



1

Learning from International experiences

2

Adaptation to the Italian context

3

Develop and disseminate Public Health Policies

<https://www.iss.it/en/rapporti-iss-covid-19-in-english>

1_Learning from international experiences



COVID Contents N. 7 del 20 maggio 2020

🕒 20/05/2020

Aggiornamento bibliografico delle pubblicazioni internazionali su COVID-19

[Continua](#)

COVID Contents N. 6 del 13 maggio 2020

🕒 13/05/2020

Aggiornamento bibliografico delle pubblicazioni internazionali su COVID-19



National Health Commission of the People's Republic of China

中华人民共和国国家卫生健康委员会

Guideline for Psychological Adjustment During the COVID-19 Pandemic

Produced by:

Disease Control and Prevention Department,

National Health Commission of People's Republic of China

Linee guida per l'adattamento psicologico durante la pandemia COVID-19

Prodotto da:

Dipartimento per il Controllo e la Prevenzione delle Malattie,

Commissione Sanitaria Nazionale della Repubblica Popolare Cinese

2_Adaptation to the Italian context

- Safety instructions based on the Italian scenario



- Training of health-workers



- Resources provided by the Italian scientific community: best practices

Advices for managing the COVID-19 outbreak and the associated factors of mental distress for people with intellectual disability and autism spectrum disorder with high and very high support needs

Version 1.5

SIDiN (Italian Society for Neurodevelopmental Disorders)

JAMA Psychiatry | Special Communication

Mental Health in the Coronavirus Disease 2019 Emergency
The Italian Response

Giovanni de Girolamo, MD; Giancarlo Cerveri, MD; Massimo Clerici, MD; Emiliano Monzani, MD;
Franco Spinogatti, MD; Fabrizio Starace, MD; Giambattista Tura, MD; Antonio Vita, MD



ITALIAN SOCIETY OF PSYCHIATRY
Affiliated to World Psychiatric Association

**RECOMMENDATIONS FOR MENTAL HEALTH DEPARTMENTS REGARDING
ACTIVITIES AND MEASURES OF CONTRAST AND CONTAINMENT OF THE
SARS-COV-19 VIRUS**

<https://www.wpanet.org/covid-19-resources>

Practical and Operative Procedures

- Organize workers' role and activities
- Ensure training
- Provide material support
- Promote and monitoring individual well-being

Considering:

different needs related to the pandemic (level of local spread, the trend over time, phase)



different professional, personal and context elements that can determine a greater risk of distress for workers



Organize workers' roles and activities

Organize and Coordinate communication: Coordinators should maintain an effective, clear, and regular communication flow with and between professionals



Organize work space and time: Avoid as far as possible protracted work overloads trying to ensure that breaks and rest periods are observed



Encourage sharing and teamwork: Promote collaboration and communication between workers (to reduce the sense of isolation) and support those who experience new activities to which they are not familiar

Favor homogeneous practices between operative units



Ensure training



ALL WORKERS

should receive appropriate training to reduce risk of infection and to provide adequate adaptation and recovery strategies



MANAGERS OF HEALTH AND SOCIAL CARE FACILITIES

Should promote training by promoting the dissemination of national and regional regulatory information for COVID-19 emergency management, including psychological and behavioral protection measures

Distance learning on infection prevention and control

To different professionals (doctors and nurses/ Healthcare Support Workers as social workers, service technicians, etc./Social assistant)

Technical reports to guide professionals working in the health services: constantly updated

How to use protection device; collection, storage, and analysis of gold/rine pharyngeal swab for the diagnosis of COVID-19; prevention and control infection in residential social and health care facilities.

Scientific society resources to disseminate good practices (for example how to communicate with family members in conditions of complete isolation)

Provide material support

The availability of material supports can help to reduce the stress load on workers

- Personal Protective Equipment
- Places to recover or rest in the work context
- Supply of basic necessities (e.g. food, drinks)
- Dedicated housing to avoid returning at home or for the management of isolation
- Support in the management of their children
- Economic awards



Promote the psychological well-being

Individual support strategies:

- **Nutrition, sleep and exercise** (e.g., light and nutritious diet; restful sleep; deep breathing; physical activities)
- **Stress and emotions** (e.g., accept anxiety; enjoy relaxing music; contact with loved ones even remotely)
- **Activities and working group** (e.g., avoid work overload; accept limits to the possibilities for interventions; collaboration with colleagues; recognize their own contribution)
- **Information exposure management** (e.g., avoid overexposure to COVID-19 emergency content)

Monitoring of reactions related to discomfort:

- Poor quality of sleep
- Poor or excessive appetite or body weight
- Fatigue and physical symptoms (e.g., heartburn, gastro-intestinal problems, chest pain, headaches or other physical pain)
- Tension and psychological symptoms
- Increasing or taking substances (e.g., nicotine, alcohol, or drugs, medications for anxiolytic purposes)

Activate psychological and psychiatric support:

- Scheduled meetings to express concerns and encourage support among colleagues
- Offer specific support according to the needs (e.g., workers with mental health problems or with problems in their personal lives)
- Activate a network of resources dedicated to listen the workers and respond to psychological problems

Psychological support interventions:

- Psychologists to prevent and treat stress-related pathologies in the work environment, and to promote psychological resources and resilience (empowerment)

Psychiatric and pharmacological interventions:

- In presence of a high pervasiveness of clinical symptoms, seriousness, and interference with social functioning and daily life, psychiatric and, where appropriate, psychopharmacological interventions must be guaranteed to workers, preferably within the local Mental Health Department
- Toll free number **800.042.999**. The toll-free number activated by the Italian Society of Psychiatry for the management of operators' discomfort

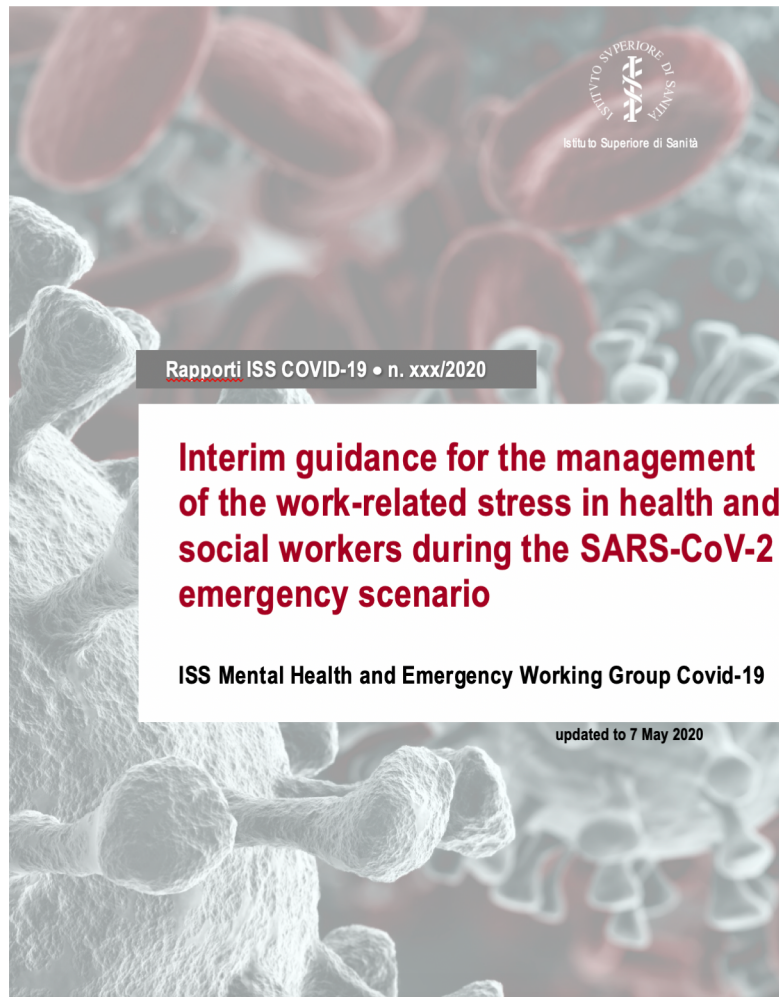


A specific support should be devoted to:

- Females workers without any support for the management of children
- Professionals facing with symptoms of distress and depression in assisted patients or emotional fatigue in managing death's communication
- COVID positive workers in quarantine



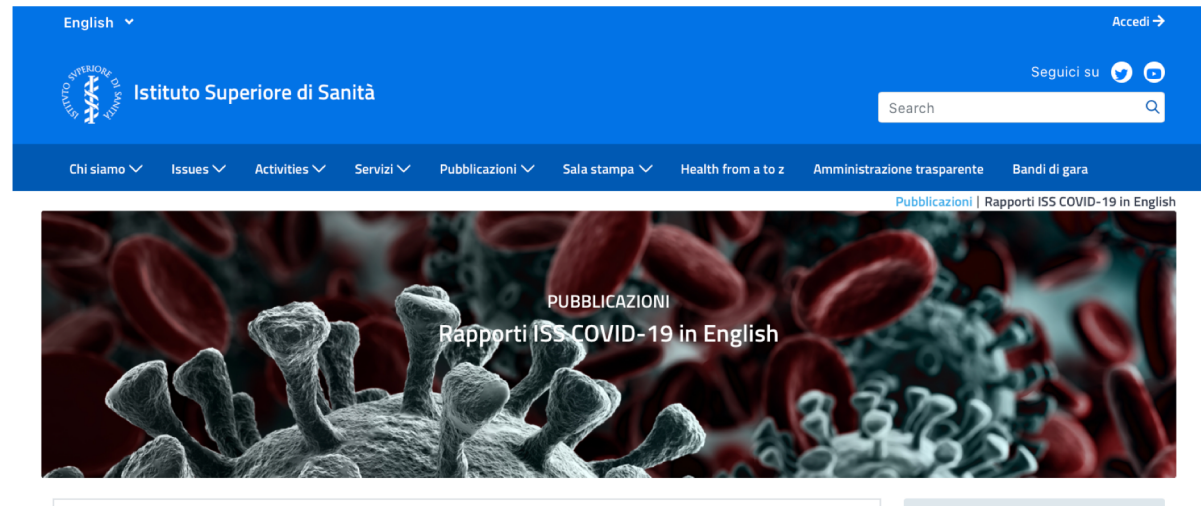
Guidelines to support health workers



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Thanks for your attention

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ENGLISH VERSION

<https://www.iss.it/rapporti-iss-covid-19-in-english>