









Preparing the Workplace for Coronavirus

Return To Work & Mental Health

Occupational Medicine Specialists
NIOH

Practice No.: 5200296 Office: + 27 (0) 11 712 6400

Email: info@nioh.ac.za

Website: http://www.nhls.ac.za; http://www.nicd.ac.za; <a href="http://www.nicd.ac.za"

COVID TRAINING: 09 March 2020

Psychosocial stressors SA context

- Lock down
- Living with COVID-19
- Returning to work? Exposure
- How will it happen
- "Is it safe"



Optimising staff preparedness, wellbeing, and functioning: COVID-19 pandemic response

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Pandemic Stage	Technical Capacity	
Preparation for Covid-19	 Planning and anticipating Gaining insights and information Practical Preparation (ie PPE and fit testing) Encourage simulation ("dry runs") of safety protocols & procedures, to facilitate embedding knowledge to increase safety 	
Early phase	 Single/small number of cases Potential for fast shifting caseloads (empty ITU suddenly filling) Full technical capacity Vigilance regarding sufficient resources Some ethical dilemmas 	
Mid-phase	 Many new cases daily Strain in technical capacity due to insufficient equipment and staff sickness, covering for colleagues, redeployment anxiety 	

Optimising staff preparedness, wellbeing, and functioning: COVID-19 pandemic response

Pandemic Stage	Technical Capacity
Peak-phase	 Case overload ++++ Insufficient Capacity due to patient numbers May need national review of boundaries of individual scope of practice Challenging ethical decisions will need support process by senior staff
Tail off phase NB timeline is not yet unknown	Technical capacity OKMinor ethical dilemmas
Post COVID19 NB timeline is not yet unknown	 Full technical capacity Still reduced staff functioning/reduced numbers

Staff Challenges: Mid Phase

- ↑ Distress & worry
- Not coping & already overwhelmed
- Many habituated to 'new normal'
- Some on 'overdrive'
- Starting to deplete personal reserves
- 'Running on empty' and starting to burnout
- 'Staying strong' for patients
- Potential fear of reprisal relating difficult to decisions





Staff Own Actions	Interventions for Staff	Corporate Actions Senior Execs/Managers
 'Circle of influence' Supportive teamwork Practice developing psychological & cognitive strategies Conscious attempts to establish a routine for relaxation/sleep hygiene Avoid excess caffeine/alcohol 	 Prioritise drinks/food/rest/ sleep Strategic comfort breaks and rest periods (and avoid caffeinated drinks prior to shift) to optimise comfort whilst conserving stocks of PPE 	 Active monitoring of staff wellbeing Standing agenda item COVID19 Management Meetings Regular communication channels Ensure successes are shared, no matter how small Vigilant to monitoring resources adequate

New issues



- Stigma: person who tested positive returning to work
- Social isolation: People end up not wanting to interact with the person coming back from isolation or quarantine
- Anxiety and depression
- Substance use/overuse/abuse- dealing with situation

Proper Identity to Reduce Stigma

Separate a person

from having an identity defined by COVID-19

May refer to them as

- people who have COVID-19
- people who are being treated for COVID-19
- people who are recovering from COVID-19

after recovering from COVID-19 their life will go on with their jobs, families and loved ones.

Do not refer to people with the disease as

- COVID-19 cases
- × victims
- "COVID-19 families"
- "the diseased"



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Key Focus Areas and Actions

Key focus areas	Rationale and actions	
Be organised and communicate the businesses continuity plan	All employees to feel the workplace has their safety top of mind & minimise anxiety	
Employees who have previously been identified as at risk for any social or mental health issues,	Engage a psychological services, to provide Well Check calls over the phone or via video link	
All staff working remotely, in quarantine or isolation	 Leaders should be making regular check in calls, running team meetings via video link Keep regular communication- early identification of areas of concern 	
Support your leaders & training on handling this unique situation	 Increased pressure on managers and leaders Strategies for staying connected with Self care strategies for coping with these circumstances 	

Your individual mental fitness

- Keep informed-reputable media outlets and authorities
 - try to stop yourself endlessly scrolling social feeds or having the news playing in the background 24/7
- Mandatory isolation or self-isolation: maintain your social connectness with friends & family over the phone or via video chat to maintain your social connectedness
- Try and exercise daily
- Practice some mindfulness meditation each day
- Remember you are not alone

Support is available Department of Health Workers



PROVINCE	NAME	CONTACT
National Health	Ms Thulani Ntshani	012 395 8603
Gauteng	Ms Palesa Koetsi	082 564 3781
Western Cape	Ms Bernadette Arries	083 556 6163
(outsourced to	Ms Kelly Fortune	083 947 9395
Metropolitan)	Ms Michelle Buise	071 895 6446
KwaZulu-Natal	Ms Narisha Gobind	072 570 5440
Free State	Mr Duncan Moeketsi	083 511 7767
Mpumalanga	Ms. Conny Ntshane	071 189 1486
Limpopo	Ms Ntabiseng Mokobedu	082 722 7765
North-West	Ms Connie Ratsiani	078 893 2133 /
		081 391 4372
Eastern Cape	Ms Tinoshi Govender	083 378 0126
Northern Cape	Ms Myrtle de Freitas	073 689 7245

Mental Health Issues in the workplace

- Workplaces- EAP services-? scaling up services
- South African Depression Anxiety Group (SADAG)
 - Provides FREE telephonic counselling & information
 - Nationwide referrals -> Support Groups, Psychologists, Psychiatrists, Clinics, etc.
 - Online resources such as brochures, articles and self-help videos
 www.sadag.org
 - To speak to a counsellor, call 0800 21 22 23 (7 days a week, 365 days a year, 8am -8pm)

Gauteng Province- SA COVID-19 Epicentre

- Mental health team to support HCW
- A group of 14 private & public psychiatrists and psychologists in Gauteng working with SASOP
- https://covidcaregauteng.co.za
- Webinar on NIOH's website
- SASOP will replicate nationally
- Offering 4 confidential probono sessions for health care workers
- Two pronged approach
 - 1st assist leaders, managers, teams within health care settings using a EBM preventative mental health care approach
 - 2nd link individual health care workers with a volunteer mental health care provider. Regionally

We are all in this together



ACKNOWLEDGEMENTS

- NHLS Management
- NIOH Outbreak Response Team
- NICD
- Dr S Kgalamono
- Dr Antonneitte Miric

