

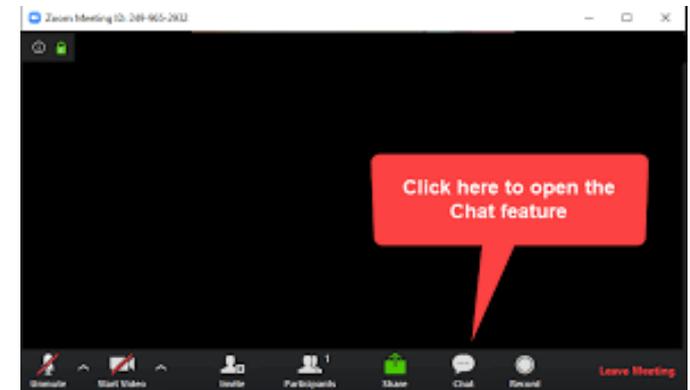
# Please follow the instructions below

Please can you make sure you are on **mute** as you join the call



Write in the **chat room** your name, your care home and location

The care home support call will start promptly at **10.30** am





# **GSF Care Homes COVID -19 Support Call 9**

**Tuesday 2<sup>nd</sup> March 2021  
10.30 -11.30 am**

**Julie Armstrong Wilson & Ginny Allen,**

# Plan

## 1. Welcome and Introduction

## 2. Update –

- Covid-19 data
- Vaccinations
- Covid-19 and the deaths of care home residents

## 3. Wellbeing

- Celebrate the Positives

## 3. Next Support Call

# Media Headlines

## 150,000 more people with learning disabilities prioritised for COVID-19 vaccine

By Nick Bostock on the 24 February 2021

Around 150,000 more people will be prioritised for COVID-19 vaccination after the Joint Committee on Vaccination and Immunisations (JCVI) backed jabs for all people on GP learning disability registers.



## R number falls below 1 as Covid rates drop faster than expected

Kat Lay, Health Editor | Steven Swinford, Political Editor | Oliver Wright, Policy Editor | Rhys Blakeley, Science Correspondent

Friday February 12 2021, 5.00pm GMT, The Times



Restrictions could remain in place for different households, meaning that grandparents will still be unable to hug their grandchildren  
HOWARD HARRISON/ALAMY

Coronavirus cases are continuing to decline across the UK with the official government estimate of the R number definitively below one for the first time since July.

According to the Office for National Statistics infection survey there

NHS

## NHS sets up mental health hubs for staff traumatised by Covid

Forty hubs in England will field calls from frontline staff and contact those at higher risk directly

- [Coronavirus - latest updates](#)
- [See all our coronavirus coverage](#)

Denis Campbell  
Health policy editor

Mon 22 Feb 2021 07:00 GMT



▲ A hospital ward. Almost half of doctors, nurses and other ICU staff have reported symptoms of PTSD, severe depression or anxiety. Photograph: Peter Byrne/PA

The NHS is setting up dozens of mental health hubs to help staff who have

THE TIMES

Today's sections

Past six days

Explore

Times Radio

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CORONAVIRUS IN DEPTH

## How scientists are racing to create a second generation of Covid jabs

While the focus so far has been on the virus's spikes, other jab makers keep an eye on the ball



# Media Headlines

## COVID-19: Sunshine brings crowds out – but SAGE expert warns we could blow chances of ending lockdown

Go out and exercise but don't have parties on the beach or picnics in the park, the professor says.

🕒 Sunday 28 February 2021 14:20, UK



## Daily Covid cases almost HALVE in a week to lowest level since September while deaths plummet by 42 per cent with 5,455 new infections and 104 fatalities

- Department of Health bosses today posted 5,455 more coronavirus infections and 104 confirmed fatalities
- It is the lowest daily case toll since September 28, and the fewest Covid victims recorded since October 26
- For comparison, 10,641 coronavirus cases and 178 deaths were announced by the Government last Monday

By [STEPHEN MATTHEWS HEALTH EDITOR](#) and [JAMES TAPSFIELD POLITICAL EDITOR FOR MAILONLINE](#)  
PUBLISHED: 16:17, 1 March 2021 | UPDATED: 16:49, 1 March 2021

## Brussels will bring in Covid vaccine passport to 'allow EU citizens to move safely within the bloc or abroad'



01/03/21 16:47

The European Commission is set to propose that members of the EU operate using a digital 'green pass', commission chief Ursula von der Leyen has said. Taking to Twitter today, the 62-year-old outlined how the green passes would work. The aim of the pass is to provide proof of vaccination, results of tests for those who have not yet been vaccinated, and information on Covid-19 recovery. The European Commission's proposal follows in the footsteps of Israel, the world's vaccination champion. Only people who have received the required two vaccinations receive the green passport in Israel which grants them greater freedom of movement...[read](#)

[🗨️ comments](#) [↪️ share](#)

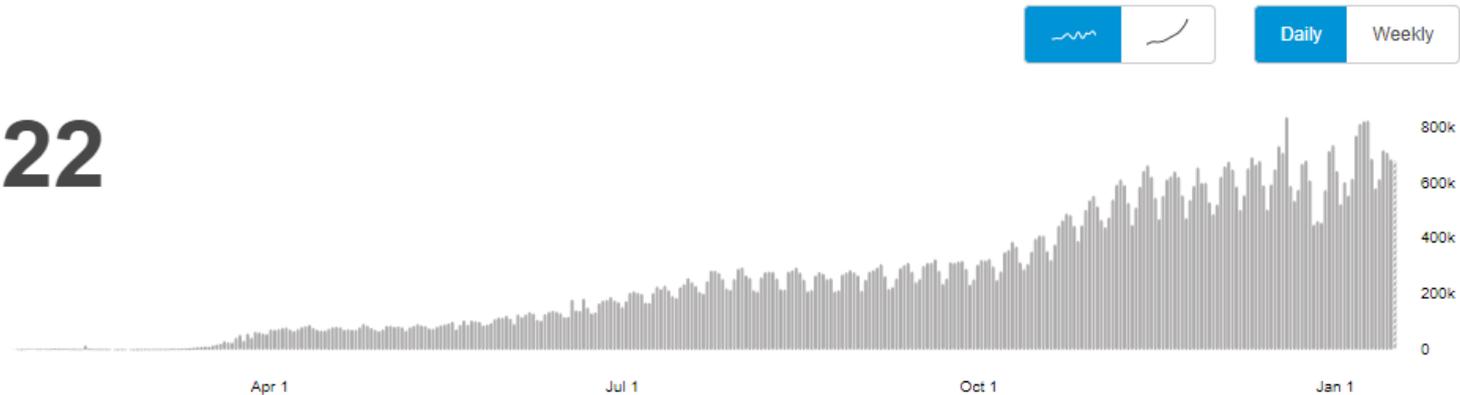
# WHO- Global view 17th January 2021

Globally, as of 4:35pm CET, 17 January 2021, there have been **93,194,922 confirmed cases** of COVID-19, including **2,014,729 deaths**, reported to WHO.

## Global Situation

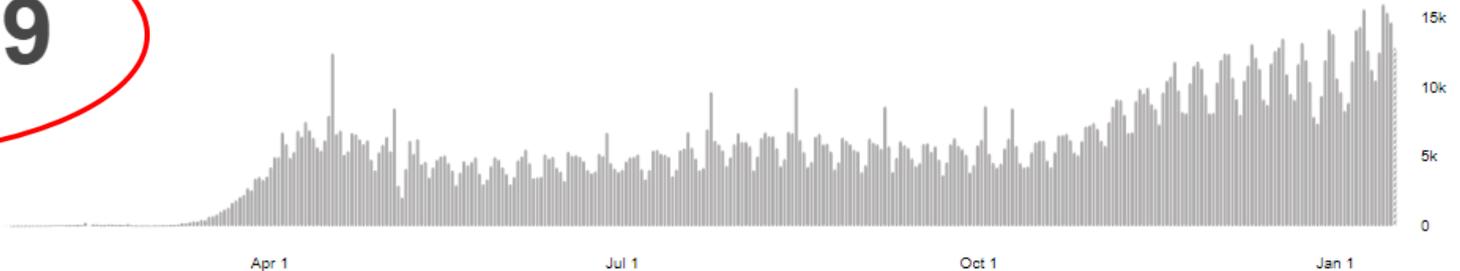
**93,194,922**

confirmed cases



**2,014,729**

deaths



Source: World Health Organization

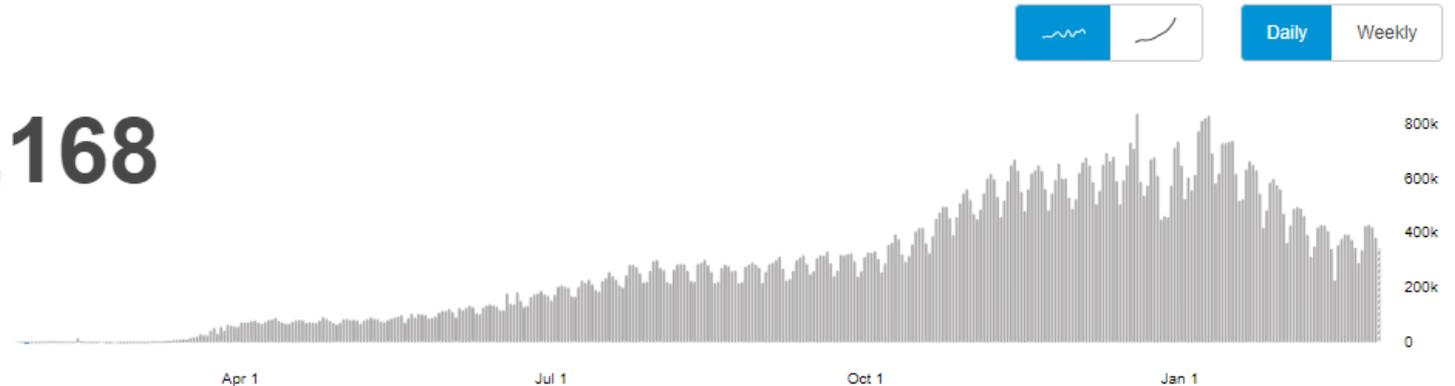
Data may be incomplete for the current day or week.

# WHO- Global view

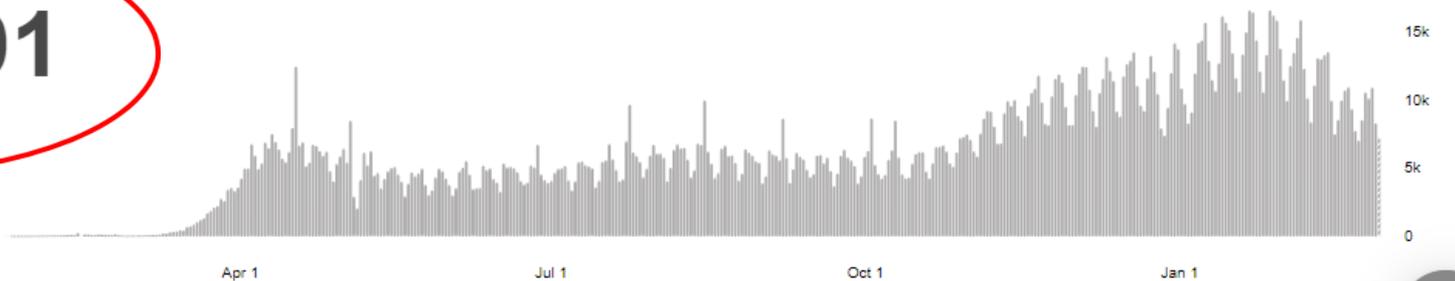
Globally, as of 4:03pm CET, 1 March 2021, there have been **113,820,168 confirmed cases** of COVID-19, including **2,527,891 deaths**, reported to WHO.

## Global Situation

**113,820,168**  
confirmed cases



**2,527,891**  
deaths



Source: World Health Organization  
Data may be incomplete for the current day or week.



Global Cases  
**114,280,281**

Cases by  
Country/Region/Sovereignty

- 28,614,504** US
- 11,112,241** India
- 10,551,259** Brazil
- 4,209,850** Russia
- 4,194,284** United Kingdom
- 3,816,378** France
- 3,188,553** Spain
- 2,938,371** Italy
- 2,701,588** Turkey
- 2,455,021** Germany
- 2,251,690** Colombia
- 2,107,365** Argentina
- 2,086,038** Mexico

Last Updated at (M/D/YYYY)  
**3/1/2021, 5:24 pm**



Cumulative Cases | Active Cases | Incidence Rate | Case-Fatality Ratio | Testing Rate

**192**  
countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Data sources: [Full list](#). Downloadable database: [GitHub](#), [Feature Layer](#).  
Lead by JHU CSSE. Technical Support: [Esri Living Atlas team](#) and JHU APL. Financial Support: JHU, NSF, Bloomberg Philanthropies and Stavros Niarchos

Global Deaths  
**2,534,195**

- 513,393 deaths US
- 254,942 deaths Brazil
- 185,715 deaths Mexico
- 157,157 deaths India
- 123,187 deaths United Kingdom
- 97,945 deaths Italy

US State Level  
Deaths, Recovered

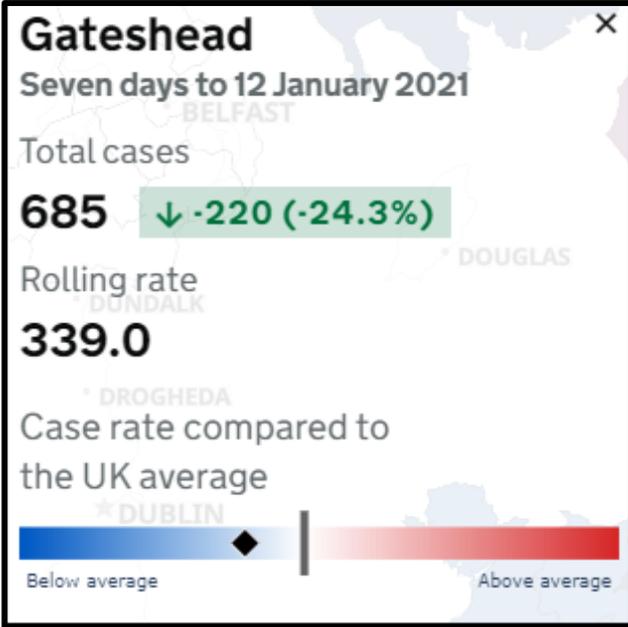
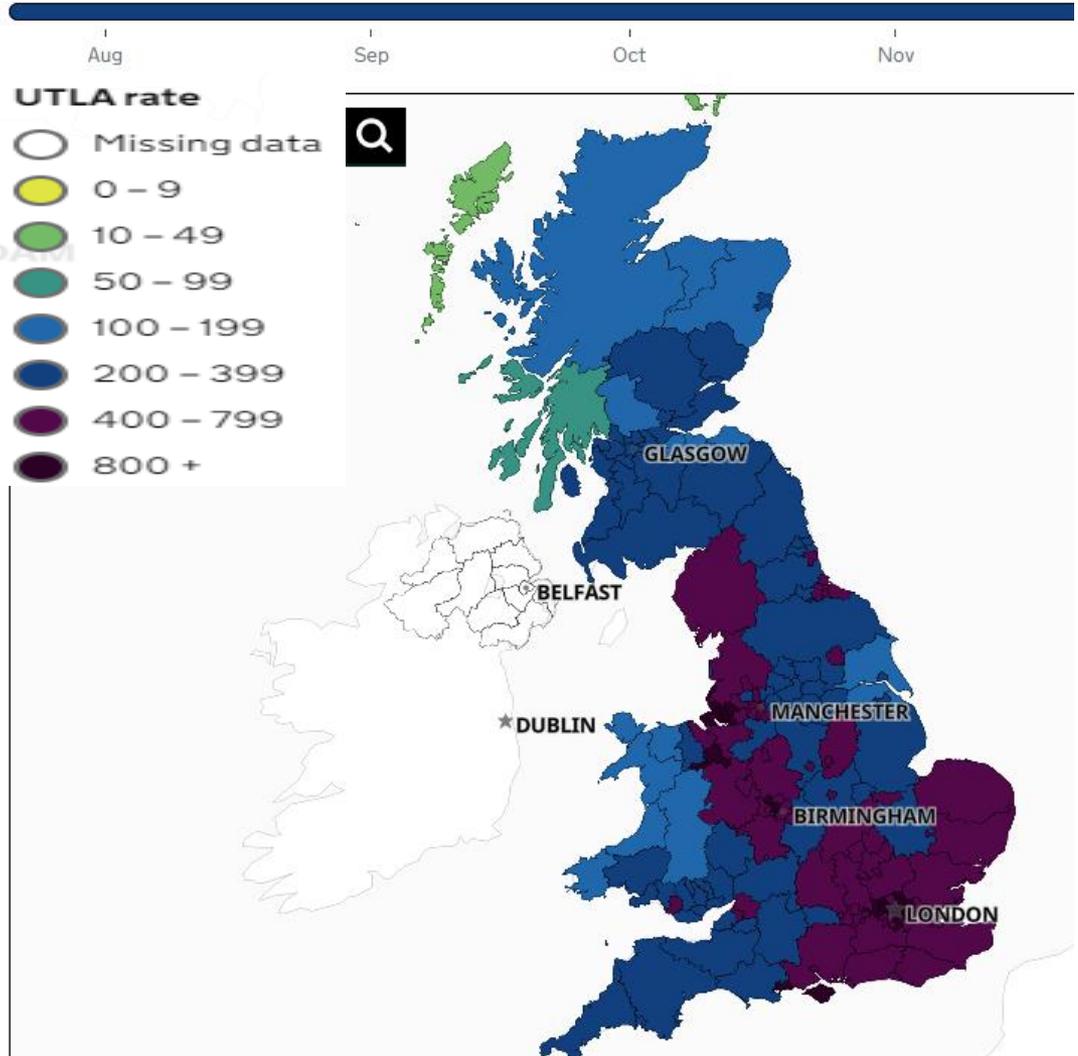
- 52,158 deaths, **recovered** California US
- 47,641 deaths, **recovered** New York US
- 43,697 deaths, **2,422,369 recovered** Texas US
- 30,852 deaths, **recovered** Florida US

Global Dea... | US Deaths,...

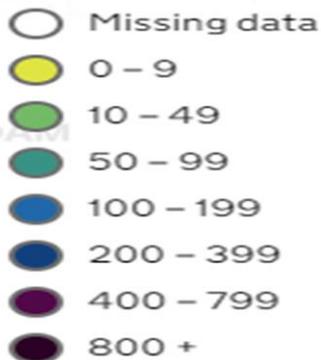


Daily Cases

Seven-day rolling rate of new cases by specimen date ending on 12 Jan 2021



UTLA rate



# Gateshead

Seven days to 24 February 2021

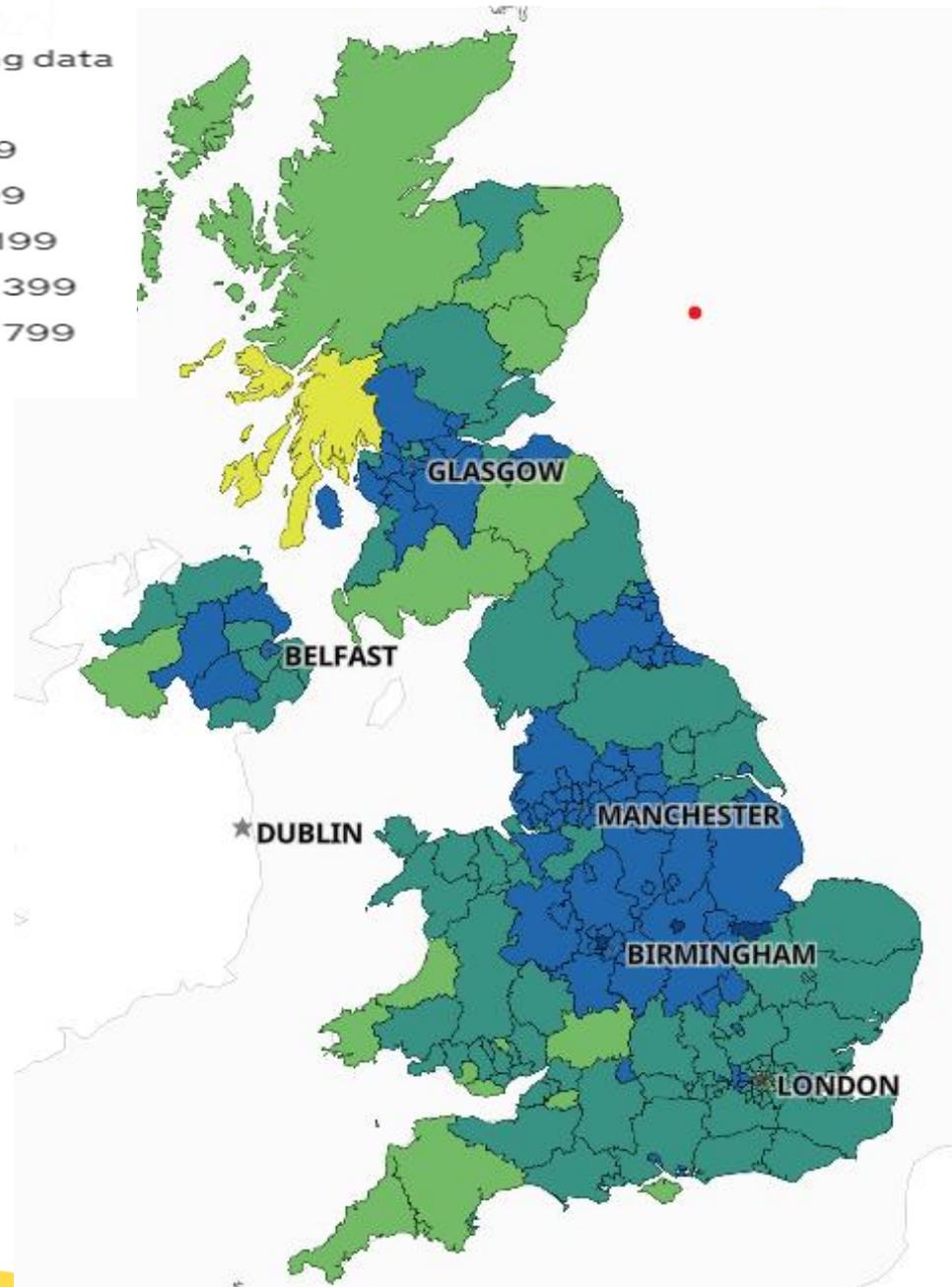
Total cases

**204** ↓ -21 (-9.3%)

Rolling rate

**101.0**

Case rate compared to the UK average



## Healthcare Patients admitted

Latest data provided  
on 13 January 2021

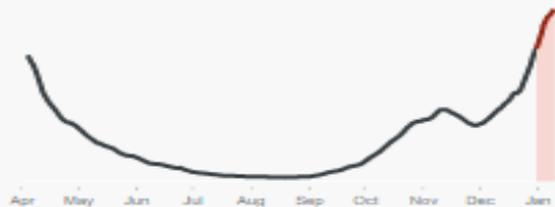
Daily

4,179

Last 7 days

29,228

↑ 3,529 (13.7%)



All healthcare data

## Healthcare Patients admitted

Latest data provided  
on 23 February 2021

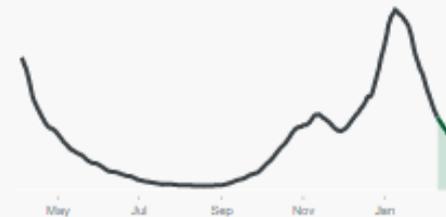
Daily

1,112

Last 7 days

8,460

↓ -2,406 (-22.1%)



All healthcare data

# P.H.E. data from our last call/and today's date - deaths

Deaths

## Deaths within 28 days of positive test

Latest data provided on 17 January 2021

Daily

671

Last 7 days

7,830

↑ 1,467 (23.1%)

▶ Rate per 100k resident population: 9.9



All deaths data

Deaths

## Deaths within 28 days of positive test

Latest data provided on 1 March 2021

Daily

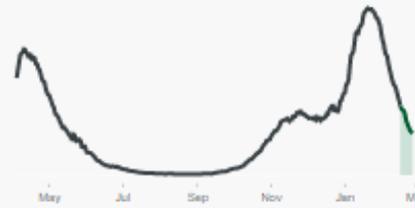
104

Last 7 days

2,196

↓ -1,166 (-34.7%)

▶ Rate per 100k resident population: 3.2



All deaths data

# People vaccinated

First dose total    Second dose total

20,275,451    815,816

## People who have received vaccinations, by report date (daily)

UK total

By nation

Number of people who have received a vaccination for COVID-19, by day on which the vaccine was reported. Data are reported daily, and include all vaccination events that are entered on the relevant system at the time of extract. This includes reported vaccines that were administered up to and including the date shown. Data for Wales were not available for 15 and 16 January 2021, and are shown as zeros. Their newly reported numbers for 17 January 2021 include vaccinations recorded in the period 15 to 17 January 2021.

1st dose daily

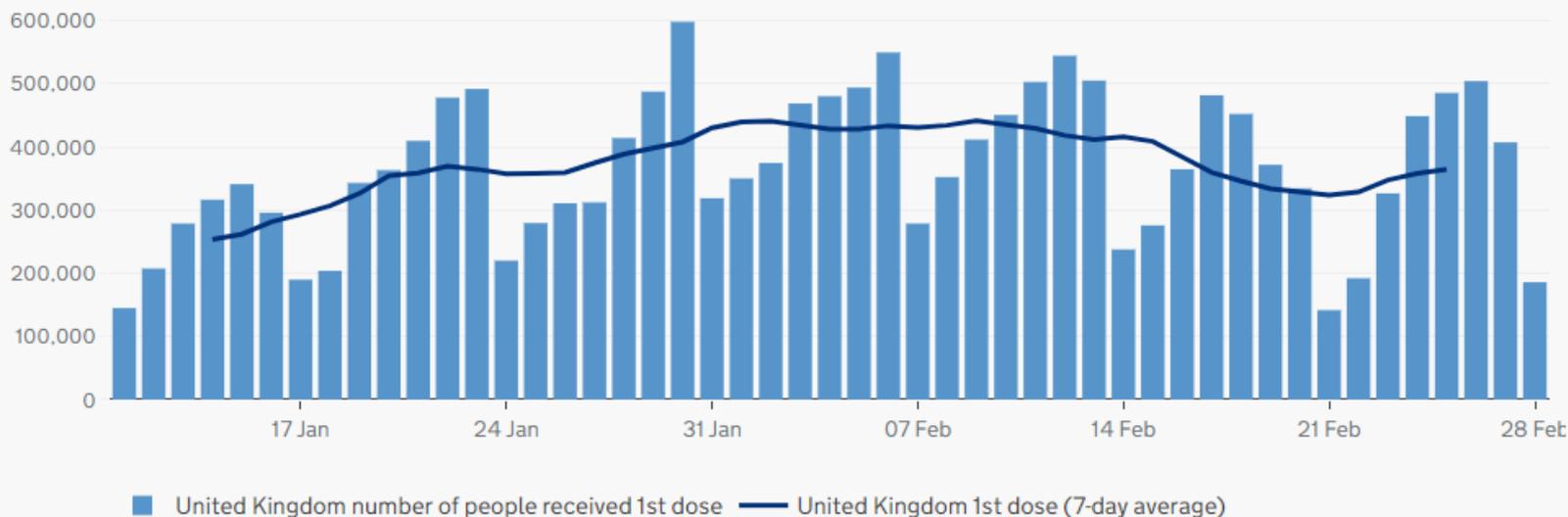
2nd dose daily

1st dose cumulative

2nd dose cumulative

Data

About



# Top ten innovations that changed the world

(According to National Geographic)

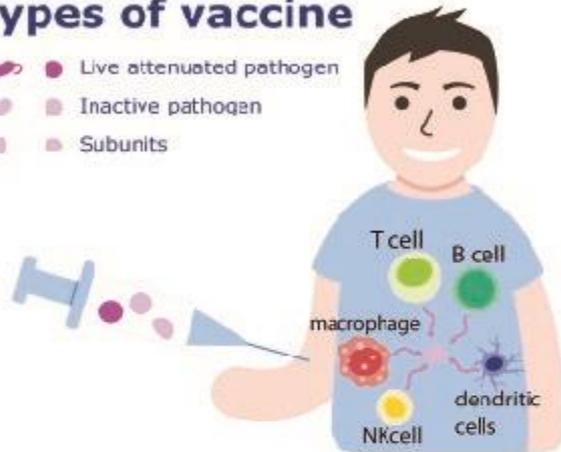
- Printing press
- Light bulb
- Airplane
- Personal computer
- **VACCINES**
- Automobile
- Clock
- Telephone
- Refrigeration
- camera



# Don't wait, **VACCINATE!**

## Types of vaccine

-   Live attenuated pathogen
-   Inactive pathogen
-   Subunits



## Some time later Immune memory



**Vaccines** save per year **2-3 Million lives**

## HERD IMMUNITY

If the majority of the population is vaccinated the disease doesn't spread

**SPREAD THE WORD  
NOT THE DISEASE!**



# How vaccines are researched, manufactured and tested for safety



<https://www.valuingvaccines.org.uk/vaccines/how-are-vaccines-researched-and-manufactured>

Bryan Deane, Director, New Medicines and Data policy, ABPI

# How were vaccines for COVID-19 developed so quickly?

A few things came together to allow COVID-19 vaccines to be developed quickly, while keeping to the normal, extremely high quality and safety standards.



1. Research on vaccines for SARS/MERS had already been going on for years, and when China released genetic information on SARS-COV-2, it helped to focus the research.

# How were vaccines for COVID-19 developed so quickly?

2. There was a huge amount of extra manpower and a lot of collaboration put in to prioritise these vaccines.
3. Steps that are normally done one after the other happened side by side.



All this meant that COVID vaccines were developed quickly, while keeping all the normal processes and standards

# How was the development process accelerated?

## Speed WITHOUT compromising safety

- Clinical trials process is the crucial step in demonstrating safety and effectiveness for a new medicine or vaccine
- Phase I, II & III gradually increase the numbers of volunteers from tens to thousands (e.g. over 40,000)
- The independent regulator, the Medicines and Healthcare Products Regulatory Agency (MHRA), gives guidance on the design of the clinical trials, on what to measure



# How was the development process accelerated?

## Speed **WITHOUT** compromising safety

- MHRA reviews all the data before approving for use
- During a clinical trial, the researchers don't get to see the data until complete – there may be an independent data and safety monitoring committee
- Process normally takes several years



# Manufacturing process – for each batch

## Unprecedented scale-up

- Make the vaccine
- Purify it
- Formulate it
- Bottle it
- Test it
- Release it
- Ship it



The aim is **consistent quality, safety and efficacy**;  
'batch testing' ensures this

# How are vaccines developed?

**1**

**Discovery and pre-clinical**

The disease is researched to identify a possible vaccine, which is tested to check it meets safety standards.



SOURCE: Vaccines Europe, How are vaccines developed, WHO, Regulation and quality control of vaccines

the gold standards Valuing Vaccines

**2**

**Manufacturing**

The manufacturing process is developed to ensure production of identical, high-quality vaccines at a large scale.



SOURCE: Vaccines Europe, How are vaccines developed, WHO, Regulation and quality control of vaccines

the gold standards Valuing Vaccines

**3**

**Clinical trials**

The vaccine is tested in three phases for safety and effectiveness, starting with small numbers of volunteers and building up to thousands.



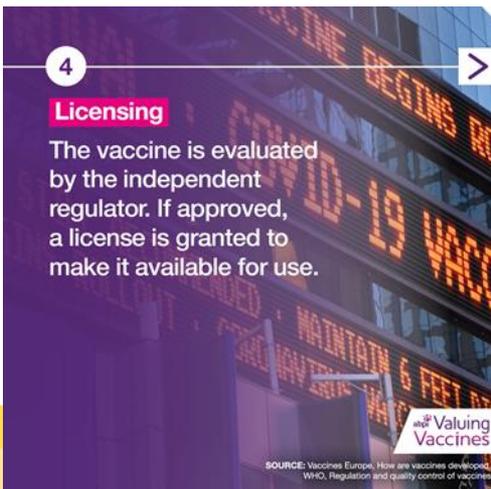
SOURCE: Vaccines Europe, How are vaccines developed, WHO, Regulation and quality control of vaccines

the gold standards Valuing Vaccines

**4**

**Licensing**

The vaccine is evaluated by the independent regulator. If approved, a license is granted to make it available for use.



SOURCE: Vaccines Europe, How are vaccines developed, WHO, Regulation and quality control of vaccines

the gold standards Valuing Vaccines

**5**

**Quality testing**

Vaccines are tested at every stage of production to make sure they meet quality and safety standards consistently.



SOURCE: Vaccines Europe, How are vaccines developed, WHO, Regulation and quality control of vaccines

the gold standards Valuing Vaccines

**6**

**Safety monitoring**

All licensed vaccines are continually monitored for any reported side effects.



SOURCE: Vaccines Europe, How are vaccines developed, WHO, Regulation and quality control of vaccines

the gold standards Valuing Vaccines

# Safety: Regulation

**Vaccines are monitored  
over their lifetime by  
the UK's independent  
medicines regulator,  
the MHRA**



abpi Valuing  
Vaccines

SOURCE: Oxford Vaccine Group, How vaccines are tested, licensed and monitored, 2019.

Vaccination against whooping cough, introduced in 1957 by the NHS, has resulted in cases dropping by more than 95%

SOURCE

Vaccines are the greatest public health intervention at reducing infectious diseases and deaths.



Valuing Vaccines

SOURCE: Andre FE et al. Vaccination greatly reduces disease, disability, death and healthy workforce. Bulletin of World Health Organization, 2008.

Vaccination has eliminated polio and congenital rubella from the UK

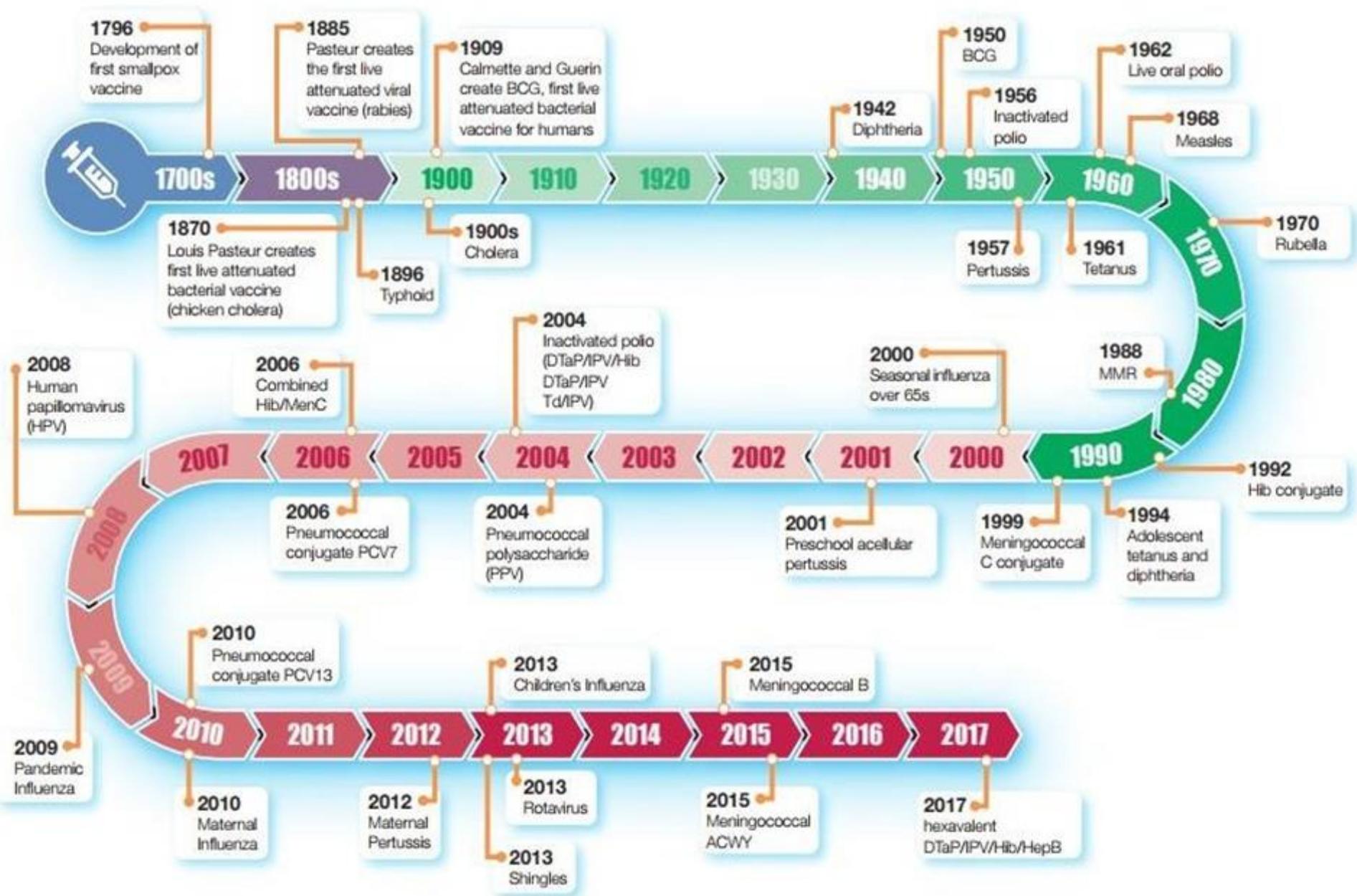
Valuing Vaccines

SOURCE: Oxford Vaccine Group. Information on polio and rubella, 2018.

The UK has a longstanding reputation for vaccine development. The first vaccination ever developed was in the UK by Edward Jenner in 1796 for smallpox.



# Historical vaccine development and introduction of routine vaccine programmes in the UK



# The social contract

- Vaccines not only prevent infection and illness among those who have been vaccinated.
- They are likely to reduce transmission to people who are not immune.
- When enough people are vaccinated the virus has fewer hosts and the virus cannot spread as easily leading to community (herd) immunity.
- The individual action of being vaccinated is beneficial to all – vaccination is an index of social responsibility.



# The public health challenge: what influences take up?



- **A delay in acceptance or refusal of vaccines**, despite availability of vaccination services
- **Complex and context** specific, varying across time, place and vaccine

Source: Report of the SAGE working group on vaccine hesitancy

[www.who.int/immunization/sage/meetings/2014/october/SAGE\\_working\\_group\\_review](http://www.who.int/immunization/sage/meetings/2014/october/SAGE_working_group_review)

king\_group\_rev

# What influences decisions about the Covid vaccine?

"Healthy young child goes to doctor, gets pumped with massive shot of many vaccines, doesn't feel good and changes - AUTISM, Many such cases!"  
**Trump tweeted in 2014**

• Likes: 18.4K

Social media

## Influential gatekeepers



History: trust and credibility

Presented by **zoom**  
 Meeting ID: 933 9299 0371

Tuesday 5th January 2021 | 6pm -7.30pm  
 (Please log in from 5.50pm to ensure a prompt start at 6pm)

Dr Ellen Schwartz (Public Health Consultant at Croydon Council)  
 Sherifat Muhammad Kamal (Clinical Pharmacist)  
 Ash Balakrishnan (ARCC Trustee & COVID Survivor)  
 Dr Dev Malhotra (Brigstock Medical Practice)



COVID-19 has been the single biggest public health emergency in the history of the NHS. Asian Resource Centre is hosting a public conversation/Q&A about the COVID-19 vaccination programme with the experts.

You can send in your questions in advance to: [lizzie.hewitt@arccltd.com](mailto:lizzie.hewitt@arccltd.com)

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 Registered Charity No: 1120378 | Registered Company No: 8256181

Coronavirus: **real** people, **real** experiences

Iqrah lost her aunt to Coronavirus, she was only 30 years old. Due to restrictions, only some of her family could attend her funeral. Other friends and family had to say goodbye via the internet.  
 Her aunt left her husband and her 1 year old child behind. Iqrah and her family knows Coronavirus is real.

**Protect yourself, your family and your community**

COMMUNITY ACTION Bradford & District  
 City of BRADFORD

# Coronavirus vaccination

Book or manage your coronavirus vaccination appointments. You can also read about the vaccine and what will happen on the day of your appointment.

Care staff can book their own vaccine via:-

<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/>

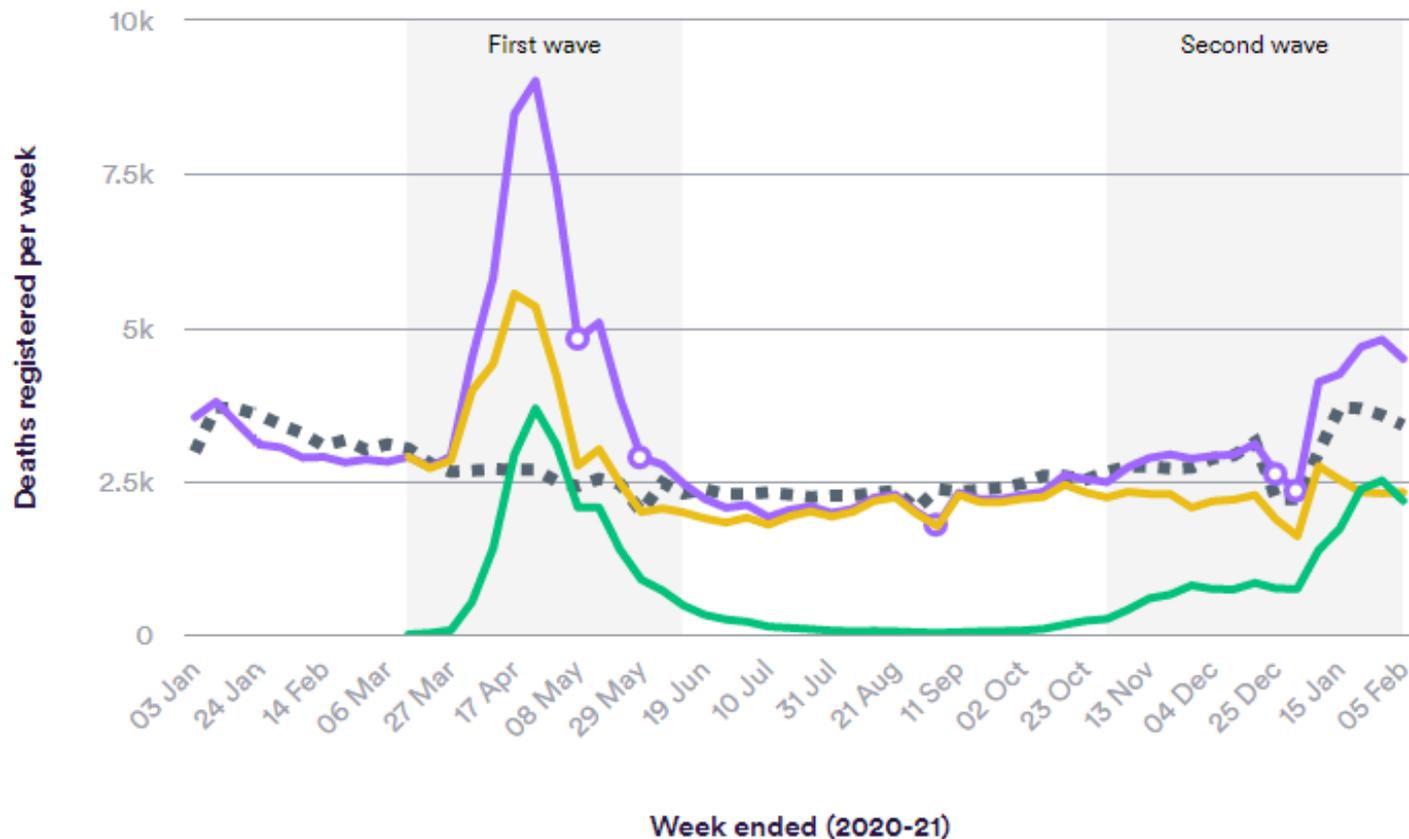


# Covid-19 and the deaths of care home residents

- The first wave of the pandemic saw an extraordinary number of excess deaths among residents.
- Deaths where Covid-19 was mentioned on the death certificate rose sharply last April, and between mid-March and mid-June there were 19,286 care home resident deaths where the coronavirus was mentioned.
- The second wave, Covid death registrations began to increase in November. Between 31 October and 5 February, there were 16,355 Covid deaths registered among people in care homes.

<https://www.nuffieldtrust.org.uk/news-item/covid-19-and-the-deaths-of-care-home-residents>

# Deaths of care home residents



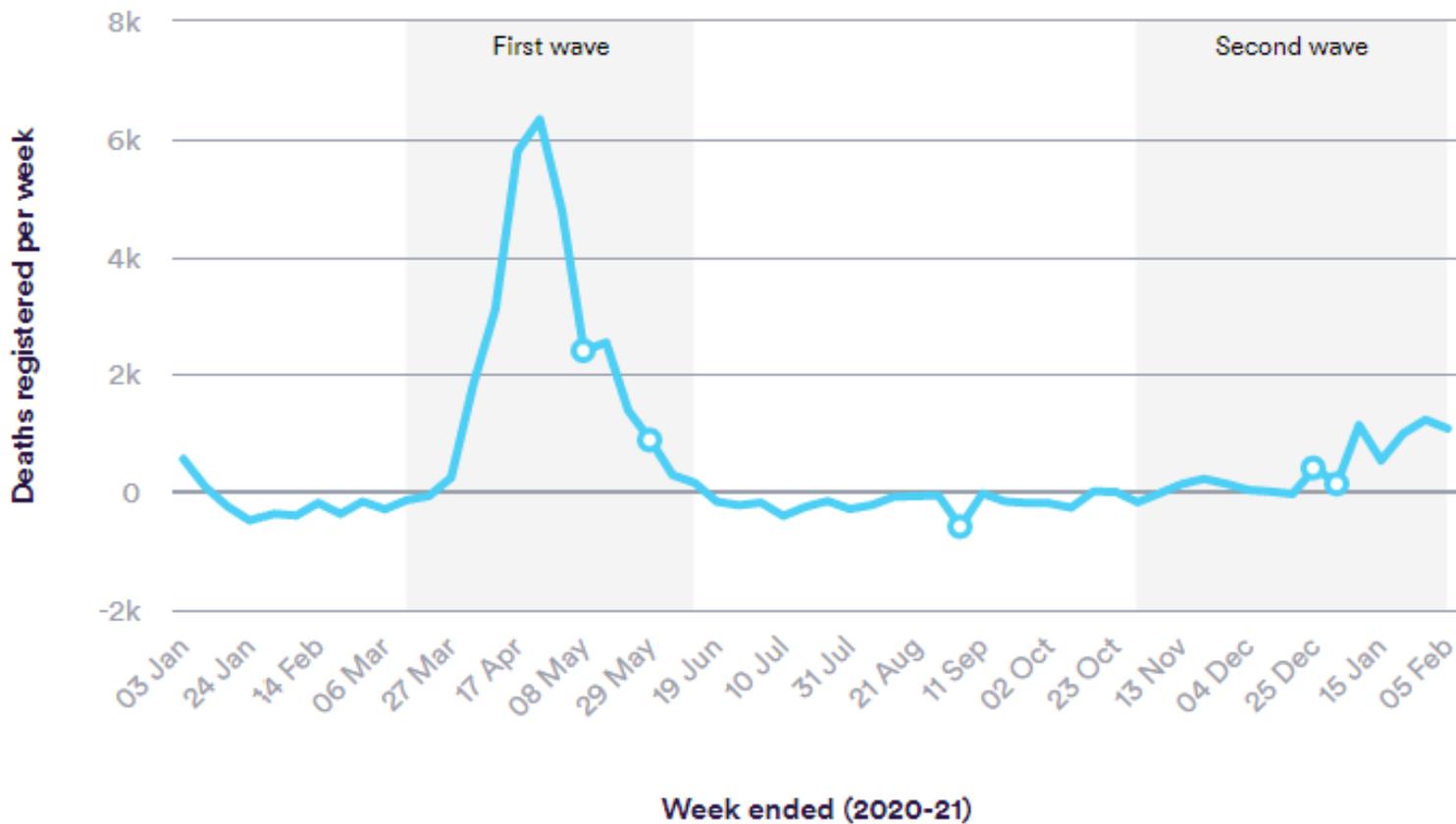
- ■ ■ Average 2015-2019
- Covid-19
- All causes
- Bank holidays affected registrations
- Other causes

© Nuffield Trust

# Excess Deaths

- There were 35,067 excess deaths in the first two months of the pandemic, with 6,331 in the week ending 24 April alone.
- Between mid-June and November, the number of deaths of residents was at or below the average for 2015-19.
- Fewer deaths from other causes have been registered in the second wave.

# Excess deaths of care home residents



— Excess deaths      —○ Bank holidays affected registrations

© Nuffield Trust

# Where are care home residents dying?

- Since the start of the pandemic, 86% of deaths of care home residents have occurred in the care home, compared with 84% over the same period for 2015-19.
- Residents whose deaths involved Covid were more likely to die away from the care home – only 75% of this group died in the care home
- Deaths from other causes include a high proportion of deaths from dementia or Alzheimer's disease.

# Place of occurrence of deaths of care home residents (deaths registered 14 March 2020 to 5 February 2021)

	Deaths of care home residents	Deaths occurring in care homes	% resident deaths occurring in care homes
Covid-19	37,895	28,319	75%
Other causes	115,829	104,258	90%
All causes	153,724	132,577	86%
Average 2015-2019	121,491	102,480	84%

# Why were care homes hit so badly in wave one?

- The care sector was already in a fragile state going into the pandemic and was ill-equipped to cope with the sudden tide of infections.
- Pre-existing workforce shortages, a vast and precarious provider market, long-standing financial shortfalls, and a lack of robust centralised data about who relies on care created a context in which a response to the virus was difficult to coordinate.
- A slow and uncoordinated national response led to delays in PPE supplies reaching care staff

# How have care homes fared in wave two?

- As the second wave approached, efforts began to roll out faster testing, to deliver more reliable supplies of PPE and to issue timely and consistent advice to the sector
- Severe restrictions on visits continue to be a source of deep distress to residents and families, and a complex balancing act of different risks for care home managers.
- deaths from or with the virus among care home residents account for 26% of all Covid-related deaths in the period from 31 October until 5 February.

# What now for care homes?

- First dose of the vaccine has now been offered to all care home residents
- The need for vigilant infection control, PPE supplies and continued testing will not disappear any time soon.
- Financial stability of many care homes were raised before the pandemic.
- An opportunity to build something positive from the devastation of the last year.

# Covid-19: Are cloth masks still effective?



- Many people are wearing cloth masks
- In France, homemade masks and some shop bought cloth masks have now been banned
- On 1 December, the World Health Organization updated its advice to recommend medical masks for people at risk of serious covid-19 illness and for people aged over 60.



# RESTORE 2

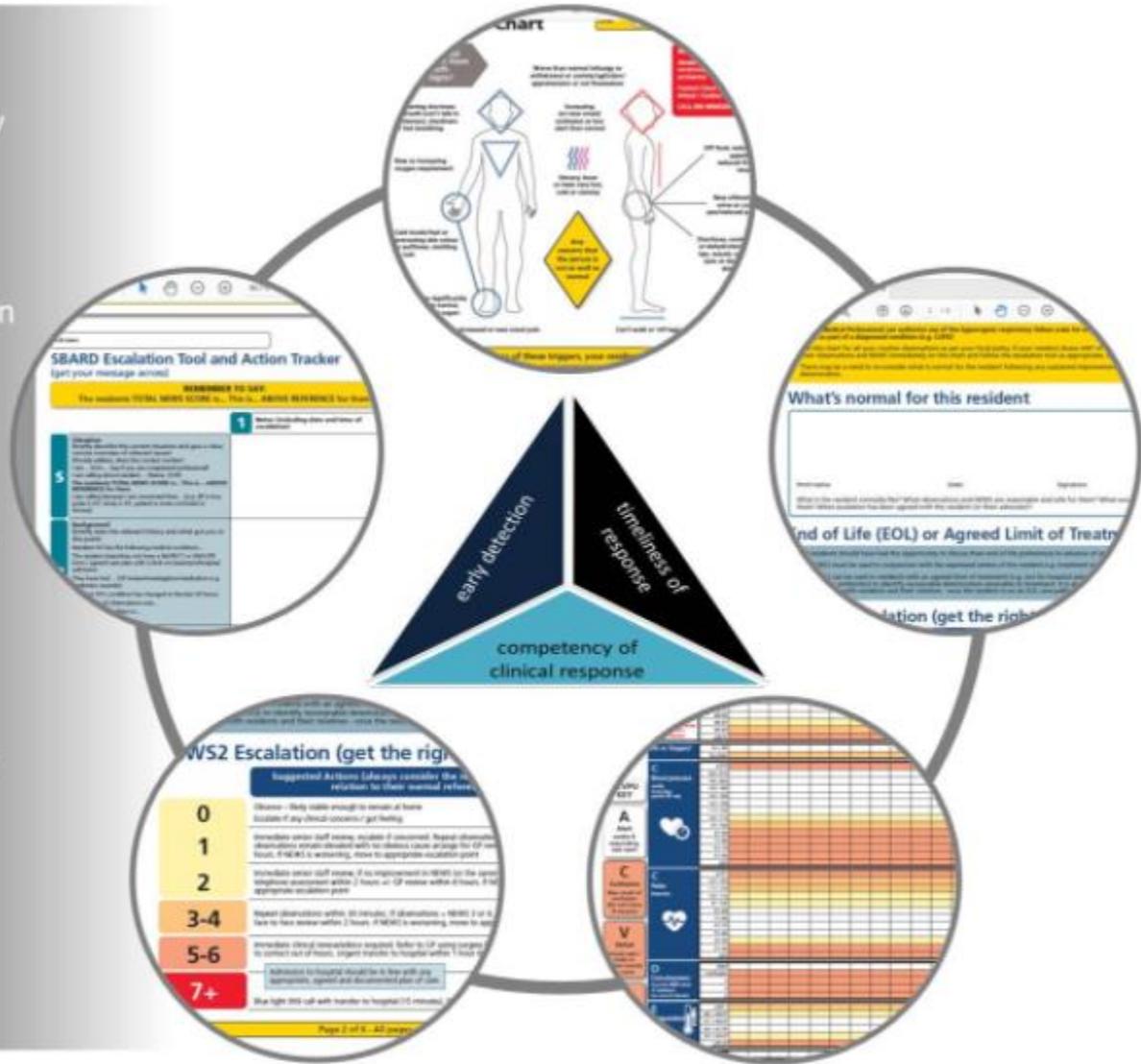
Soft signs of deterioration support carers to identify potentially unwell residents

'what's normal for this resident' reference box helps staff understand when a residents condition has changed

National Early Warning Scores provide a standardised and objective assessment of risk and sickness

An escalation / communication pathway ensures residents 'get the right help'

The structured communication tool helps staff to 'get their message across'



# RESTORE 2

**RESTORE2™ is a physical deterioration and escalation tool for care/nursing homes.**

It is designed to support homes and health professionals to:

- Recognise when a resident may be deteriorating or at risk of physical deterioration
- Act appropriately according to the resident's care plan to protect and manage the resident
- Obtain a complete set of physical observations to inform escalation and conversations with health professionals
- Speak with the most appropriate health professional in a timely way to get the right support
- Provide a concise escalation history to health professionals to support their professional decision making.

# Restore2 mini



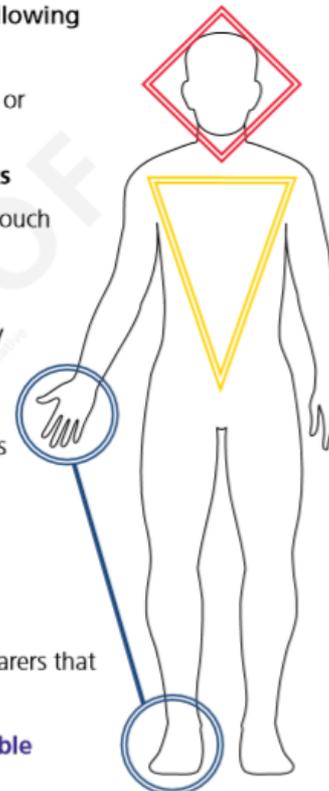
## Ask your resident – how are you today?

Does your resident show any of the following 'soft signs' of deterioration?

- = Increasing **breathlessness**, **chestiness** or **cough/sputum**
- = Change in **usual drinking / diet habits**
- = A **shivery fever** – feel **hot or cold** to touch
- = Reduced mobility – '**off legs**' / less co-ordinated or **muscle pain**
- = New or increased **confusion / agitation / anxiety / pain**
- = Changes to usual level of **alertness / consciousness / sleeping** more or less
- = **Extreme tiredness** or **dizziness**
- = '**Can't pee**' or '**no pee**', change in pee appearance
- = **Diarrhoea, vomiting, dehydration**

Any **concerns** from the client / family or carers that the person is not as well as normal.

**If purple signs are present, think possible COVID-19.**



**If YES to one or more of these triggers – take action!**



Inglefield Nursing and Residential Home

# Gaynor Pitman





Coombe Hill Manor

Sonya Fenwick

## MANAGING EMOTIONS

It is important to gain some understanding of how to cope with your emotional response to Covid-19.

This is a simple set of solutions from **Walker and Gerada** (2020) which can be used by everyone.

(See opposite)



FEELING ANXIOUS, OVERWHELMED & UNCERTAIN? PLANT BOTH FEET ON THE GROUND, TAKE A FEW DEEP BREATHS & THINK ABOUT WHAT YOU DO KNOW & WHAT YOU CAN DO TODAY.



IF YOU ARE FEELING GUILTY, IT IS BECAUSE YOU ARE COMPASSIONATE & CARING PERSON & SIMPLY WANT TO HELP. REMEMBER WE ARE ALL DOING OUR BIT, NO MATTER HOW SMALL & NO MATTER WHAT IT IS WE DO.



IF YOU ARE FEELING GRIEF, TRY TO RIDE THE WAVES OF EMOTION, EXPRESS THEM SAFELY, BE PATIENT AND KIND TO YOURSELF, THIS WILL LIKELY TAKE MANY MONTHS TO PASS.



IF YOU ARE FEELING TRAUMATISED, CONNECT WITH YOUR LOVED ONES MORE OFTEN, TRY NOT TO AVOID FEARFUL SITUATIONS. REMEMBER THIS IS NORMAL & WILL LIKELY PASS QUITE SOON & LIMIT YOUR LESS HEALTHY COPING BEHAVIOURS (SUCH AS EXCESSIVE USE OF ALCOHOL).

## SYMPTOMS OF STRESS

Everyone reacts differently to stressful situations. However, pressure, fear and anxiety can be overwhelming and cause strong emotions.

If any of the emotions to the right apply to you; click on the links highlighted opposite and/or speak to a trusted colleague or line Manager.

If you are feeling emotionally exhausted, tearful, overwhelmed or flat your GP or local mental health services may also be able to help if you need more urgent support.

In addition, please watch this short video on coping with stress:

<https://vimeo.com/403652723>

Click [Here](#)



### INSOMNIA



### ANXIETY



### STRESS



### DEPRESSION



### BURNOUT



### FATIGUE / IRRITABLE



## HOW TO MANAGE FEELINGS

A useful way of thinking about this is the – **Control-Influence-Accept** model.

Some situations:

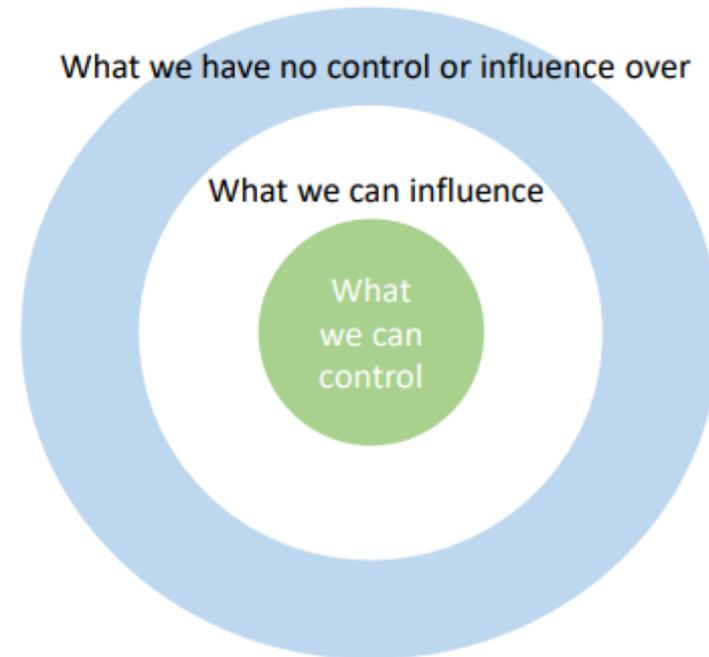
- You can control
- You can influence
- You can't control

In the case, where you have no control then acceptance is the most helpful stance.

It doesn't mean you like the situation or haven't tried your best. But it allows you to free up mental and emotional resources.

**Accepting** and focusing on what you can control can give you the strength to move on and support the next patient and/or family member.

## CONTROL, INFLUENCE OR ACCEPT?



PSYCHOLOGICAL WELLBEING IN HEALTHCARE WORKERS  
[https://www.nottingham.ac.uk/toolkits/play\\_22794](https://www.nottingham.ac.uk/toolkits/play_22794)

# Managing the wellbeing of social care staff during the COVID-19 pandemic

Employers' guide

April 2020

Struggling to cope? Text SHOUT to 85258 GET SUPPORT



TEXT SHOUT TO 85258 here for you 24/7

TEXT US NOW

24/7 Confidential Free

https://giveusashout.org/

https://www.nhs.uk/oneyou/every-mind-matters/



Every Mind Matters

Looking after your mental health

Having good mental health helps us relax more, achieve more and enjoy our lives more. We have expert advice and practical tips to help you look after your mental health and wellbeing.

GET SUPPORT / MENTAL HEALTH AND WELLBEING / A FIELD GUIDE TO SELF-CARE

A FIELD GUIDE TO SELF-CARE



WE ARE STRONGER TOGETHER: HEROES HELPING HEROES

Our Field Guide to Self-Care is a resource of tips and tools our recovery teams deliver to veterans who have experienced traumatic events or have been affected by working in high-intensity situations.

Do something now... Get Your Mind Plan Answer 5 quick questions to get your free plan with tips to help you deal with stress and anxiety, improve your sleep, boost your mood and feel more in control. Try the quiz >

https://www.helpforheroes.org.uk/get-support/mental-health-and-wellbeing/a-field-guide-to-self-care/



# ADVICE FOR SUSTAINING STAFF WELLBEING IN CRITICAL CARE DURING AND BEYOND COVID-19

The anticipated needs of staff will vary across each of the phases, consider the following support mechanisms:

Phases	Issues and likely impact	Needs and recommended approach
<b>Pre-phase:</b>  <b>No cases on unit</b>	Anticipatory anxiety about what's on its way. Inability to think clearly, feeling overwhelmed, planning. Communication errors. Tension in working relationships. "Readiness" burnout.	Increase a sense of control - the team are in a safe pair of hands. Reassurance and planning. Communication updates are key (you may be thinking ahead, they are thinking now). Escalation plan. Support to managers who are making plans and holding the stresses.
<b>Initial phase:</b> <b>Case 1</b>	Starting to get going, lots of trying out, lost time, repetition and frustration. Further anticipatory anxiety	War room - planning central to allow centralised communication. Management are visible and available. Regular communication bulletins and open forums.
<b>Core Phase:</b> <b>Full scale - Multiple cases</b>	Biggest risk period. Fear infection and implications for families. Overwhelming workload. Full go mode- adrenalin and automatic pilot. Exhaustion. Moral distress as healthcare rationed. Distress linked to personal or family experience of COVID-19. Experience fear or stigma when out in public.	Have runners in PPE areas. Promote peer support. It's okay to say you are not okay - Senior staff to model this. Rotate workers from high-stress to lower-stress functions. Small pre-brief and debrief the day. Partner inexperienced workers with their more experienced colleagues. Psychological first aid - drop in sessions for staff with employee wellbeing if you have it. Ensure the basics: Breaks, Facilities (food trolley in staff room), Sleep, Days off. Manage visitors
<b>End Phase:</b> <b>Immediate aftermath</b>	Exhaustion and post trauma recovery / stress	Debriefing. Staff 1-1 and group sessions. Learning and preparation for the future. Organise thanks and reward. Look out for signs of PTSD in staff: • on edge and hyper arousal, poor sleep • flashbacks or re-experiencing • avoidance of reminders.
<b>Long term</b>	Some ongoing PTSD Reflection and learning	

# SELF-CARE DURING COVID-19

**Most importantly this is unprecedented: It is okay to not be okay**

- Seek information updates at specific times during the day once or twice. The sudden and near-constant stream of news reports can cause anyone to feel worried. Get the facts. [www.gov.uk](http://www.gov.uk)
- Feeling stressed is an experience that you and many of your colleagues are likely going through. It is normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak.
- Managing your stress/psychosocial wellbeing during this time is as important as managing your physical health.
- Take care of your basic needs and ensure rest and respite during work or between shifts, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends.
- This is an unprecedented scenario, don't try to learn new strategies, use the ones that you have used in the past to manage times of stress.
- This is likely to be a marathon - pace yourself
- Consider your psychological energy levels - you will need to "fill up" after "emptying the tank"
- Be aware of your "bandwidth"- it might take longer to think things through and make sense of things if you are feeling overwhelmed
- Beware dramatic language that might panic your colleagues.
- Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs.
- Some workers may unfortunately experience avoidance by their family or community due to stigma or fear. If possible, staying connected with your loved ones including through digital methods is one way to maintain contact. Turn to your colleagues or team leader for social support - your colleagues may be having similar experiences to you.

**STOP, BREATHE, then THINK- slowing your breathing slows the stress cycle and re-engages your frontal lobes - then you can think.**

<https://local.gov.uk/sites/default/files/documents/workforce%20-%20wellbeing%20social%20care%20-%20ICS%20Sustaining%20wellbeing%20COVID19%20poster.pdf>



# ACTION CALENDAR: MINDFUL MARCH 2021



## MONDAY

1 Set an intention to live with awareness and kindness

8 Eat mindfully. Appreciate the taste, texture & smell of your food

15 Stop, breathe and just notice. Repeat regularly during the day

22 Walk a different route today and see what you notice

29 Notice what is working today and be thankful that this is so

## TUESDAY

2 Notice five things that are beautiful in the world outside

9 Take a full breath in and out before you reply to others

16 Get really absorbed with an interesting or creative activity

23 Tune in to your feelings, without judging or trying to change

30 Mentally scan down your body and notice what it is feeling

## WEDNESDAY

3 Start today by appreciating your body and that you're alive

10 Get outside and notice how the weather feels on your face

17 Look around and spot 3 things you find unusual or pleasant

24 Appreciate your hands and all the things they enable you to do

31 Notice the joy to be found in the simple things of life

## THURSDAY

4 Notice how you speak to yourself. Try to use kind words

11 Stay fully present while drinking your cup of tea or coffee

18 If you find yourself rushing, make an effort to slow down

25 Focus your attention on the good things you take for granted

## FRIDAY

5 Take three calm breaths at regular intervals during your day

12 Listen deeply to someone and really hear what they are saying

19 Cultivate a feeling of loving-kindness towards others today

26 Notice when you're tired and take a break as soon as possible

## SATURDAY

6 Bring to mind people you care about and send love to them

13 Pause to just watch the sky or clouds for a few minutes today

20 Celebrate the International Day of Happiness [dayofhappiness.net](http://dayofhappiness.net)

27 Have a device-free day and enjoy the space it offers

## SUNDAY

7 Have a 'no plans' day and notice how that feels

14 Find ways to enjoy any chores or tasks that need doing

21 Listen to a piece of music without doing anything else

28 Appreciate nature around you, wherever you are

"Mindfulness means that we commit fully in each moment to be present" - Jon Kabat-Zinn



ACTION FOR HAPPINESS



[www.actionforhappiness.org](http://www.actionforhappiness.org)

Learn more about this month's theme at [www.actionforhappiness.org/mindful-march](http://www.actionforhappiness.org/mindful-march)

Happier · Kinder · Together

## HAPPINESS IDEAS



**10 DAYS OF HAPPINESS**

**Free online coaching program for challenging times**

The Covid-19 crisis is a big challenge for our mental health. So we've launched a new program to boost your wellbeing in these crazy times.

**JOIN THE PROGRAM**  
> [10daysofhappiness.org](https://10daysofhappiness.org)

Download the Action for Happiness app for iOS or Android.



The app is like having a little personal action coach in your pocket who:

<https://www.actionforhappiness.org/>

# GREAT DREAM

Ten keys to happier living

GIVING



DIRECTION



RELATING



RESILIENCE



EXERCISING



EMOTIONS



AWARENESS



ACCEPTANCE



TRYING OUT



MEANING



Our generosity is hard-wired to the reward mechanisms in our brains. When we give our time, energy and kindness to others it not only helps them, it's also great for our wellbeing too.

FIND OUT HOW



Connect with people



FIND OUT HOW



Take care of your body



FIND OUT HOW



Live life mindfully



FIND OUT HOW



<https://www.actionforhappiness.org/>

Home » Awareness Week

## Awareness Week

Dying Matters Awareness Week, running from 10 - 16 May 2021, is a chance for coalition partners, organisations and individuals to come together and open up the conversation around death, dying and bereavement.



### Awareness Week case study



End of life care and funeral organisations join forces for an attention grabbing event in

### What is the theme for Dying Matters Awareness Week 2021?

This year, the week will focus on the importance of being **in a good place to die**.

Where people die is changing. More people than ever are dying at home, and the pandemic has accelerated this trend. In 2020, 28% of people in the UK died at home.

With gaps in support structures for people when they die, and for those that are left behind, people are dying without being in the right place. Often, people don't feel prepared and they haven't

### Support Awareness Week



Top tips and ideas for supporting our annual Awareness Week.

<https://www.dyingmatters.org/AwarenessWeek>

## Project ECHO

starting May 2021

Inviting all accredited GSF homes to  
take part – providing ongoing  
learning and support



## Project ECHO Principles

Aim: Enhance decision making  
by collaborative problem  
solving



## How does ECHO differ from a webinar or telemedicine?

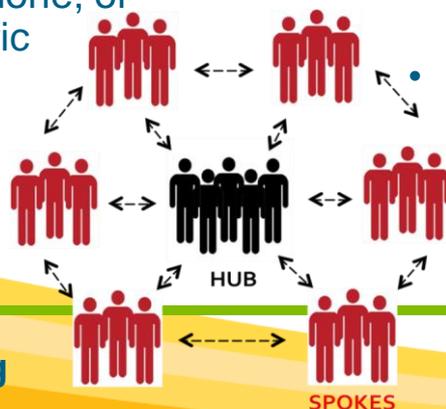
### Webinar

- Online meeting/ presentation
- **Unidirectional** flow of information
- Single expert providing opinion
- Predetermined curriculum & schedule **set by lead**
- Usually one-and-done, or time-limited/specific

### VS

### ECHO

- A movement with an ethos & methodology
- Multidirectional flow of knowledge:
  - encourages **learning loops** where *everyone is a teacher, everyone is a learner*
- Based on **real-time experiences**
- Curriculum, schedule & frequency determined **guided by learners**
- Builds a '**Community of Practice**' and a safe space to learn and share



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Any questions?

# Next GSF Support Call

- Date: **MONDAY** 12<sup>th</sup> April 2021
- Do let colleagues and other non GSF homes know they are welcome to join the support calls
- Resources and power points will be put on the website following the Support Call

Thank you

Together we can make a difference !



**Take care and be safe**

[www.goldstandardsframework.org.uk](http://www.goldstandardsframework.org.uk)  
[info@gsfcentre.co.uk](mailto:info@gsfcentre.co.uk)